



Payroll integration consent

To initiate payroll integration with Sentry, please consent to Sentry, its affiliates, and subsidiaries transmitting information received directly or indirectly from the Employer/Plan Sponsor such as participant names, social security numbers, dates of birth, dates of employment, status, and all other information necessary to administer your plan, to and from Sentry's payroll integration providers.

Please return this consent form to **401kcontributions@sentry.com**. If you currently submit contributions to Sentry, please continue using your existing method until you receive confirmation that the integration has been completed. For any questions, please reach out to your Client Service Manager.

Payroll provider: _____

Plan name: _____ Plan number: _____

Name of individual providing consent: _____

Date: _____