



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.

SENTINEL INVESTMENTS, UMB BANK, N.A. AND BOSTON FINANCIAL DATA SERVICES, INC. INDEMNIFICATION AGREEMENT FOR POWER OF ATTORNEY REGISTRATION (Form# 106 9/2008)

Shareholder's Name(s) Account Registration
Name of Fund or Trust(s) Account Number(s)
Home Phone:

I, _____ of _____ do hereby make, constitute and appoint _____ whose specimen signature is _____ and whose address is _____

- my true and lawful attorney or agent ("Agent") for me and in my name, place and stead:
(1) to transmit to, Boston Financial Data Services, Inc. ("Boston Financial") or UMB Bank, n.a., custodian either orally or in writing in accordance with procedures established by Boston Financial or UMB Bank, n.a. from time to time, instructions for the purchase, sale, exchange or transfer of shares with respect to any account(s) I may hold with Sentinel Investments;
(2) to make, draw, sign, endorse, negotiate, cash, deliver and make a stop payment of checks drawn on any of my accounts with Sentinel Investments; and
(3) to enter into all other lawful transactions with respect to any of my Sentinel Investment account(s).

I hereby agree to indemnify and hold UMB Bank, n.a., Boston Financial and Sentinel Investments harmless from acting upon instructions, either oral or in writing, believed to have originated from said Agent and from any and all acts of said Agent with respect to the shares held in my account(s) with Sentinel Investments.

This authorization and indemnity is a continuing one and shall remain in full force and effect and shall be binding upon the undersigned's heirs, executors, successives, beneficiaries, or assigns until revoked by the undersigned by a written notice addressed to Boston Financial and delivered to its main office, such revocation shall not effect any liability in any way resulting from transactions initiated prior to Boston Financial's acting on such revocation within a reasonable amount of time. In case of the death, disability or incompetence of the undersigned, this authorization shall continue and UMB Bank, n.a., Boston Financial and Sentinel Investments shall not be responsible for any action taken on the basis of this authorization until Boston Financial has received written notice thereof addressed to Boston Financial and delivered to its main office.

The undersigned has read the forgoing in its entirety before signing. IN WITNESS WHEREOF, I have hereunto set my hand the _____ day of _____, 20 _____

* Signature of Shareholder/Grantor of Power of Attorney

STATE OF COUNTY OF S.S.:

On this _____ day of _____, 20 _____, before me appeared _____, to me personally known to be the individual described herein and who executed the foregoing instrument, and acknowledged that he executed the same.

Notary Public
My commission expires: _____

INFORMATION FOR AND AFFIDAVIT OF ATTORNEY-IN-FACT

Name of Attorney-in-fact:

STATE OF COUNTY OF S.S.:

Being duly sworn and deposed, I affirm that:

_____ as principal, who resides at

_____ did,

On this ____ day of _____, 20 ____ ,

appoint me his true and lawful attorney by the foregoing instrument hereby made a part hereof. I further certify, under penalty of perjury, that the personal information I have provided above is true and accurate.

Signature of Attorney-In-Fact

Sworn to before me this ____ day of _____, 20 ____

Notary Public

My commission expires: _____

* If you are adding a Power of Attorney to a trust account, please provide a Medallion Signature Guarantee from the trustee, clearly stating capacity.

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| Medallion Signature Guarantee |
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