

403(b)(7) CONTRIBUTION FORM

Sparrow Growth Fund

This 403(b)(7) Contribution Form is used to record information about contributions to a non-ERISA 403(b)(7) custodial account. If you have any questions regarding this form, please call shareholder services at 1-888-727-3301.

PART I: 403(b) OWNER INFORMATION (*DENOTES REQUIRED INFORMATION)

Owner's Name* (First, M.I., Last) _____ Date of Birth* _____ Social Security Number* _____

Street Address (Physical Address)* _____ Apartment # _____ City* _____ State* _____ Zip Code* _____

Mailing Address (if different from above) _____ City _____ State _____ Zip Code _____

Primary Phone: _____ Email Address: _____

U.S. Citizenship Status: Citizen Resident Alien Nonresident Alien 403(b) Account/Plan Number: _____

PART II: CONTRIBUTION INFORMATION

Source of Funds (Select One)

Salary Deferral Contribution Amount: \$ _____ Applicable Tax Year: _____

Direct Transfer (Note: Select this option only if you are transferring assets directly from another 403(b) arrangement.)

Rollover Source: Traditional IRA SEP IRA SIMPLE IRA*
 Employer-Sponsored Plan (e.g., 401(a), 401(k), 403(b), 457(b))

*You may not roll over SIMPLE IRA assets to a 403(b) until at least two years have elapsed from the time of your initial participation in your employer-sponsored SIMPLE IRA plan.

PART III: EMPLOYER INFORMATION

Complete this section only if remitting employee 403(b) salary deferral contributions.

Employer Name: _____ Employer Address: _____

Employer Phone: _____ Contact Name: _____

PART IV: INVESTMENT SELECTION

Name of Investment	Share Class (if applicable)	Allocation
1. Sparrow Growth Fund	No-Load	\$ _____ or _____ %
2. Sparrow Growth Fund	A	\$ _____ or _____ %
		TOTAL: \$ _____ or _____ %

PART V: PAYMENT INFORMATION

You can fund your account by any one of these methods. Please check your choice:

- By Check** Enclose a check payable to Sparrow Growth Fund for the total amount.
- By Wire** For wire instructions call Shareholder Services at 1-888-727-3301.
- Direct Transfer** Funds will be transferred directly from another 403(b) plan.
If a direct transfer, please also complete and attach the *403(b) Transfer Request Form*.

(Third party checks, money orders, cashier checks, counter checks, traveler's checks, credit card checks, and cash are not acceptable)

PART VI: ACKNOWLEDGEMENT

I understand that my investment decisions regarding my 403(b) are my sole responsibility and I have been advised to seek competent tax and investment advice. I authorize the Trustee/Custodian to invest my 403(b) assets as instructed above, and I will indemnify and hold the Trustee/Custodian harmless from any consequences related to executing my directions. If the contribution contains rollover dollars, I elect to irrevocably designate this deposit as a rollover contribution. I certify that the Trustee/Custodian has not provided me with any tax, legal, or investment advice.

Signature of 403(b) Owner: X _____ Date: _____