

Helpline: If you need assistance please call Sentinel Investor Services at **800-282-FUND (3863)**.

Mail completed application along with a voided check to:

Sentinel Investments, PO Box 55929, Boston, MA 02205-5929.

**The Sentinel
Automatic
Investment
Plan**

The Automatic Investment Plan enables you to make investments on a monthly basis in any amount you desire. You may change amounts or discontinue the Plan at any time without penalty. You may also choose to increase your investments automatically at regular intervals. Increases may be by percentage or dollar amount. You will receive quarterly confirmation statements reflecting all transactions. The amount indicated below will be invested at the offering price in effect on the day the money is received by the Fund. *(Please note that your bank must be a member of the ACH network in order for the Sentinel Automatic Investment Plan to be added to your account.)*

Registration

1. How is your account registered?

Owner(s) *(Child's name if UGMA/UTMA):*

Co-Owner: *(Custodian if UGMA/UTMA):*

*Please use
black ink
and print*

**Bank
Information**

2. Bank information section

Name of bank:

Bank account number:

Name(s) in which bank account appears on bank records:

Routing number:

(Ask your bank for this number or attach a voided check.)

Bank address:

Type of account: *(check one)*

Checking Savings

Tape your VOIDED check here.

WE CANNOT ESTABLISH BANKING SERVICES FROM STARTER CHECKS,
CASH MANAGEMENT, BROKERAGE OR CREDIT CARD CONVENIENCE CHECKS.

Electronic Funds Transfer

3. To add the Automatic Investment Plan to your account:

Just complete and return this application, being certain to include all required signatures. Generally, applications received in the first half of the month will take effect the following month.

Complete Bank Information in Section 2.

I authorize Sentinel to debit my bank account in the amount of:

\$500 \$250 \$100 \$50 (Minimum, per account) Other: \$ _____

Investments will be made in the following Sentinel fund(s) on or about the 5th day of the month, unless otherwise specified, according to the schedule indicated below.

Investment schedule

Each month Invest on the day of the following months:
 January February March April May June
 July August September October November December

Investment information

Note: changes to this schedule may be made by telephone.

Fund	Class	Account	Amount *	Increase (optional) % or \$ (Monthly / Quarterly / Annually)
Balanced				<input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> A
Common Stock				<input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> A
Government Securities				<input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> A
International Equity				<input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> A
Low Duration Bond				<input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> A
Multi-Asset Income				<input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> A
Small Company				<input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> A
Sustainable Core Opportunities				<input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> A
Total Return Bond				<input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> A
Unconstrained Bond				<input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> A
Federated Gov't Obligations				<input type="checkbox"/> M <input type="checkbox"/> Q <input type="checkbox"/> A

* \$50 minimum per account

Please Read & Sign

4. Read and sign here to add Automatic Investment Plan to your account.

I agree that: (1) This authorization is revocable by the undersigned upon receipt by Sentinel of written revocation; (2) This manner of making investments may be discontinued at any time by Sentinel upon written notice, or without notice if any debit is not honored by my bank.

Signature(s) as it appears on your Sentinel Fund account(s)

Owner's Signature: _____ Date: _____

Co-Owner's Signature: _____ Date: _____

If the name(s) on the bank account does not match the name(s) on the Sentinel account, we will require the bank account holder's signature(s).

Signature(s) as it appears on the bank account

Owner's Signature: _____ Date: _____

Co-Owner's Signature: _____ Date: _____