

**Instructions**    **Complete this request form if you wish to transfer your present 403(b)(7) account** held at another institution to the Sentinel Funds.

**The completed transfer request should be forwarded to** Sentinel Administrative Services, Inc. (SASI), along with a completed Sentinel Fund 403(b)(7) Account Application (*an account application is not necessary if you have already established a 403(b)(7) plan with us*).

**Address & telephone:** PO Box 1499, Montpelier, VT 05601-1499, 800-282-FUND (3863).

**Participant Information**    **1. How is your account registered?**  
 Name (*Please Print*): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

*Please use black ink and print*

Address Street: \_\_\_\_\_  
 \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Taxpayer Information**    **Please provide your taxpayer information:**  
 Citizenship: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**Transfer Information**    **2. This is a transfer from:**  
 Current 403(b)(7) Custodian: \_\_\_\_\_

*If possible, attach a copy of a recent account statement.*

Address Street: \_\_\_\_\_ Phone number: \_\_\_\_\_  
 \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Asset description: \_\_\_\_\_ Account number(s): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Transfer Instructions**    **3. Check one:**

Transfer all assets eligible for transfer or rollover in cash.

Transfer only \$ \_\_\_\_\_ which the current custodian or administrator has determined to be eligible for transfer or rollover, from my 403(b)(7) custodial account.

Transfer the assets eligible for transfer or rollover from the following Sentinel Fund shares in-kind:  
 \_\_\_\_\_

**The Funds**    **4. Invest my proceeds in the following Sentinel fund(s):**

	Name of Fund	Share Class	Account Number* <small>(or write "new")</small>	Amount or	Percentage
<i>Investment minimum is \$1,000 for each new account.</i>	_____	_____	_____	\$ _____	_____ %
	_____	_____	_____	\$ _____	_____ %
	_____	_____	_____	\$ _____	_____ %
	_____	_____	_____	\$ _____	_____ %

*\*if transferring to "new" account(s), please be sure to complete and attach the Sentinel 403(b)(7) Custodial Account Application.*

**Participant's Authorization**

**5. Read and sign here to authorize the transfer.**

I have established a 403(b)(7) Custodial Plan with the Sentinel Funds for which State Street Bank & Trust is custodian. Please accept this as your authorization to transfer the assets noted above to SASI in the manner indicated above.

I certify that none of the assets transferred include any required minimum distribution amounts under IRC Section 401(a)(9) for the current year.

**Please Read & Sign**

Under penalties of perjury, I certify that the number shown on this form is my correct taxpayer identification number.

Account Owner's Signature:

Date:

*Note: To complete this transfer, your existing 403(b)(7) Custodian may require a separate letter of instruction, a signature guarantee, or annuity contract. Please ask them about any additional requirements.*

Signature Guarantee (if required by current Custodian):

Should there be any questions regarding my transfer, please contact:

My Financial Advisor:

Area Code & Daytime Telephone:

Area Code & Fax number:

Employee's Signature:

Area Code & Daytime Telephone:

Area Code & Evening Telephone:

**Sentinel Administrative Services Inc.'s Acceptance**

**6. Sentinel Administrative Services, Inc.,** as agent for State Street Bank & Trust Co. (SSBT), hereby accepts eligible assets for transfer or rollover from the above plan and accepts appointment as custodian of a 403(b)(7) established by the participant. Sentinel Funds 403(b)(7) Plan includes the withdrawal restriction: as provided under IRC Section 403(b)(7). Please make the check (if applicable) payable to SASI, and mail to Sentinel Administrative Services, Inc., along with a copy of this form.

FBO

Reference

PO Box 1499, Montpelier, VT 05601-1499.

Authorized Signature