

# IRA TRANSFER REQUEST FORM

## Sparrow Growth Fund

*\*The IRA Transfer Request Form is used to facilitate the transfer of assets between two IRAs. This form may be used to transfer Traditional, Roth, SEP, or SIMPLE IRA assets from one IRA Trustee/Custodian/Issuer to another. This form **should not** be used to facilitate a rollover of assets from an employer-sponsored qualified plan or to convert Traditional, SEP or SIMPLE IRA assets to a Roth IRA. If you have any questions regarding this form, please call Shareholder Services at 1-888-727-3301. Note: Please complete a New Account Agreement if you do not already have an account established.*

### 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: CURRENT IRA TRUSTEE, CUSTODIAN OR ISSUER

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

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 DESCRIPTION (PLEASE ATTACH A STATEMENT)

Type of Transfer (Select One)

- Traditional/SEP IRA-to-Traditional/SEP IRA     SIMPLE IRA-to-SIMPLE IRA     Roth IRA-to-Roth IRA  
 SIMPLE IRA-to-Traditional/SEP IRA\*

\*You may not transfer SIMPLE IRA assets to a Traditional IRA until at least two years have elapsed from the time of your initial participation in your employer-sponsor SIMPLE IRA plan.



