

## Sentinel 403(b) Program Request for Direct Rollover

*If you wish to have a prior employer plan account balance directly rolled into the **Sentinel 403(b) Program**, please complete this form and forward it to the administrator/custodian of the prior plan or arrangement.*

1. Prior Plan/Account Information			
Employer Name	Plan Name / Account No.		
Administrator or Contact Name	Contact Phone		
Street Address	City	State	Zip Code

2. Former Participant Information			
Name		Social Security No.	Date of Birth
Street Address		Date of Hire	Date of Termination
City	State	Zip Code	Daytime Phone:

3. Request for Direct Rollover of Plan Account
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As a former participant under the above-named plan, I hereby request a direct rollover of my entire vested account balance to the **Sentinel 403(b) Program**.

(1) Please prepare a check in the amount of my vested account balance made payable to:

Countybank, Custodian for Sentinel 403(b) Program f/b/o **[name of participant]**

(2) Please forward the above referenced check together with a copy of this form to the participant at the address listed in Part 2 above.

4. Employee Authorization
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I hereby authorize the administrator of the above-named prior plan or arrangement to take such actions as are necessary and appropriate in order to effectuate the request for a direct rollover as noted above. If any additional information is required, please contact me at the telephone number listed in Part 2 above.

\_\_\_\_\_  
Signature of Former Employee/Participant

\_\_\_\_\_  
Date

Upon receipt, participant should forward check and a **Rollover Certification Form** to the Sentinel Service Team at USI Consulting Group.

## Sentinel 403(b) Program Rollover Certification Form

Complete this form if you wish to have a prior employer plan account balance directly rolled into the Sentinel 403(b) Program. If you do not currently have an account established under the Sentinel 403(b) Program, you must submit a completed Account Application along with this Rollover Certification Form.

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

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

<b>3. ROLLOVER ELECTION</b>
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I elect to roll \$ \_\_\_\_\_ into the Sentinel 403(b) Program (the "Program"). Attached is a check for this amount. I understand that:

- (1) The Program is not legally required to accept a rollover.
- (2) If the Program accepts my rollover, once deposited with the Program, the rollover amount is subject to the rules of the Program concerning rollover contributions.
- (3) The amount I roll over may be subject to different tax treatment when it is ultimately distributed from the Program.

The rules regarding taxation of distributions from your rollover account are complex and vary according to your individual circumstances. You should consult with a tax advisor to determine the tax implications of your rollover.

I hereby request that the funds from my prior plan or IRA be accepted by the Custodian of the Program on my behalf, as a rollover contribution as that term is defined in the Program. I have attached either a form 1099R, a distribution statement, my last participant statement, or a letter from the prior plan or program in support of my request.

<b>4. SENTINEL FUNDS INVESTMENT ELECTIONS – In what fund(s) would you like to invest?</b>
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I hereby direct the Custodian of the Program to invest my rollover contributions in accordance with my current investment elections. If I do not have current investment elections in effect, or I wish to invest my rollover in a different manner, I hereby direct the Custodian to invest my rollover contributions in the following manner:

<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. Government Portfolio	_____ %
International Equity A	_____ %	Total Return Bond A	_____ %
Mid Cap Growth A	_____ %	Total	100%

## Sentinel 403(b) Program Rollover Certification Form

**5. EMPLOYEE AUTHORIZATION**

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

**6. 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