



Sentinel 403(b) Program Distribution Request Form Instructions

(DO NOT SUBMIT THIS DOCUMENT WITH YOUR DISTRIBUTION REQUEST FORM)

1. PARTICIPANT INFORMATION				
Participant Name <i>JOHN M. DOE</i>			Social Security Number <i>123-45-6789</i>	
Mailing Address <i>123 MAIN STREET</i>		Daytime Phone <i>(123)456-7890</i>	Separation/Retirement Date (if applicable) <i>03/31/09</i>	
City <i>GLASTONBURY</i>	State <i>CT</i>	Zip Code <i>06033</i>	Date of Birth <i>06/06/1966</i>	Date of Hire <i>01/01/1999</i>

Provide your personal information. All fields in this section are required except Separation/Retirement Date – see explanation below:

Participant Name: Print your full name

Social Security Number: Print your full social security number

Mailing Address, City, State, and Zip Code: Print the full address - this is the address where the check and 1099R will be mailed

Daytime Phone: Please provide a phone number where you can be reached during the day

Separation/Retirement Date: This date is required if you no longer work for the Employer in Section 2. If you select anything other than "Age 59 ½ or older" in Section 3, this date is required

Date of Birth: Print your full birth date

Date of Hire: Print the full date you started working for the Employer in Section 2

2. EMPLOYER INFORMATION				
Employer Name <i>USA EMPLOYER</i>			Employer Contact Name <i>AMERICA SMITH</i>	
Mailing Address <i>789 MAIN ST</i>		Contact Phone: <i>(123) 789-4586</i>		
		Contact Fax: <i>(123) 789-4588</i>		
City <i>GLASTONBURY</i>	State <i>CT</i>	Zip Code <i>06033</i>	Email Address <i>SMITHA@USAEMPLOYER.ORG</i>	

Provide your Employer's information. Fill out as much information as possible. The information in this section is important because this is where the Distribution Request Form will be sent or faxed for Employer/Sponsor approval. New 403(b) regulations require Employer/Sponsor signature on most distribution requests.

Employer Name: This is your current employer or the Employer you worked for at the time you established your 403(b) account with Sentinel

Employer Contact Name: This is the contact person that needs to sign/approve the distribution form

Mailing Address, City, State, Zip Code: Please provide the Employer's full address

Contact Phone and Fax: Please provide a phone number where the contact person can be reached. The Fax number you provide will be where the distribution form will be sent for approval

Email Address: Not required, but helpful if we need to contact the Employer

3. REQUEST FOR DISTRIBUTION

I understand that distributions from 403(b) accounts are only allowed under certain circumstances. I hereby request a distribution from my Sentinel 403(b) Program Account for the following reason: **(check one)**

- Age 59 ½ or older Separation from service Age 55 and fully retired
 Disability Required minimum distribution*
 Other: _____ (provide reason)

*Please note that required minimum distributions will only be taken from your Sentinel 403(b) Program Account and may not include your total retirement portfolio which may not meet your required minimum.

All distributions will be made in the form of a check. All checks will be mailed to the participant at the mailing address included in Box 1 above. (Exception: Amounts to be rolled over to a Sentinel IRA will be mailed directly to Sentinel Investments.)

Select a reason for your distribution. You should select only one option.

Age 59 ½ or older: Select this option if you are age 59 ½ or older and still working for the Employer in Section 2

Separation from service: Select this option if you are no longer working for the Employer in Section 2

Age 55 and fully retired: Select this option if you are age 55 or older and formally retired from the Employer in Section 2

Disability: Select this option if you became Disabled, within the meaning of IRS Code SEC. 72(m)(7), while employed with the Employer in Section 2

Required minimum distribution: Select this option if you are age 70 ½ or older and no longer working for the Employer in Section 2 - please read the additional notes regarding required minimum distributions on the distribution form

Other: An example for this option would be if your Employer in Section 2 decided to terminate or discontinue the 403(b) Program or if your Employer selected a different provider, and you are moving your Sentinel 403(b) account to that provider, do not use this form. To transfer your 403(b) balance to another approved provider, please complete the Transfer or Exchange Form from the new provider instead. If you are a beneficiary and wish to request a **Death** benefit distribution, please contact the Sentinel Service Team at 1-866-305-8846 (code 241), and ask for the **Application for Death Benefit Form**.

4. DISTRIBUTION OPTIONS/FORM OF PAYMENT ELECTION

Distribution amount for this transaction: (choose one)

- Partial distribution in the amount of \$ _____
 Full Distribution

I hereby elect to receive the amount indicated above as follows (Select one option below):

- Single Lump Sum Cash Payment payable to me
 Single Lump Sum Direct Rollover (provide information in Part 5 below)
 Combination Cash (payable to me) and Direct Rollover
\$ 10,000 paid directly to me with remaining balance to be directly rolled over in accordance with Part 5 below
 Installment Payments (choose frequency below):
 Annual Semi Annual Quarterly Monthly
Installment Payment Amount (select one):
 Dollar amount \$ _____ or Over _____ years, or if earlier, until my account is fully distributed

Select one distribution option and one form of payment.

Choose either a Partial Distribution or Full Distribution, then...

Choose how you want your partial or full distribution to be paid:

Single Lump Sum Cash Payment: This means that a check will be made payable to you and taxes will be withheld

Single Lump Sum Direct Rollover: This means that your distribution will be made payable to the Rollover Institution you provide in Section 5 and no taxes will be withheld. The check will be sent directly to the Mailing Address provided in Section 1, not the financial institution. If you are rolling over your Sentinel 403(b) account to a Sentinel IRA account, we will mail your check directly to Sentinel.

Combination Cash and Direct Rollover: This means that two distributions will be processed and two separate checks will be produced (one payable to you and one payable to the Rollover Institution provided in Section 5). Each separate distribution incurs a separate check and 1099R fee.

Installment Payment: You may select this option only if you are no longer working for the Employer listed in Section 2. Choose a frequency and amount type for your installment. Once you have selected this option, installment payments will begin as soon as administratively possible and will be paid at the beginning of the month due. If you wish to cancel these payments at any time in the future, you will need to notify us in writing. To commence installment payments again, you will need to re-start the installment process by filling out this form again.

5. DIRECT ROLLOVER INSTRUCTIONS			
In accordance with my election in Part 4 above, I hereby elect to directly roll over my Sentinel 403(b) Program distribution to another eligible employer plan or IRA as indicated below:			
Name of Receiving Plan <input type="checkbox"/> or Individual Retirement Account <input checked="" type="checkbox"/>			
SENTINEL INVESTMENTS			
Street Address PO BOX 1499		Contact Person JANE SMITH	
City MONTPELIER	State VT	Zip Code 05604	Phone 800-282-FUND

Complete this section Only if you selected one of the Direct Rollover options in Section 4.

Choose either Receiving Plan (plan) or Individual Retirement Account (IRA)

Name of Receiving Plan or Individual Retirement Account: Provide the name of the receiving 403(b) or 401(k) plan, IRA, or other employer-sponsored retirement plan

Street Address, City, State, and Zip: Provide the address information for the Rollover Institution. Please note that the check will still be mailed to the Mailing Address in Section 1

Contact Person: Provide the name of the contact person at the Rollover Institution

Phone: Provide the phone number for the contact person at the Rollover Institution

6. FEDERAL INCOME TAX WITHHOLDING

For distributions that are eligible for rollover to another eligible plan or arrangement, federal law requires that 20% of any lump sum payment made directly to you be withheld for income tax purposes unless you elect a direct rollover. Please see the Special Tax Notice for further details.

Required Minimum Distributions from your account are not eligible for direct rollover, but are subject to 10% withholding for Federal income tax purposes. You may elect NOT to have 10% withholding apply to your distribution. However, even if you elect not to have Federal income tax withheld, you are liable for payment of Federal income tax on the taxable portion of your distribution. You also may be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate. If you do NOT want withholding to apply to your required minimum distribution, please indicate by checking the box here: .

Complete this section Only if you selected a payment reason of "Required minimum distribution" in Section 3.

Choosing this option means that you are electing out of 10% federal withholding on your required minimum distribution only. Opting out of Federal Withholding on a regular cash distribution is not an option.

7. STATE INCOME TAX WITHHOLDING

(Note: If you reside in a state that does not have state income tax, please skip this Part.)

The taxable portion of your payment may also be subject to STATE income tax. If state income taxes are not withheld from your payment, you are liable for any state income tax on the taxable portion of your payment. In certain states, you may also be subject to penalties under estimated tax payment rules. If you do not complete this Part, state income tax will only be withheld if required by the state and at the state's withholding default rate. (For tax information pertaining to your resident state, please contact your tax advisor or your state income tax department.)

• I reside in a state that requires state income tax to be withheld from the taxable portion of payments where federal income tax has been withheld. I understand that state income taxes will be withheld at the statutory income tax rates unless I notify you otherwise. I also understand that certain states may allow me to elect out of state withholding.

I hereby elect out of mandatory state withholding. I understand that my state must allow for this election.

• I reside in a state that does not require state income tax to be withheld from the taxable portion of payments where federal income tax has been withheld, but allows me to request income taxes to be withheld. I hereby make a voluntary election to have:

\$ 500.00 withheld for state income tax. **OR** _____% withheld for state income tax.

Complete this section Only if you selected one of the Cash options in Section 4.

Please read this section carefully. If you are unsure about the rules of your state, contact your tax advisor or state income tax department

8. PARTICIPANT AUTHORIZATION	
I understand that my distribution is subject to a fee of \$25 for each check issued and \$35 for each Form 1099-R required. I hereby certify that I have read and understand the attached Special Tax Notice and hereby request the distribution elected above. By signing this Distribution Request Form, I hereby waive the 30-Day Notice Period outlined in the attached Special Tax Notice.	
_____	_____
Participant Signature	Date

This section is required. This section needs to be completed by the participant named in Section 1.

Distribution forms without the participant's signature will be returned to the Mailing Address provided in Section 1

9. EMPLOYER/SPONSOR AUTHORIZATION	
_____	_____
Signature of Employer/Sponsor or its Designee	Date

Employer/Sponsor or its Designee Name in Print	

This section is required. This section needs to be completed by the authorized Employer/Sponsor in Section 2.

Participants are not responsible for acquiring the employer/sponsor signature. The Sentinel Service Team will fax or forward this form with a cover letter to the employer/sponsor for signature. The employer/sponsor signature on this section confirms that you were employed for the Employer at the time you established your 403(b) account with Sentinel.

<p>Please mail or fax completed form (keep Special Tax Notice for your records) to:</p> <p>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</p>
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You may mail or fax the form to us

Please make a copy of this form for your records