



If you need assistance completing this form, please call Sentinel Investor Services during business hours, Eastern Time, toll-free at 800-282-FUND.

# Sentinel Funds Redemption Request

**Instructions:** To transfer an account held elsewhere to the Sentinel Family of Funds, complete this form and return it along with your completed Sentinel Fund Application.

**To: Present Investment Product Institution**

Name:

Address: (City, State, Zip Code)

**Re: Product/Fund(s):**

Account Number(s):

Registered in the name(s) of:

Daytime Telephone Number: ( )

**Attention: Client Service Department**

Consider this as your authority to sell all assets or \$ \_\_\_\_\_ (specified dollar amount) in the above named account(s).

Make the proceeds check payable as follows and mail to the address shown.

Pay to: Sentinel Funds  
Account Number (do not complete - internal use only) \_\_\_\_\_

Registered in the name of \_\_\_\_\_

Send to: Sentinel Administrative Services, Inc.  
P.O. Box 1499  
Montpelier, VT 05601-1499

Your prompt attention to this matter is appreciated.

Sincerely,  
Account Owner Signature:

Date: (mm/dd/yyyy)

**Signature Guarantee:** (Space provided below for signature guarantee. Check with your current investment representative or manager regarding any signature guarantee or other documentation requirements.)

Signature Guarantee: