

**COVERDELL ESA TRANSFER  
REQUEST FORM**

**Sparrow Growth Fund**

Use this Coverdell ESA Transfer Request Form to move ESA assets from one Coverdell ESA to another. You will need to complete a New Account Agreement if you do not already have an account established. If you have any questions regarding this form, please call Shareholder Services at 1-888-727-3301.

**PART I: INVESTOR INFORMATION (RECEIVING IRA) (\*DENOTES REQUIRED INFORMATION)**

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

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\* \_\_\_\_\_

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

Daytime Phone\* \_\_\_\_\_ Evening Phone \_\_\_\_\_

**PART II: CURRENT COVERDELL ESA TRUSTEE, CUSTODIAN OR ISSUER  
(PLEASE ATTACH A RECENT STATEMENT)**

Name of Current ESA Trustee/Custodian/Issuer\* \_\_\_\_\_ Current ESA Account/Plan Number\* \_\_\_\_\_

P. O. Box\* \_\_\_\_\_ Suite # \_\_\_\_\_ City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip Code\* \_\_\_\_\_

Name of Contact\* \_\_\_\_\_ Contact's Phone Number\* \_\_\_\_\_

**Note:** If you wish to have paperwork sent overnight, please provide the physical street address.

**PART III: TRANSFER INSTRUCTIONS**

- This is a new account; a completed New Account Agreement is attached.
- The proceeds of this transfer will purchase shares into my existing account as listed below.

Account Number \_\_\_\_\_

**Transfer Allocation**

List the percentage that will be transferred using whole percentages, the total must add up to 100%.

Name of Investment	Percentage
1. Sparrow Growth Fund No-Load Class	%
2. Sparrow Growth Fund Class A	%

**PART IV: LIQUIDATION INSTRUCTIONS**

I authorize and direct the current ESA Trustee, Custodian or Issuer to liquidate assets as follows (select one).

- Immediately liquidate all assets and send the cash proceeds to the new ESA Trustee/Custodian identified below.

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- Partially liquidate \$ \_\_\_\_\_ of the current ESA and send the proceeds to the new ESA Trustee/Custodian identified below. (Note to ESA Responsible Individual: Attach additional written liquidation instructions, if necessary.)

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- Other (describe): \_\_\_\_\_

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Please send proceeds by check:

Make check payable as follows: Sparrow Growth Fund: FBO \_\_\_\_\_  
(Investor's Name)

Please mail check to:

**Regular Mail Delivery**  
 Sparrow Growth Fund  
 8000 Town Centre Drive, Suite 400  
 Broadview Heights, Ohio 44147

**Overnight Delivery**  
 Sparrow Growth Fund  
 8000 Town Centre Drive, Suite 400  
 Broadview Heights, Ohio 44147

