

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

Please print or Type

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 \$ _____

INITIAL CONTRIBUTION TYPE			ACCOUNT TYPE	
Type	Amount	Tax Year	___ Regular/Spousal	___ Conduit (See Note)
___ Roth IRA	\$ _____	_____	___ SEP IRA	
___ Regular/Spousal IRA	\$ _____	_____	___ Rollover	
___ SEP IRA	\$ _____	_____	___ Roth	<i>Note:</i> 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.
___ Rollover from IRA/QP/TSA	\$ _____	_____	___ Transfer	
___ Transfer from IRA	\$ _____	_____		
___ Rollover from Simple IRA*	\$ _____	_____		
___ Transfer from Simple IRA*	\$ _____	_____		
___ Coverdell Educational IRA	\$ _____	_____		

*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 _____