Sentinel INVESTMENTS

Trustee Certification

Use this Form to establish, add or change Trustee information on your existing account(s). Please complete all sections. The Trustees authorized on this Form will supersede any earlier designations.

1. Trust Information

Name of Trust *(Title)* | Date of Trust

Tax ID or S.S. # | Daytime Phone # | Account Number(s)

Street Address | City | State | Zip

☐ Check here if this is a new address

Qualified Plan Information

Name of Qualified Plan

Tax ID or S.S. # | Daytime Phone # | Account Number(s)

Street Address | City | State | Zip

☐ Check here if this is a new address

2. Certification of

☐ Trustee(s) ☐ Successor Trustee(s)

The undersigned certify that the Trust/Plan indicated in section 1 has the following Trustees/Successor Trustees

Trustee/Successor Trustee *(If more than two trustees, please attach additional trustee information on a separate sheet.)*

Name

Social Security | Date of Birth

Address

City

State | Zip

Name

Social Security | Date of Birth

Address

City

State | Zip

Sentinel Investments is the unifying brand name for Sentinel Financial Services Company, Sentinel Asset Management, Inc., and Sentinel Administrative Services, Inc. Sentinel Funds are distributed by Sentinel Financial Services Company.
PO Box 55929, Boston, MA 02205-5929, Tel: 800 282-FUND (3863)

A. You have the authority to accept orders and other instructions relative to the Trust/Plan accounts identified herein from those individuals or entities listed in section 2. The individuals and entities listed in section 2 may execute any documents on behalf of the Trust/Plan which you may require. By signing this form, the Trustee(s) hereby certifies(y) that you are authorized to follow the instructions of any Trustee. You may, in your sole discretion and for your sole protection, require the written consent of any or all Trustees prior to acting upon the instructions of any Trustee.

B. There are no other Trustee(s) of the Trust/Plan other than those listed in section 2.

C. Should only one person execute this certification, it shall be a representation that the signer is the sole Trustee. Where applicable, plural references in this certification shall be deemed singular.

D. We, the Trustees, have the power under the Trust/Plan and applicable law to enter into the transactions and issue the instructions that we make in this account. Such power may include, without limitation, the authority to buy, sell, exchange, redeem and withdraw assets for and at the risk of the Trust/Plan. We understand that all orders and transactions will be governed by the terms and conditions of all other account agreements applicable to this account.

E. We, the Trustees, jointly and severally, in our capacities as trustees and individually, indemnify Sentinel Funds and its agents and hold you harmless from any claim, loss, expense or other liability for effecting any transactions, and acting upon any instructions given by the Trustees. We, the Trustees, certify that any and all transactions effected and instructions given on this account will be in full compliance with the Trust/Plan.

F. We, the Trustees, agree to inform you, in writing, of any change in the composition of the Trustees, or any other event which could alter the certifications made above.

3. Certified to You by *(All Trustees must sign and date)*

Please indicate whether "and" or "or" should be used between Trustees: ☐ and ☐ or

Trustee Signature: _____ Date: _____

Trustee Signature: _____ Date: _____

Trustee Signature: _____ Date: _____

Trustee Signature: _____ Date: _____

Trustee Signature: _____ Date: _____

Trustee Signature: _____ Date: _____

Medallion Signature Guarantee	**Medallion Signature Guarantee**