

MFS[®] SEP/SARSEP IRA



Everything you need . . .

- to open a SEP/SARSEP account with MFS
- to transfer your account(s) to a SEP/SARSEP at MFS
- to directly roll over your 403(b) or other qualified plan to a SEP/SARSEP at MFS

GENERAL INSTRUCTIONS

1. To establish a SEP/SARSEP IRA with MFS, complete the appropriate sections of the enclosed MFS SEP/SARSEP IRA Application.
2. Make your check(s) payable to MFS Heritage Trust Company.
3. Additional forms are required to establish a SEP or SARSEP. Please be sure your employer has properly established a SEP or SARSEP plan, and ask your employer or investment professional for a participant information kit. If your employer is establishing the SEP plan with MFS at the same time this application is being submitted, please attach a copy of the employer's executed SEP adoption agreement.
4. Be sure to complete Form C, MFS SEP/SARSEP Direct Rollover Form if you are rolling over your assets directly from an eligible retirement plan.

Note: If you are rolling over assets for which you have taken constructive receipt, assets must be rolled over within 60 days.

Note: Internal Revenue Service rules allow only one IRA-to-IRA rollover in any twelve-month time period, regardless of the number of IRAs an individual has or the types of IRAs (including traditional and Roth IRAs and SEP and SIMPLE IRAs). Exceeding this limit, even if the prior rollover involved a different type of IRA, will result in an excess contribution to your IRA subject to taxation and penalties. Roth conversions (rollovers from traditional IRAs to Roth IRAs), rollovers between qualified plans and IRAs, and trustee-to-trustee transfers – direct transfers of assets from one IRA trustee to another – are not subject to the one-per-year limit and are disregarded in applying the limit to other rollovers. You may want to consult with your tax advisor before making a rollover.

From the list below, determine which form(s) you need to establish the SEP or SARSEP IRA you want.

To establish a new SEP or SARSEP Form A

If you want MFS to move assets from

- a SEP or SARSEP into a new account Form A, B
- a SEP or SARSEP into an existing account Form B
- a 403(b) or another qualified plan into a new account Form A, C
- a 403(b) or another qualified plan into an existing account Form C

If you have any questions about this form, please contact the Retirement Plans Service Department at 1-800-637-1255 any business day or visit us at **mfs.com**.

Return all forms with your check(s) to:

Regular mail
MFS Service Center, Inc.
P.O. Box 219341
Kansas City, MO 64121-9341

Overnight mail
MFS Service Center, Inc.
801 Pennsylvania Ave, Suite 219341
Kansas City, MO 64105-1307

MFS® SEP/SARSEP IRA APPLICATION

If your employer is establishing the SEP plan with MFS at the same time this application is being submitted, please attach a copy of the employer's executed SEP adoption agreement.

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

You must provide the following information for each person listed on the account: name, date of birth, Social Security number or taxpayer identification number, and residential address (a P.O. Box is not acceptable). We also may ask to see your driver's license or other identifying documents. In the event that MFSC, on behalf of the fund, is unable to verify the identity of investors, MFSC and the fund reserve the right to take additional steps up to and including closing the account if required by applicable law.

1. Investor Information

INVESTOR'S FIRST NAME	MI	LAST NAME
<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> I AM A MINOR <small>(Parent or Guardian must sign this form)</small>
SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	
PHONE NUMBER	<input type="checkbox"/> MOBILE NUMBER	

RESIDENTIAL ADDRESS REQUIRED (NO P.O. BOXES)

CITY	STATE	ZIP CODE
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MAILING ADDRESS (IF DIFFERENT FROM ABOVE)

CITY	STATE	ZIP CODE
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2. Select Your Investments

Please see the MFS Family of Funds® listing at the back of this book or mfs.com for fund numbers. The minimum initial purchase is \$25 per fund. Percentages must total 100%.

FUND NUMBER	FUND NAME	DOLLAR AMOUNT	OR	PERCENTAGE (%)
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				

If this relates to a wire order trade placed through your financial professional, provide the confirmation number: _____

3. Plan Information

EMPLOYER NAME (REQUIRED)

PLAN ID NUMBER (FOR EXISTING SEP OR SARSEP PLANS)

EMPLOYER MAILING ADDRESS

CITY

STATE

ZIP CODE

If your employer is establishing the SEP plan with MFS at the same time this application is being submitted, please attach a copy of the employer's executed SEP adoption agreement.

SEP

Existing plan

New plan

For tax year _____

Is the new SEP Plan an MFS prototype plan?

Yes

No

SARSEP

Note: No new SARSEP plans can be established with MFS.

4. Financial Professional Information

MFS cannot accept an account application without all of the financial professional information completed. This includes the signature of an authorized person from the firm. If you are aware of additional accounts that may qualify for linking under MFS' Right of Accumulation (ROA) policy, please notify us.

We authorize MFS Service Center, Inc. to act as our agent in connection with transactions under the authorization form and agree to notify the distributor of any purchase made under the Letter of Intent or Right of Accumulation. We guarantee the investors' signatures and certify that we have verified the identity of the investors.

FINANCIAL PROFESSIONAL'S FIRST NAME

MI

LAST NAME

FIRM NAME

FIRM NUMBER

BRANCH STREET ADDRESS

CITY

STATE

ZIP CODE

BRANCH NUMBER

FINANCIAL PROFESSIONAL'S NUMBER

FINANCIAL PROFESSIONAL'S PHONE NUMBER

FINANCIAL PROFESSIONAL'S EMAIL ADDRESS

BROKERAGE ACCOUNT NUMBER (IF APPLICABLE)

MATRIX LEVEL

AUTHORIZED SIGNER OF THE FIRM (REQUIRED)

5. Beneficiary Designation

Please complete the fields below to designate your beneficiaries. If you do not name beneficiaries, the beneficiary designation default will be applied to your account. (The beneficiary default is the individual's surviving spouse, or if none, his or her surviving issue per stirpes, or if none, the individual's estate.)

If you are naming more than one primary or secondary beneficiary, please indicate whole number percentages. Percentages must total 100%.

If more than one beneficiary is named and no percentage is indicated, then equal shares will be assigned. If you have additional primary or secondary beneficiaries, attach a separate list and indicate percentage.

Primary Beneficiaries

1. BENEFICIARY'S NAME				
RELATIONSHIP:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> SPOUSE <input type="radio"/> OTHER	DATE OF BIRTH/TRUST (MM/DD/YYYY)		SOCIAL SECURITY NUMBER	PERCENTAGE (%)
2. BENEFICIARY'S NAME				
RELATIONSHIP:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> SPOUSE <input type="radio"/> OTHER	DATE OF BIRTH/TRUST (MM/DD/YYYY)		SOCIAL SECURITY NUMBER	PERCENTAGE (%)
3. BENEFICIARY'S NAME				
RELATIONSHIP:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> SPOUSE <input type="radio"/> OTHER	DATE OF BIRTH/TRUST (MM/DD/YYYY)		SOCIAL SECURITY NUMBER	PERCENTAGE (%)

**PRIMARY BENEFICIARY TOTAL
(MUST ADD UP TO 100%)**

Secondary Beneficiaries (if the primary beneficiary/ies should fail to survive me)

1. BENEFICIARY'S NAME				
RELATIONSHIP:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> SPOUSE <input type="radio"/> OTHER	DATE OF BIRTH/TRUST (MM/DD/YYYY)		SOCIAL SECURITY NUMBER	PERCENTAGE (%)
2. BENEFICIARY'S NAME				
RELATIONSHIP:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> SPOUSE <input type="radio"/> OTHER	DATE OF BIRTH/TRUST (MM/DD/YYYY)		SOCIAL SECURITY NUMBER	PERCENTAGE (%)
3. BENEFICIARY'S NAME				
RELATIONSHIP:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> SPOUSE <input type="radio"/> OTHER	DATE OF BIRTH/TRUST (MM/DD/YYYY)		SOCIAL SECURITY NUMBER	PERCENTAGE (%)

**SECONDARY BENEFICIARY TOTAL
(MUST ADD UP TO 100%)**

6. Ways to Reduce Your Sales Charge on Class A Shares

You may combine the value of your accounts with those of your spouse (or legal equivalent under state law) and your children under the age of 21. Please refer to the prospectus for the appropriate sales charge levels and account types eligible to be linked for Right of Accumulation and Letter of Intent. List any existing MFS account holders and their respective Social Security numbers, Taxpayer ID numbers, or Broker ID numbers that are eligible to be linked for Right of Accumulation and/or Letter of Intent. If there are more account holders than space provided, please provide on an additional sheet.

Right of Accumulation (ROA) I qualify for the Right of Accumulation privilege as described in the prospectus. Please link accounts with the following Social Security numbers, taxpayer identification numbers, or broker identification numbers (BIN) to this new account.

NAME	SOCIAL SECURITY/TAXPAYER ID NUMBER OR BROKER IDENTIFICATION NUMBER
NAME	SOCIAL SECURITY/TAXPAYER ID NUMBER OR BROKER IDENTIFICATION NUMBER
NAME	SOCIAL SECURITY/TAXPAYER ID NUMBER OR BROKER IDENTIFICATION NUMBER

Letter of Intent (LOI) To qualify for a reduced sales charge, I agree to the Letter of Intent, including the escrow agreement, as described in the prospectus. Although I am not obligated, it is my intention to invest within a 13-month period in shares of one or more of the MFS funds in an aggregate amount (among qualifying accounts) at least equal to:

- \$50,000
 \$100,000
 \$250,000
 \$500,000
 \$1,000,000

7. eDelivery

I consent to the delivery of all MFS Fund documents electronically (“eDelivery”). I understand that this election constitutes a consent for all current and future Fund and account documents that MFS provides and is able to furnish to me via eDelivery including prospectuses, shareholder reports and other fund-related or account-related communications and disclosures, but excludes proxy notices and materials unless I elect below to receive such documents also via eDelivery. When possible, documents that MFS does not currently provide via eDelivery will also be provided to me via eDelivery subject to this consent.

I understand that MFS will send an email notifying me of when these documents are available for viewing. I understand that all accounts in MFS Funds registered under my Social Security number/TIN will be enrolled for eDelivery. This consent is effective immediately and will remain in effect until I revoke it. I may revoke my consent at any time by submitting a request in writing to MFSC or by visiting MFS Access and clicking on “eDelivery Preferences” under “Account Settings.” I understand that the revocation of my consent will result in the discontinuance of eDelivery for all documents covered by this consent. I may request paper copies of any documents MFS is required to deliver to me at any time for no additional charge. I will notify MFS promptly of any changes to my email address by either submitting a request in writing or through MFS Access by clicking on “eDelivery Preferences” under “Account Settings.” I understand that if MFS cannot obtain a valid email address, documents will be delivered to me by USPS.

I acknowledge that I have Internet access, an email address, and all the software* necessary to receive and view documents electronically. I acknowledge that while eDelivery is free, Internet access and telephone charges may apply.

I would like to receive the fund’s documents via eDelivery at the following email address:

EMAIL ADDRESS

Please check here if you also consent to receive MFS Fund proxy notices and materials via eDelivery at the above email address. Otherwise, proxy notices and materials will be sent via USPS.

*That is to say, appropriate browser software such as Microsoft® Edge® or the equivalent as well as email software and communications access to the Internet. In order to print materials that have been delivered electronically you must also have access to a printer. Some documents may be available to view in the Portable Document Format (PDF). In order to view these documents you must have Adobe® Acrobat® Reader® software.

Adobe® Acrobat® is a registered trademark of Adobe Systems, Incorporated.

Account Statements

In addition, once your account is established, you can sign up for eDelivery of account statements or transaction details through MFS Access. Log in with your user name and password, and then click on "eDelivery Preferences" under "Account Settings." If you do not currently have an account on MFS Access, you can sign up by going to **mfs.com/Access**.

Note: MFS Access may not be available for all types of mutual fund accounts and share classes.

Note: eDelivery of statements is not available for all types of mutual fund accounts. If you own your MFS Fund shares through a financial institution, or for certain retirement plans, eDelivery of statements may not be available to you.

8. Trustee Acceptance

MFS® Heritage Trust CompanySM shall serve as Trustee under this IRA Trust only (1) for the MFS Family of Funds®, (2) in accordance with the terms and conditions of the Trust Agreement, and (3) provided that the required forms are properly completed and received by MFS Service Center (MFSC). The Trustee's acceptance of your IRA will be acknowledged by written confirmation from MFS of your initial purchase. This confirmation will reference your account as "MFS Heritage Trust Company, Trustee, [employer name] (SAR)SEP Plan, [your name] IRA."

9. Investor Signature

I hereby establish an IRA Trust with MFS, appoint MFS Heritage Trust Company as Trustee, and (1) acknowledge that I have received and read the current prospectus(es) for the fund(s) chosen in Section 2 and the appropriate MFS Disclosure Statement and Individual Retirement Account Trust, (2) acknowledge that I am responsible for determining the deductibility of contributions made to my account, (3) agree that an annual trustee fee of \$25 may be deducted from my account, unless my account balance exceeds \$50,000 on the day the fee is assessed, and (4) certify that, under penalty of perjury, my Social Security number shown above is correct.

INVESTOR SIGNATURE
(OR SIGNATURE OF PARENT OR GUARDIAN, IF INVESTOR IS A MINOR)

DATE (MM/DD/YYYY)

PRINT NAME

SIGNATURE OF SPOUSE
(ONLY REQUIRED IN COMMUNITY PROPERTY STATES, WHEN DESIGNATED BENEFICIARY IS NOT YOUR SPOUSE)

DATE (MM/DD/YYYY)

PRINT NAME

WITNESS TO SIGNATURE*

DATE (MM/DD/YYYY)

*Testamentary dispositions are required to be witnessed in some jurisdictions

PRINT NAME

MFS® SEP/SARSEP IRA TRANSFER FORM

Use this form to transfer your existing SEP/SARSEP, Traditional IRA, or IRA Rollover with your current trustee to an MFS SEP/SARSEP account. If you do not have a SEP/SARSEP with MFS, please complete and attach an MFS SEP/SARSEP Application (Form A). **In order to expedite your transfer request, please include a copy of your most recent statement.**

1. Investor Information

INVESTOR'S FIRST NAME MI LAST NAME

□□□□ - □□ - □□□□□□
SOCIAL SECURITY NUMBER

FINANCIAL PROFESSIONAL'S NAME FINANCIAL PROFESSIONAL'S PHONE NUMBER

2. Describe IRA to be transferred

The IRA to be transferred is (Choose one.)

- Traditional Rollover SEP SARSEP

The account to be transferred is presently invested or deposited in:

MFS Funds □□□□ □□□□ □□□□ □□□□ □□□□
FUND NUMBER(S): SEE THE MFS® FAMILY OF FUNDS LISTING AT THE BACK OF THIS BOOK.

The IRA is held at another institution in:

A Non-MFS investment _____
NAME OF INSTITUTION

CDs _____
NAME OF INSTITUTION

□□/□□/□□□□
DATE OF MATURITY* (MM/DD/YYYY)

*PAPERWORK SHOULD BE RECEIVED TWO WEEKS PRIOR TO MATURITY DATE.

ACCOUNT NUMBER(S) CONTACT NAME (IF ANY)

NAME OF RESIGNING TRUSTEE/CUSTODIAN PHONE NUMBER

MAILING ADDRESS OF RESIGNING TRUSTEE/CUSTODIAN

CITY STATE ZIP CODE

Check this box if you have reached Required Minimum Distribution age.

I am requesting this transfer during or after the year in which I attain Required Minimum Distribution age. I understand that any Required Minimum Distribution amount must be distributed from my existing IRA prior to the transfer of assets to an MFS SEP/SARSEP IRA.

3. Transmittal Instructions

Important: Please select either "Transfer in kind" **Or** "Liquidate." Contact the resigning trustee or custodian for their requirements before completing this section.

To resigning trustee/custodian

Transfer in kind

I am requesting a transfer of shares from a brokerage firm or bank IRA presently invested in the MFS fund(s) as indicated in Section 2.

All **Or** Part (\$ _____) of the account described in Section 2 to my MFS SEP/SARSEP IRA

Liquidate

All **Or** Part (\$ _____) of the account described in Section 2 to my MFS SEP/SARSEP IRA

Immediately **Or** At maturity

For Non-MFS Money Market IRAs Only:

I also wish to transfer my non-MFS Money Market IRA from the firm listed in Section 2 to MFS.

To resigning trustee/custodian: If this box is checked, please liquidate any non-MFS money market shares and send to the MFS address below.

Send assets as follows

Mail check

Make check payable to MFS Heritage Trust Company, Trustee for _____ SEP or SARSEP IRA. NAME

Mail check to:

Regular mail

MFS Service Center, Inc.
P.O. Box 219341
Kansas City, MO 64121-9341

Overnight mail

MFS Service Center, Inc.
801 Pennsylvania Ave, Suite 219341
Kansas City, MO 64105-1307

Wire funds

State Street Bank and Trust Co.
Boston, MA 02101
ABA #011000028
Credit MFS DDA Number 99034795

For further credit to SEP or SARSEP IRA for _____ NAME

4. Investment Instructions (Choose one)

Open a new SEP or SARSEP MFS IRA (Complete and attach **Form A**, upon which you may indicate your investment instructions, thus leaving the fields below blank.)

Or

Invest in my existing MFS SEP or SARSEP IRA(s) as follows. Indicate new MFS fund choices below, if you'd like. Percentages must total 100% (for transfers-in-kind, assets stay in the same fund).

FUND NUMBER	PERCENTAGE (%)	FUND NUMBER	PERCENTAGE (%)	FUND NUMBER	PERCENTAGE (%)
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____

5. Authorization to Transfer

Important: Contact the resigning trustee or custodian of the IRA you are transferring to see if a signature guarantee or other documentation is required.

Please transfer my Individual Retirement Account (IRA) as described in Section 2, in accordance with the above instructions.

INVESTOR'S SIGNATURE

DATE (MM/DD/YYYY)

PRINT NAME

Signature guaranteed by:

NAME OF FIRM

SIGNATURE OF AUTHORIZED PERSON

6. Trustee Acceptance (For MFS Use Only)

MFS Heritage Trust Company is willing to accept the assets described above and credit them to the MFS Individual Retirement Account Trust for which it is trustee. MFS Heritage Trust Company agrees to the redemption and transfer from fiduciary to fiduciary as authorized above.

A letter of acceptance from MFS is included with this form to facilitate the transaction.

3. Transmittal Instructions

Important: Please select either "Rollover in kind" **Or** "Liquidate." Contact the resigning trustee or custodian for their requirements before completing this section.

To resigning trustee/custodian

Rollover in kind.

I am requesting a rollover of shares from a brokerage firm or bank-eligible retirement plan presently invested in the MFS fund(s) as indicated in Section 2.

All **Or** Part (\$ _____) of the account described in Section 2 to my MFS SEP/SARSEP IRA.

Liquidate

All **Or** Part (\$ _____) of the account described in Section 2 to my MFS SEP/SARSEP IRA.

For Non-MFS Money Market Qualified Monies Only:

I also wish to roll over my non-MFS money market qualified monies from the firm indicated in Section 2 to MFS.

To resigning trustee/custodian: If checked, please liquidate any non-MFS money market shares and send to the address below.

Send assets as follows:

Mail check

Make check payable to MFS Heritage Trust Company, Trustee for _____ SEP or SARSEP IRA. NAME

Mail check to:

Regular mail

MFS Service Center, Inc.
P.O. Box 219341
Kansas City, MO 64121-9341

Overnight mail

MFS Service Center, Inc.
801 Pennsylvania Ave, Suite 219341
Kansas City, MO 64105-1307

Wire funds

State Street Bank and Trust Co.
Boston, MA 02101
ABA #011000028
Credit MFS DDA Number 99034795

For further credit to SEP or SARSEP IRA for _____ NAME

4. Investment Instructions (Choose one)

Open a new SEP or SARSEP MFS IRA (Complete and attach **Form A**, upon which you may indicate your investment instructions, thus leaving the fields below blank.)

Or

Invest in my existing MFS SEP or SARSEP IRA(s) as follows. Indicate new MFS fund choices below, if you'd like. Percentages must total 100% (for rollovers-in-kind, assets stay in the same fund).

FUND NUMBER	PERCENTAGE (%)	FUND NUMBER	PERCENTAGE (%)	FUND NUMBER	PERCENTAGE (%)
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____

5. Authorization to Roll Over

Important: Contact the trustee or custodian of the 403(b) or Qualified Plan from which you are rolling over to see if a signature guarantee or other documentation is required. Space is provided below for a signature guarantee, if required.

By effecting this rollover, I irrevocably elect to treat the distribution from my previous plan as nontaxable, and therefore I am not eligible for any special tax treatment that may otherwise be available.

INVESTOR SIGNATURE

DATE (MM/DD/YYYY)

PRINT NAME

Signature guaranteed by:

NAME OF FIRM

SIGNATURE OF AUTHORIZED PERSON

6. Trustee Acceptance (For MFS Use Only)

MFS® Heritage Trust CompanySM is willing to accept the assets described above and credit them to the MFS Individual Retirement Account Trust for which it is trustee. MFS Heritage Trust Company agrees to the redemption and rollover from fiduciary to fiduciary as authorized above.

A letter of acceptance from MFS is included with this form to facilitate the transaction.



MFS® FAMILY OF FUNDS



Please note: Certain share classes for clients of Registered Investment Advisors (RIAs) may not be included below. For a complete list of fund and share classes, please visit www.mfs.com. For additional information, consult with your financial professional or refer to the fund's prospectus.

FUND NAME	FUND NUMBER (BY CLASS)		FUND NAME	FUND NUMBER (BY CLASS)	
	A	C		A	C
U.S. EQUITY			MFS® International Intrinsic Equity Fund ¹	87	387
Massachusetts Investors Trust	12	312	MFS® International Large Cap Value Fund	1070	1370
Massachusetts Investors Growth Stock Fund	13	313	MFS® International New Discovery Fund ¹	74	374
MFS® Blended Research® Core Equity Fund	84	384	MFS® Low Volatility Global Equity Fund	1025	1325
MFS® Blended Research® Growth Equity Fund	1062	1362	MFS® Research International Fund	99	399
MFS® Blended Research® Mid Cap Equity Fund	1067	1367	MULTI-ASSET		
MFS® Blended Research® Small Cap Equity Fund	1063	1363	MFS® Aggressive Growth Allocation Fund	1029	1329
MFS® Blended Research® Value Equity Fund	1061	1361	MFS® Conservative Allocation Fund	1026	1326
MFS® Core Equity Fund	91	391	MFS® Diversified Income Fund	1039	1339
MFS® Equity Income Fund	1054	1354	MFS® Global Total Return Fund	24	324
MFS® Growth Fund	07	307	MFS® Growth Allocation Fund	1028	1328
MFS® Intrinsic Equity Fund	1030	1330	MFS® Lifetime® 2030 Fund	1037	1337
MFS® Low Volatility Equity Fund	1023	1323	MFS® Lifetime® 2035 Fund	1057	1357
MFS® Mid Cap Growth Fund	83	383	MFS® Lifetime® 2040 Fund	1038	1338
MFS® Mid Cap Value Fund	1024	1324	MFS® Lifetime® 2045 Fund	1058	1358
MFS® New Discovery Fund	97	397	MFS® Lifetime® 2050 Fund	1047	1347
MFS® New Discovery Value Fund ¹	1050	1350	MFS® Lifetime® 2055 Fund	1059	1359
MFS® Research Fund	14	314	MFS® Lifetime® 2060 Fund	1068	1368
MFS® Value Fund	93	393	MFS® Lifetime® 2065 Fund	1073	1373
EQUITY SECTOR			MFS® Lifetime® 2070 Fund	1075	1375
MFS® Technology Fund	98	398	MFS® Lifetime® Income Fund	1034	1334
MFS® Utilities Fund	35	335	MFS® Moderate Allocation Fund	1027	1327
FIXED INCOME			MFS® Total Return Fund	15	315
MFS® Core Bond Fund	1074	1374	MONEY MARKET		
MFS® Corporate Bond Fund	11	311	MFS® U.S. Government Cash Reserve Fund ¹	01	301
MFS® Emerging Markets Debt Fund	33	333	MFS® U.S. Government Money Market Fund ¹	10	N/A
MFS® Emerging Markets Debt Local Currency Fund	1052	1352	SPECIALTY/ALTERNATIVE		
MFS® Global High Yield Fund	70	370	MFS® Commodity Strategy Fund	1042	1342
MFS® Global Opportunistic Bond Fund	1043	1343	MFS® Global Alternative Strategy Fund	1041	1341
MFS® Government Securities Fund	26	326	MFS® Managed Wealth Fund	1060	1360
MFS® High Income Fund	18	318			
MFS® Income Fund	34	334			
MFS® Inflation-Adjusted Bond Fund	1031	1331			
MFS® Limited Maturity Fund	36	336			
MFS® Total Return Bond Fund	78	378			
GLOBAL/INTERNATIONAL EQUITY					
MFS® Blended Research® Emerging Markets Equity Fund	1066	1366			
MFS® Blended Research® International Equity Fund	1064	1364			
MFS® Emerging Markets Equity Fund	85	385			
MFS® Emerging Markets Equity Research Fund	1071	1371			
MFS® Global Equity Fund	04	304			
MFS® Global Growth Fund	09	309			
MFS® Global New Discovery Fund	1053	1353			
MFS® Global Real Estate Fund	59	359			
MFS® International Diversification Fund	1032	1332			
MFS® International Equity Fund	60	N/A			
MFS® International Growth Fund	86	386			

¹ MFS U.S. Government Cash Reserve Fund, MFS U.S. Government Money Market Fund, MFS New Discovery Value Fund, MFS International Intrinsic Equity Fund, and MFS International New Discovery Fund are closed to new investors subject to certain exceptions. Please see the prospectus for additional information.