

**IRA CHANGE OF  
BENEFICIARY FORM**

**Sparrow Growth Fund**

If you have any questions regarding this form, please call Shareholder Services at 1-888-727-3301.

*This IRA Change of Beneficiary Form is used to change the beneficiaries for Traditional, Roth, SEP and SIMPLE IRAs.*

**PART I: IRA OWNER INFORMATION**

Name: \_\_\_\_\_ Taxpayer ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Physical Street Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

U.S. Citizenship Status:     Citizen             Resident Alien

**PART II: IRA ACCOUNT INFORMATION**

IRA Account/Plan Number: \_\_\_\_\_

**NOTE: THIS BENEFICIARY DESIGNATION SUPERCEDES ALL PRIOR DESIGNATIONS FOR THE IRA IDENTIFIED ABOVE.**

**PART III: BENEFICIARY DESIGNATION**

Designate beneficiaries below. If the Primary or Contingent status is not indicated, the individual or entity will be considered a Primary beneficiary. After your death, your IRA assets will be distributed in equal shares (unless indicated otherwise) to the Primary beneficiaries who survive you. If no Primary beneficiaries are living when you die, your IRA assets will be distributed in equal shares (unless otherwise indicated) to the Contingent beneficiaries who survive you. You may revoke or change the beneficiary designation at any time by completing a new *IRA Change of Beneficiary Form* and providing it to the Trustee/Custodian.

**Type:**     Primary             Contingent            Share Percentage: \_\_\_\_\_ %            Relationship to IRA Owner:     spouse     non-spouse

Name: \_\_\_\_\_ Taxpayer ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Residence Address: \_\_\_\_\_

**Type:**     Primary             Contingent            Share Percentage: \_\_\_\_\_ %            Relationship to IRA Owner:     spouse     non-spouse

Name: \_\_\_\_\_ Taxpayer ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Residence Address: \_\_\_\_\_

**Type:**     Primary             Contingent            Share Percentage: \_\_\_\_\_ %            Relationship to IRA Owner:     spouse     non-spouse

Name: \_\_\_\_\_ Taxpayer ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Residence Address: \_\_\_\_\_

