

## Sentinel 403(b) Program Beneficiary Designation Form

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. DESIGNATION OF BENEFICIARY
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Please check here if this is a change to an existing beneficiary designation.

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

3. EMPLOYEE AUTHORIZATION
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\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
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