

SPARROW GROWTH FUND TRANSFER REQUEST

Use this form when transferring assets directly to Sparrow Growth Fund account from another institution. A recent copy of your current account statement would be appreciated. A Regular Account application must also be completed if this is a new account. **DO NOT** use this form for IRA transfers, distributions or conversions of any kind. Please call us toll free at 800-595-2877 with any questions. When complete, mail this form to

SPARROW GROWTH FUND
C/O MUTUAL SHAREHOLDER SERVICES
8000 TOWN CENTRE DRIVE, SUITE 400
BROADVIEW HEIGHTS, OH 44147

YOUR NAME

NAME _____
ADDRESS _____
CITY/STATE/ZIP _____
BUSINESS PHONE () _____ HOME() _____

NAME AND ADDRESS OF PRESENT TRUSTEE

NAME _____
ADDRESS _____
CITY/STATE/ZIP _____
ACCOUNT NUMBER _____
ACCOUNT DESCRIPTION (FUND NAME, CD, ETC) _____

WHERE TO INVEST YOUR ASSETS

- I AM OPENING A NEW ACCOUNT AND HAVE ATTACHED AN APPLICATION.
- PLEASE DEPOSIT IN MY EXISTING ACCOUNT:
ACCOUNT# _____

AUTHORIZATION FOR TRANSFER

TO THE CUSTODIAN OR TRUSTEE OF MY EXISTING ACCOUNT:

PLEASE LIQUIDATE AND TRANSFER:

- \$ _____ OR
- THE ENTIRE BALANCE
- IMMEDIATELY OR UPON MATURITY

SIGNATURE _____

IMPORTANT NOTE

Your resigning trustee 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 trust company, a savings or loan association or a member firm of a domestic stock exchange. The officer will verify your signature at that time. Please note that credit unions and notary publics are not acceptable for signature guarantee.

SIGNATURE GUARANTEED BY:

NAME OF BANK OR FIRM _____
SIGNATURE OF OFFICER _____
TITLE OF OFFICER _____

ACCEPTANCE OF APPOINTMENT

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 Sparrow Growth 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
8000 TOWN CENTRE DRIVE, 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 _____