

Helpline: 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 <i>(First, Middle Initial, Last)</i> | Social Security # | Joint Owner <i>(First, Middle Initial, Last)</i> | Social Security # |
| Street Address | | Daytime Phone | |
| City | State | Zip (+4) | Evening Phone |
| | | | 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 | Name of Financial Institution |
| Street Address | Street Address |
| City | City |
| State | State |
| Zip (+4) | Zip (+4) |
| \$ Amount | \$ Amount |
| | Account Number |

Non-Retirement Systematic Withdrawal and Exchange Plan - Continued

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

To: Financial Institution

Name of Financial Institution

Account Name

Street Address

Account Number

Financial Institution Routing Number

City

State

Zip (+4)

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 Transfer Agent 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 Transfer Agent 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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Medallion Signature Guarantee (MSG) Stamp here: