



Helpline: If you need assistance please call Sentinel Investor Services at 800-282-FUND (3863).

1. Plan Sponsor

Employer Name | Group Number
Employer Street Address | City | State | Zip (+4)

2. Plan Administrator

Name | Telephone Number
Street Address | City | State | Zip (+4)
E-mail Address | Fax Number

If you are a current FanPlan Sponsor user with the Sentinel Funds, enter the Group Number and Operator ID below.

Group Number | Operator ID (if available)

3. Establish User Access

The following individuals are requesting access to Sentinel FanPlan Sponsor. FanPlan Sponsor allows viewing of plan and financial information and submission of contributions. FanPlan Sponsor is intended for use at the employer and third party administrator level.

Requestor Name | Requestor Title
E-mail Address | Telephone Number | Fax Number
Requestor Name | Requestor Title
E-mail Address | Telephone Number | Fax Number

4. Bank Information

Bank Account Type: (Money Market and Mutual Fund Accounts may not be used) [] Checking [] Savings

Bank Name
Street Address | City | State | Zip (+4)

(Bank must be a participant of the ACH network. If applicable, please attach a "VOIDED" check on Page 2 of this authorization form.)

Name on Bank Account
Transit Routing Number (9 digits) | Bank Account Number

4. Bank Information - Continued

Tape your VOIDED check here.

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

5. Signatures and Authorization

FanPlan Sponsor User Authorization:

I hereby authorize and direct Sentinel Funds to grant the individuals/entities identified in section 2 and 3 access to the plan's information via FanPlan Sponsor. I understand that by granting access to FanPlan Sponsor, each individual will have the ability to access information and initiate transactions on behalf of the plan.

ACH Authorization:

On behalf of the plan, I authorize Sentinel Funds to initiate drafts via the automated clearing house network (ACH) from the bank account identified on this form, pursuant to instructions received from the plan's administrator(s), sponsor(s), trustee(s), or an appropriate officer(s). I understand that the amount drafted for the plan's contribution funding will be set forth in the instructions so provided and the timing of any such draft will be dependent upon when the instructions are received by Sentinel Funds. I agree that the rights of Sentinel Funds with respect to each draft shall be the same as if it were drawn directly by the account owner or company, as applicable. I agree that, should any draft be dishonored, with or without cause, intentionally or inadvertently, Sentinel Funds shall have no liability whatsoever with respect to any order for the purchase of fund shares which was to have been settled via such draft. I further agree that Sentinel Funds may delay the payment of redemption proceeds with respect to fund shares purchased via such a draft for a period of up to (15) days in order to enable Sentinel Funds to confirm that the draft has cleared.

This authorization shall remain in full force and effect and Sentinel Funds may continue to honor instructions to draft the referenced account until written notification revoking this authorization is provided at least (10) ten business days prior to a scheduled draft to: Sentinel Investments, PO Box 55929, Boston, MA 02205-5929.

In consideration of Sentinel Funds acting on instructions and processing transactions as described above, I/We agree to hold harmless and indemnify Sentinel Funds, Sentinel Administrative Services, Inc., its affiliates and agents, against any and all losses, expenses, costs or liabilities arising from honoring the instructions provided.

Trustee Signature(s):

All sponsors or responsible parties for the plan must sign this authorization. Please attach an additional page if there are additional signers.

Please print, sign and return to the below address:

Signature of Authorized Trustee	Title	Date
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Authorized Trustee (*Print*)

Signature of Authorized Trustee	Title	Date
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Authorized Trustee (*Print*)

6. Mailing Instructions

Please complete and return to one of the addresses below:

Overnight Mailing Address:

Sentinel Investments
c/o Boston Financial Data Svcs
30 Dan Road
Canton, MA 02021-2809

Direct Mail:

Sentinel Investments
PO Box 55929
Boston, MA 02205-5929