

# SPARROW GROWTH FUND

Send completed forms to:  
Mutual Shareholder Services, LLC  
Attn: Sparrow Growth Fund  
8000 Town Centre Drive, Suite 400  
Broadview Heights, OH 44147

## IRA TRANSFER OR DIRECT ROLLOVER REQUEST FORM

Please print or type

### GENERAL INFORMATION

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Soc. Sec. No. \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Evening Phone \_\_\_\_\_ Account Number \_\_\_\_\_

### CURRENT CUSTODIAN OF YOUR IRA ACCOUNT

Name \_\_\_\_\_ Address \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Your IRA Account Number \_\_\_\_\_ *Please include a copy of your latest IRA statement*

If you choose to wire-transfer your funds, contact your financial organization for information regarding any incoming or outgoing wire-transfer fees that may apply.

*\*SIMPLE IRA (SRA) funds cannot be combined with regular IRA funds during the first two years of the initial participation in the SIMPLE IRA (SRA)*

### AUTHORIZATION FOR TRANSFER To the Current Custodian of My IRA Account

Please Liquidate and Transfer \_\_\_\_\_ \$ \_\_\_\_\_ or \_\_\_\_\_ My Entire Account

To \_\_\_\_\_ My Existing IRA Account at Sparrow Growth Fund, # \_\_\_\_\_ or \_\_\_\_\_ A New IRA Account at Sparrow Growth Fund  
(Please attach an IRA Account Application)

Signature \_\_\_\_\_ Date \_\_\_\_\_

### SIGNATURE GUARANTEE

The current custodian of your IRA account may require your signature guaranteed. A signature guarantee requires you to sign your name in the presence of an officer of a commercial bank or a member firm of a domestic stock exchange. The offer will verify your signature at that time. Please notice that a notary public is **not** acceptable for signature guarantee.

### ACCEPTANCE OF APPOINTMENT – To Be completed by the US Bank (Custodian for Sparrow Growth Fund)

To Whom it may concern:

We have been requested to send you a letter of acceptance in order to transfer the assets of the above mentioned account for deposit to the Name of Fund. To ensure proper crediting, please return the check made payable to:

Sparrow Growth Fund FBO \_\_\_\_\_

MAIL TO: Sparrow Growth Fund  
c/o Mutual Shareholder Services, LLC  
8000 Town Centre, Suite 400  
Broadview Heights, OH 44147

Please include a copy of this form to identify the check as a transfer of assets. This is to be executed as a fiduciary to fiduciary transfer so as not to put the plan participant in actual or constructive receipt of all or any part of the transferred assets. Thank you for your prompt attention to this matter.

Custodian Signature \_\_\_\_\_ Date \_\_\_\_\_

(You may wish to retain a copy of this form for your records)

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## IRA APPLICATION

### IRA OWNER INFORMATION

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Soc Sec. No. \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Evening Phone \_\_\_\_\_ Citizen and Permanent resident of USA  Y  N (Open to US residents only)

### CONTRIBUTION INFORMATION

Amount to be invested in: Sparrow Growth Fund \$ \_\_\_\_\_

**ACCOUNT TYPE**  
 Regular/Spousal  Conduit (See Note)

**INITIAL CONTRIBUTION TYPE**

Type	Amount	Tax Year
<input type="checkbox"/> Roth IRA	\$ _____	_____
<input type="checkbox"/> Regular/Spousal IRA	\$ _____	_____
<input type="checkbox"/> SEP IRA	\$ _____	_____
<input type="checkbox"/> Rollover from IRA/QP/TSA	\$ _____	_____
<input type="checkbox"/> Transfer from IRA	\$ _____	_____
<input type="checkbox"/> Rollover from Simple IRA*	\$ _____	_____
<input type="checkbox"/> Transfer from Simple IRA*	\$ _____	_____
<input type="checkbox"/> Coverdell Educational IRA	\$ _____	_____

Rollover  
 Roth  
 Transfer

*Note:* If you are moving assets from a qualified plan or TSA and do not want to commingle these assets with regular IRA contributions, select this option.

\*Simple IRA (SRA) funds cannot be combined with regular IRA funds during the first two years of initial participation.

### DESIGNATION OF BENEFICIARY

In the event of my death, pay my IRA balance to the following primary beneficiary(ies): (See instructions for additional conditions.)

Name	SSN or TIN	Relationship	Date of Birth	Address	%
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

If all of the primary beneficiaries die before me, pay my IRA balance to the following contingent beneficiaries

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

\*If no percentage rate is indicated, the beneficiaries will share equally. Total \_\_\_\_\_

### SIGNATURES AND CERTIFICATIONS

I certify under the penalty of perjury that my social security number stated above is correct, that I am of legal age in my state of residence and I agree that the designation of the tax year for my contribution and my election to treat a contribution as a rollover (if applicable) are irrevocable. By signing this application, I hereby authorize and appoint US Bank to act as Custodian of my account. I indemnify US Bank when making distributions in accordance with my beneficiary designation on file or in accordance with the Custodial Account Agreement absent any such designation. I acknowledge that I have received the IRA Disclosure Statement and IRA Custodial Account Agreement at least seven days prior to the date I signed this application. I have read both, which are incorporated in this application by reference, and I accept and agree to be bound by the terms and conditions contained in the IRA Custodial Account Agreement. I also certify that I have received and read the current Prospectus and understand that mutual fund shares are not obligations of or guaranteed by a bank, nor are they insured by the FDIC.

IRA Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

US Bank \_\_\_\_\_ Date \_\_\_\_\_

US Bank accepts this application and agrees to act as Custodian of the account. A confirmation will be sent to you regarding the above transaction(s) and will serve as notification of the Custodian's acceptance.

Complete only if required by State Law

**Spousal Consent:** I am the spouse of the IRA Owner and I approve and consent to the naming of a beneficiary other than myself. I transmute (transfer) any community property interest I have in this IRA into the separate property of my spouse.

\_\_\_\_\_  
 Spouse's Signature Date \_\_\_\_\_