Sentinel INVESTMENTS

Non-Retirement Systematic Withdrawal and Exchange Plan

If you need assistance please call Sentinel Investor Services at **800-282-FUND (3863)**.
Please return this form to: Sentinel Investments, PO Box 55929, Boston, MA 02205-5929.

1. Account Registration

Owner *(First, Middle Initial, Last)* | Social Security #

Joint Owner *(First, Middle Initial, Last)* | Social Security #

Street Address

Daytime Phone | Evening Phone

City | State | Zip (+4)

Email Address

2. Payment Information

Select One Payment Frequency: ☐ 5th ☐ 10th ☐ 15th ☐ 20th ☐ 25th

Please Note: If a day of the month is not selected, the default is the 20th

Please indicate which month(s) you would like to receive payments:

☐ All ☐ January ☐ February ☐ March ☐ April ☐ May ☐ June
☐ July ☐ August ☐ September ☐ October ☐ November ☐ December

Start Date: _____

Sentinel Accounts:

Fund Name | Account Number | Dollar Amount

Fund Name | Account Number | Dollar Amount

Fund Name | Account Number | Dollar Amount

(Forms must be received ten business days prior to the first withdrawal.)

3. Method of Payment (All payments must be made by the same payment method)

Select Date(s): ☐ Check *(please complete 4A)*
☐ Automatic Clearing House (ACH) *(please complete 4B)*
☐ Exchange to an existing Sentinel Funds account *(please complete 4C)*

4. Payment Destination

4A. Check

To: ☐ Address of Record ☐ Other *(A Signature Validation Program (SVP) or a Medallion Signature Guarantee (MSG) Stamp is required - please indicate destination below.)*

Name

Street Address

City | State | Zip (+4)

$ Amount

Name of Financial Institution

Street Address

City | State | Zip (+4)

Account Number | $ Amount

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)

4B. ACH ***(A Signature Validation Program (SVP) or a Medallion Signature Guarantee (MSG) Stamp is required.)***

To: Financial Institution

Name of Financial Institution

Street Address

City | State | Zip (+4)

Account Name

Account Number | Financial Institution Routing Number

Type of Account: *(check one)* ☐ Checking ☐ Savings

4C. Exchange ***(A Signature Validation Program (SVP) or a Medallion Signature Guarantee (MSG) Stamp is required when exchanging between unlike registrations.)***

To: Existing Account(s)

Fund Name	Existing Account Number	Account Holder Name	
			$
			$
			$
			$ Total

5. Authorization

I/We certify no tax or legal advice has been given to me/us by the Custodian, State Street Bank & Trust Co. (SSBT), or any agent of either of them, and that all decisions regarding the elections made on this form are my/our own. I expressly assume responsibility for any adverse consequences which may arise from the election(s) and agree that the Custodian, State Street Bank & Trust Co. (SSBT), and their agents shall in no way be responsible, and shall be indemnified and held harmless, for any tax, legal or other consequences of the election(s) made on this form.
I/We authorize the Transfer Agent for Sentinel Investments to debit the above designated account(s) for periodic payments.
I/We have verified the routing and mailing information with the payees indicated above. Sentinel Investments' liability is limited to a failure to execute as indicated above. Please refer to fee schedule in current prospectus.
I/We understand I/we may cancel at any time by phone or in writing, and to allow ten business days for processing.
All persons whose name appears on the account(s) must sign this form.

Account Owner's Signature | Date

Joint Account Owner's Signature | Date

Place Signature Validation Program (SVP) or Medallion Signature Guarantee (MSG) Stamp here:

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