



**PART III: DISTRIBUTION INSTRUCTIONS**

Amount:  \$ \_\_\_\_\_  Entire HSA  
Frequency:  Single Distribution  Monthly  Quarterly  Semi-Annual  Annual Beginning Date: \_\_\_\_\_

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

**PART IV: 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 METHOD**

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 _____		

