

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	E-mail		
Fund Name/Account Number		Fund Name/Account Number		
Fund Name/Account Number		Fund Name/Account Number		

2. Type of IRA and Reason for Distribution (Select One Only 2B or 2C)

2A. Type of IRA: Traditional SEP ROTH (complete section 2C only) SIMPLE

2B. Reason for Distribution:

Required Minimum Distribution (RMD): (Sentinel will calculate your RMD based on your Sentinel account values only and distribute the RMD out of each of your accounts equally unless you specify a percentage from your accounts in the table below.)

Choose one: Calculate my RMD based on the Uniform Lifetime Table

Calculate my RMD based on the Joint Lifetime Table (Your spouse must be more than 10 years younger than you and the sole beneficiary of your account in order to select this option. An updated Beneficiary Designation form can be completed along with this form if a change is needed to accomplish this designation.)

RMD Amount: _____ (If you supply your RMD amount, this amount must be specified by you each year.)

Fund Name & Share Class	Prior Year End Value ¹	Percent of withdrawal from each fund

¹Prior Year End Value is required only if assets in the account were not invested in Sentinel Funds as of the prior year-end.

Must Equal 100%

2C. Reason for Distribution (other than RMD): Liquidations will be distributed equally from the fund/accounts referenced in Section 1.

Under Age 59½ (Premature Exception Applies): Amount _____ (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.)

Death: Amount _____ (Additional paperwork required. Please contact Sentinel Funds for details.)

Date of Death: (mm/dd/yyyy) _____

Over Age 59½ (Normal): Amount _____

Under Age 59½ (Premature): Amount _____ (No exceptions apply. Withdrawal will be subject to an additional early distribution tax.)

Disability: Amount _____

3. Payment/Payout Methods (Select appropriate items)

Systematic Withdrawal Plan:

Choose one date (if date is not specified, the default is the 20th of the month): 5th 10th 15th 20th 25th Start Date: _____

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

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

Choose one: Check to the address of record

Check to alternate payee (please complete section 4A)

Automated Clearing House (ACH) (please complete section 4B)

Exchange to an existing non-retirement Sentinel Funds account (please complete section 5)

Open a new account (please attach completed Sentinel Funds application)

Systematic Withdrawal Authorization - Continued

4. Payment Destination

4A. Check to alternate payee

Name of Payee _____

Street Address _____

City _____

State _____

Zip (+4) _____

4B. Automated Clearing House (ACH) (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) Checking Savings

Tape your VOIDED check here.

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

5. Exchange to Non-Retirement Account

To: Existing Account(s)

Fund Name	Existing Account Number	Account Holder Name	Amount
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
Total			\$ _____

6. 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.

7. 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 Signature Validation Program (SVP) or a Medallion Signature Guarantee (MSG) Stamp is required and 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 Signature Validation Program (SVP) or Medallion Signature Guarantee (MSG) Stamp here: