

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

Complete this form to change your designated Primary or Contingent Beneficiary(ies). A beneficiary must survive you to receive any funds. If your Primary Beneficiary(ies) do not survive you, your Contingent Beneficiary(ies) will receive the funds.

Please return form to: Sentinel Investments, PO Box 55929, Boston, MA 02205-5929

### 1. Shareholder Information

Name (First, Middle Initial, Last)	Date of Birth	Social Security Number
Full Fund Name	Account Number(s)	

Apply changes to all Funds/Accounts

Please indicate type of account:  IRA  SEP-IRA  ROTH IRA  SIMPLE IRA

### 2. Beneficiary Designation Change

#### Primary Beneficiary(ies)

#### Contingent Beneficiary(ies)

Name (First, Middle Initial, Last) % of Distribution

Name (First, Middle Initial, Last) % of Distribution

Date of Birth Relationship

Date of Birth Relationship

Social Security Number Phone

Social Security Number Phone

Name (First, Middle Initial, Last) % of Distribution

Name (First, Middle Initial, Last) % of Distribution

Date of Birth Relationship

Date of Birth Relationship

Social Security Number Phone

Social Security Number Phone

Please check here if you have attached a separate sheet with additional Primary or Contingent Beneficiary(ies). Sign and date the sheet.

I hereby revoke any previous beneficiary designation. In the event of my death, I hereby designate the above individuals as the Primary and Contingent Beneficiary(ies) to receive all benefits that may become due and payable under my IRA.

Signature of Shareholder \_\_\_\_\_ Date \_\_\_\_\_