

**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. Please Tell Us About Yourself

Name (First, Middle Initial, Last)		Date of Birth	Social Security Number	
Street Address		City	State	Zip (+4)
Daytime Phone	Evening Phone	Primary E-mail (e-delivery)		
Fund Name/Account Number		Fund Name/Account Number		
Fund Name/Account Number		Fund Name/Account Number		

### 2. Reason for Distribution (Select one)

2A. Type of IRA:  Traditional  SEP  ROTH  SIMPLE

2B. Reason for distribution:  Over Age 59½ (Normal)  Under Age 59½ (Premature)  Under Age 59½ (Premature - Exception applies\*)  
 Disability  Death (Additional paperwork required. Please contact Sentinel Funds for details.)

Date of Death: (mm/dd/yyyy) \_\_\_\_\_

\*Premature exception requires you to take a specific amount each year based on a method approved by the IRS. This amount must be specified by you each year.

### 3. Payment/Payout Methods (Select appropriate items)

Required Minimum Distribution: Amount \_\_\_\_\_ (This is for a one time distribution and you are responsible for calculating this amount. If you prefer to take this systematically, please complete the Systematic Withdrawal Authorization form.)

Partial Distribution of Account: Amount \_\_\_\_\_ Check one:  Dollars  Shares

Total Distribution of Account: This will close your account. Your distribution amount may be reduced for maintenance and/or termination fees. Please see prospectus for details.

Choose one:  Check to the address of record  Open a new account (please attach completed Sentinel Funds application)  
 Check to alternate payee (please complete section 4A)  Existing Sentinel account (non-retirement)  
 Direct Deposit (please complete section 4B) Account No. \_\_\_\_\_

### 4. Payment Destination

**4A. Check to alternate payee**  Other (A Signature Validation Program (SVP) or a Medallion Signature Guarantee (MSG) Stamp is required - please indicate destination below.)

Name of Payee			
Street Address	City	State	Zip (+4)

**4B. Direct Deposit:**  ACH  Wire (Wire fees apply. See prospectus for details.)

(Include a deposit slip or voided check. We cannot establish banking services from starter checks.)

Name of Financial Institution		Account Owner's Name	
Street Address		Account Number	Financial Institution Routing Number
City	State	Zip (+4)	Type of Account: (check one) <input type="checkbox"/> Checking <input type="checkbox"/> Savings

Tape your VOIDED check here.

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

### 5. Withholding Election

Federal income tax will be withheld from payments from IRAs unless you elect otherwise. You can use Form W-4P, or a substitute form such as this one, to instruct Sentinel Funds to withhold no tax from your IRA payment or to revoke this election. Generally, non-periodic payments must have tax withheld at a rate of 10%. You can elect to have no income tax withheld from a non-periodic payment by filing Form W-4P or this substitute with Sentinel Funds and check the appropriate box on the form. Your election will remain in effect for any subsequent distributions unless you change or revoke your election by completing a new W-4P or substitute form, and submit it to Sentinel Funds.

**State Tax Withholding:** Depending on your state of residence, state income tax may also apply. State tax withholding will be based on your state's minimum withholding requirement.

- Withhold federal income tax at a rate of \_\_\_\_\_ % (10% or greater).
- Do not withhold federal tax from my distribution. I understand that I am still liable for the payments of federal income tax on the amount received. I also understand that I may be subject to federal income tax penalties under the estimated tax payments rules if my payments of the estimated tax and withholding are insufficient.

**Note: If you do not check any of the boxes, the minimum percentage will automatically be withheld for federal and state income tax, when applicable.**

### 6. Signature

I certify that I am the participant authorized to make these elections and that all information provided is true and accurate. I further certify that no tax or legal advice has been given to me by the Custodian, Sentinel Funds, or any agent of either of them, and that all decisions regarding the elections made on this form are my own. The Custodian is hereby authorized and directed to distribute funds from my account in the manner requested. The Custodian may conclusively rely on this certification and authorization without further investigation or inquiry. I expressly assume responsibility for any adverse consequences which may arise from the election(s) and agree that the Custodian, Sentinel Funds 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.

A Medallion Signature Guarantee (MSG) Stamp is required.

A Medallion Signature Guarantee (MSG) Stamp may be executed by any "eligible" issuer participating in the Securities Transfer Agents Medallion Program 2000 (STAMP2000). Eligible issuers include Commercial Banks, Trust Companies, Savings Associations and Credit Unions as defined by the Federal Deposit Insurance Act. Also included are member firms of a domestic stock exchange. A stamp from a Notary Public is not acceptable. If the account is registered in the name of a Corporation, Trust, or other organization, the undersigned certify that such entity is duly organized, has the power to utilize this checkwriting service (if applicable), and that the signatures of the persons on the signature card are authentic and represent individuals with legal capacity to act on behalf of such entity.

Signature of Participant

Date

**Place Medallion Signature Guarantee (MSG) Stamp here:**