

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)