

Sentinel 403(b) Program Account Application

1. EMPLOYEE INFORMATION (Please complete all sections.)			
Employee Name		Social Security Number	
Street Address	Daytime Phone	Date of Hire	
City	State	Zip Code	Date of Birth

2. EMPLOYER INFORMATION			
Employer Name		Employer Contact Name	
Street Address		Contact Phone	
City	State	Zip Code	For Internal Use

3. SENTINEL FUNDS INVESTMENT ELECTIONS – In what fund(s) would you like to invest?

<u>INVESTMENT OPTION</u>	<u>PERCENTAGE</u>	<u>INVESTMENT OPTION</u>	<u>PERCENTAGE</u>
Balanced A	_____ %	Mid Cap Value A	_____ %
Capital Growth A	_____ %	Short Maturity Government A	_____ %
Conservative Allocation A	_____ %	Small Company A	_____ %
Common Stock A	_____ %	Sustainable Core Opportunities A	_____ %
Government Securities A	_____ %	Sustainable Growth Opportunities A	_____ %
Growth Leaders A	_____ %	U. S. Gov't Portfolio	_____ %
International Equity A	_____ %	Total Return Bond A	_____ %
Mid Cap Growth A	_____ %	Total	100%

4. BROKER/DEALER or ADVISOR INFORMATION
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If you do not have a Broker/Dealer or Investment Advisor, please leave this section blank.
 By this designation, I hereby authorize Sentinel Funds and its Agents to accept instructions from and transmit information to my Broker/Dealer or Investment Advisor concerning my accounts:

Name of Broker/Dealer or Advisor Firm		Dealer Number	
Registered Rep Name		Registered Rep Number	
Branch Address		Branch Number	
City	State	Zip Code	Registered Rep Phone
Dealer's Authorized Signature		Date	

Registered Investment Advisors

Firm Name	
Advisor's Name	State
Email Address	

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5. DESIGNATION OF BENEFICIARY

I hereby designate the following individual(s) as my beneficiary (ies) and request that in the event of my death, my Sentinel 403(b) Program account be distributed as indicated below. I hereby revoke all previous beneficiary designations. (Attach additional sheets if necessary.)

Primary Beneficiary(ies)

Name	Date of Birth	SSN	Relationship to Account Holder	Percentage
Street Address	City	State	Zip Code	Phone

Name	Date of Birth	SSN	Relationship to Account Holder	Percentage
Street Address	City	State	Zip Code	Phone

Secondary Beneficiary(ies)

Name	Date of Birth	SSN	Relationship to Account Holder	Percentage
Street Address	City	State	Zip Code	Phone

Name	Date of Birth	SSN	Relationship to Account Holder	Percentage
Street Address	City	State	Zip Code	Phone

6. EMPLOYEE AUTHORIZATION

Please read and sign below to open your account.

By signing this Application, I certify that I am of legal age, have received and read the current prospectus and Custodial Agreement, and agree to all terms and appoint Countybank as Custodian of my account under the Sentinel 403(b) Program.

I further certify that I have conferred with my Employer and agree that my Employer is eligible and is an employer of the type described in section 403(b)(1)(a) of the Internal Revenue Code, as amended.

Under penalties of perjury, I certify that (1) the number shown on this form is my correct taxpayer identification number and (2) that the Internal Revenue Service has never notified me that I am subject to backup withholding, or has notified me that I am no longer subject to such withholding.

Employee Signature

Date

7. EMPLOYER ACCEPTANCE AND AUTHORIZATION

Signature of Employer/Sponsor or its Designee

Date

Send completed form to:

USI Consulting Group
Attn: Sentinel Service Team
95 Glastonbury Blvd., Suite 102
P.O. Box 6503
Glastonbury, CT 06033-6503
Phone: (866) 305-8846, Plan Code 241
Fax: (610) 537-2708