IRA DIRECT ROLLOVER REQUEST FORM

Sparrow Growth Fund

The **IRA Direct Rollover Request Form** *is used to facilitate the direct rollover of assets between a tax-qualified plan and a Traditional or Roth IRA. This form <u>should not</u> be used to facilitate a rollover or direct transfer of assets between IRAs. 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: IRA OWNER INFORMATION (RECEIVING IRA) (*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

____________________ ____________________

Daytime Phone* Evening Phone

PART II: DISTRIBUTING PLAN INFORMATION (PLEASE ATTACH A RECENT STATEMENT)

______________________________ ______________________________

Name of Plan Participant* Plan Name/Number*

______________________________ ______________________________

Name of Plan Sponsor/Employer* Plan Sponsor/Employer's Phone Number*

______________________________ ______________ ________ ________

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

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