

**COVERDELL ESA
DISTRIBUTION
REQUEST FORM**

Sparrow Growth Fund

Use this Coverdell ESA Distribution Request Form to request a distribution from a Coverdell Education Savings Account (ESA). If you have any questions regarding this form, please call Shareholder Services at 1-888-727-3301.

PART I: DESIGNATED BENEFICIARY INFORMATION (Generally the Student) (*DENOTES REQUIRED INFORMATION)

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

Minor's Street Address (Physical Address)* Apt # _____ City* _____ State* _____ Zip Code* _____

Daytime Phone* _____ ESA Account/Plan Number* _____

PART II: RESPONSIBLE INDIVIDUAL INFORMATION (Usually the Parent or Guardian)

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

Responsible Individual's Street Address (Physical Address)* Apt # _____ City* _____ State* _____ Zip Code* _____

Daytime Phone* _____ Evening Phone _____

PART III: REASON FOR DISTRIBUTION

Indicate Reason for Distribution:

- Qualified Education Expenses of the Designated Beneficiary
- Disability of the Designated Beneficiary as defined under Internal Revenue Code Sec. 72(m)(7)
- Death -Death Beneficiary's Name: _____ Taxpayer ID Number: _____
-Residence Address: _____
-Primary Phone: _____

PART III: REASON FOR DISTRIBUTION-CONTINUED

Return of Excess Contribution Plus Earnings

In what year was the contribution made?: Current Year Prior Year

Excess Contribution Amount: \$ _____ Earnings Attributable to Excess: \$ _____

PART IV: DISTRIBUTION INSTRUCTIONS

I wish to withdraw my entire account balance.

I wish to make a one-time, partial withdrawal of \$ _____.

I wish to withdraw the requested amount on a pro rata basis across all investments.

I wish to withdraw the requested amount from my investments as indicated in the chart below.

(Indicate from which investments the withdrawal should be taken. Percentages must be in whole numbers, e.g., 33%, not 33 1/3%.)

I wish to set up systematic withdrawals* in the amount of \$ _____ on a Monthly Quarterly Semi-Annual Annual basis.

I wish to withdraw the requested amount on a pro rata basis across all investments.

I wish to withdraw the requested amount from my investments as indicated in the chart below.

(Indicate from which investments the withdrawal should be taken. Percentages must be in whole numbers, e.g., 33%, not 33 1/3%.)

*Note: Systematic withdrawals, once initiated, will continue indefinitely until canceled.

| Name of Investment | Withdrawal Amount or % |
|--------------------------------------|------------------------|
| 1. Sparrow Growth Fund No-Load Class | \$ _____ or _____ % |
| 2. Sparrow Growth Fund Class A | \$ _____ or _____ % |

PART V: PAYMENT INSTRUCTIONS

** Denotes that a **New Technology Medallion Signature Guarantee Stamp** is required.

By Mail

Mail check(s) to the address of record

Make check(s) payable to someone other than the account owner (Indicate payee below)**

Make check payable to: _____

Mail check to an address other than the one on the account (Provide address below)**

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

Send to My Bank

Send distributions to my bank by Automated Clearing House (ACH) based on the:

ACH instructions already established for my IRA **OR** Bank Account Information below **

Wire transfer my One Time Distribution (not available for Systematic Distributions) to my bank based on the:

Bank instructions already established for my IRA **OR** Bank Account Information below **

PART V: PAYMENT INSTRUCTIONS-CONTINUED

I authorize the Custodian to withdraw money from my mutual fund IRA and deposit to my bank account. I understand this privilege will be effective after the verification process.

Attach a voided check for your bank account.

Account Type: Checking Savings

| | | |
|---|---|---------------------------|
| John and Jane Doe 123 Any Street Anytown, USA 12345 | Date _____ | 1003 |
| PAY TO THE ORDER OF _____ | Tape your voided check or preprinted deposit slip here. Please do <u>not</u> use staples. | _____ \$ _____ DOLLARS |
| BANK NAME BANK ADDRESS | | |
| MEMO _____ | | |

Enter your checking or savings account information:

Name: _____

Name of Bank: _____

Bank's Phone Number: _____

Bank Address: _____

ABA Routing Number: _____

City: _____

State: _____ Zip Code: _____

Name(s) on Bank Account: _____

Bank Account Number: _____

*** Shareholder Services transfers your assets two business days before the date on which you want them credited to your bank account. On the first day, we initiate a withdrawal from your Coverdell ESA account. On the second day, we instruct the Custodian to transfer the appropriate assets to the Automated Clearing House (ACH). The ACH then transfers the assets to your bank. On the third day, the assets are credited to your bank account.*

