See separate instructions.

Part I Reporting Issuer

| 1 | lssuer's name | | 2 Issuer's employer identification number (EIN) | | | | | | |
|---|--------------------------|----------------------------|---|-------------------------------------|----------|--|--|--|--|
| Sen | tinel Variable Products | Bond Fund | | | | | | | |
| 3 | Name of contact for add | ditional information | 4 Telephone | e No. of contact | | 5 Email address of contact | | | |
| Sen | tinel Investor Services | | 800-282-3863 | | | service@sentinelinvestments.com | | | |
| 6 | Number and street (or P | P.O. box if mail is not c | lelivered to s | vered to street address) of contact | | 7 City, town, or post office, state, and Zip code of contact | | | |
| <u>One</u> | National Life Drive | | | Montpelier, VT 05604 | | | | | |
| 8 Date of action 9 Classification and description | | | | | | | | | |
| <u>12/3</u> | 1/2016 | | Shares issued by a single mutual fund/re | | | egulated investment company. | | | |
| 10 | CUSIP number | 11 Serial number(s) | | 12 Ticker symbol | | 13 Account number(s) | | | |
| | 81730D603 | | | N/A | | | | | |
| Ра | rt II Organizatio | onal Action Attach | additional | statements if needed. S | See bac | k of form for additional questions. | | | |
| 14 | Describe the organizat | tional action and, if ap | plicable, the | date of the action or the date | ate agai | nst which shareholders' ownership is measured for | | | |
| | the action ► Following | ng the fiscal year end | ding Decem | ber 31,2016, it was detern | nined th | nat the Sentinel Variable Products Bond Fund had | | | |
| dist | ributed return of capita | al of \$2,706 to shareh | olders in ex | cess of accumulated earr | nings ar | nd net investment income. | | | |
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15 Describe the quantitative effect of the organizational action on the basis of the security in the hands of a U.S. taxpayer as an adjustment per share or as a percentage of old basis ► The total amount of return of capital for each dividend paid throughout calendar 2016 and impact

| per share is i | indicated below: | | | |
|----------------|------------------|------------|------------------|--|
| Month | Total Amount | Percentage | Per Share Amount | |
| September | \$ 29 | 0.27% | \$0.000005 | |
| December | 2,677 | 0.27% | 0.000520 | |

16 Describe the calculation of the change in basis and the data that supports the calculation, such as the market values of securities and the valuation dates ► The total return of capital percentage was calculated by taking the return of capital distribution of \$2,706 divided by

total distributions for the year of \$1,010,349. The total amount for each distribution was then calculated by applying the percentage to that month's total distribution. The per share amount was then calculated by taking the total amount divided by the shares outstanding on the date of distribution.

| Form 893 | 37 (Rev | . 12-2011) | | | | | Page 2 |
|--------------|---------|---|--|-----------|-----------------|------------------------|---------------------|
| Part I |] (| Organizational Action (continued) | | | | | |
| | | | | | | | |
| 17 Li | st the | applicable Internal Revenue Code section | s) and subsection(s) upon which the tax tr | eatment | is based ► | 316(b)(4) | Certain |
| Distribu | utions | By Regulated Investment Companies in | Excess of Earnings and Profits. | | | | |
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| 18 C | an any | resulting loss be recognized? ► N/A | | | | | |
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| 19 Pr | rovide | any other information necessary to implen | nent the adjustment, such as the reportabl | e tax ye | ar ► <u>N/A</u> | | |
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| | Unde | r penalties of perjury, I declare that I have exam | ined this return, including accompanying sched | lules and | statements, a | and to the best | of my knowledge and |
| | belief | , it is true, correct, and complete. Declaration of | preparer (other than officer) is based on all inform | mation of | which prepar | rer has any kno | wledge. |
| Sign | | | | | | | |
| Here | Signa | ture ► | | Date 🕨 | | | |
| | | | | | | | |
| | Print | your name► Scott G. Wheeler | | Title 🕨 | Assistant | Treasurer | |
| Detet | 1 | Print/Type preparer's name | Preparer's signature | Date | | | PTIN |
| Paid | | | _ | | | Check if self-employed | |
| Prepa | | Eirm's name | 1 | 1 | | | <u> </u> |
| Use C | Jnly | Firm's name | | | | Firm's EIN ► | |

Send Form 8937 (including accompanying statements) to: Department of the Treasury, Internal Revenue Service, Ogden, UT 84201-0054