

# Trust Certification Form

## Sparrow Growth Fund

This **Trust Certification Form** is used to certify that the representations and warranties in the trust document are true and complete. As required by federal law, we will use the trustee information provided below to verify your identity. If you have any questions regarding this form, please call Shareholder Services at 1-888-727-3301.

### PART A: TRUST INFORMATION (\*Denotes Required Information)

Name of Trust\*

Date of Trust\*

### PART B: TRUSTEE INFORMATION (\*Denotes Required Information)

The following information is needed for each trustee. If there are additional owners on the account, please provide the necessary information on a separate sheet attached to this form.

#### Trustee #1

Name of Trustee\* (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\*

#### Trustee #2

Name of Trustee\* (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\*

**PART B: TRUSTEE INFORMATION (\*Denotes Required Information)-CONTINUED**

**Trustee #3**

|  |                         |                                  |                    |
|--|-------------------------|----------------------------------|--------------------|
| _____<br>Name of Trustee* (First, M.I., Last)      | _____<br>Date of Birth* | _____<br>Social Security Number* |                    |
| _____<br>Street Address (Physical Address)*        | _____<br>City*          | _____<br>State*                  | _____<br>Zip Code* |
| _____<br>Apartment #                               | _____<br>City           | _____<br>State                   | _____<br>Zip Code  |
| _____<br>Mailing Address (if different from above) | _____<br>City           | _____<br>State                   | _____<br>Zip Code  |
| _____<br>Daytime Phone*                            |                         |                                  |                    |

**Trustee #4**

|  |                         |                                  |                    |
|--|-------------------------|----------------------------------|--------------------|
| _____<br>Name of Trustee* (First, M.I., Last)      | _____<br>Date of Birth* | _____<br>Social Security Number* |                    |
| _____<br>Street Address (Physical Address)*        | _____<br>City*          | _____<br>State*                  | _____<br>Zip Code* |
| _____<br>Apartment #                               | _____<br>City           | _____<br>State                   | _____<br>Zip Code  |
| _____<br>Mailing Address (if different from above) | _____<br>City           | _____<br>State                   | _____<br>Zip Code  |
| _____<br>Daytime Phone*                            |                         |                                  |                    |

**PART C: SIGNATURE(S)**

The completion of this section is **REQUIRED**.

The undersigned Trustee(s) certifies that the following items are true:

The Trustee(s) of the above-named Trust has the authority, either by the terms of the Trust or applicable state law, to own mutual fund shares. The Trustee(s) that signs this document, and signed the account application have sufficient authority to act on behalf of the Trust.

The Trust document, including the names of the Trustee(s) and date of the Trust, is in full force and effect and existed prior to the time the mutual fund application was signed by the Trustee(s).

The Trustee(s) is authorized to purchase, sell, exchange and transfer shares and perform any necessary actions in conjunction with the trust agreement.

By signing this document, the Trustee(s) verifies that all information contained herein is true and complete. The Trustee(s) agrees to indemnify Sparrow Growth Fund and its affiliates, and to hold them harmless from and against all liability as a result of claims, demands or judgments against them arising from any mutual fund transaction in reliance on this certification.

**X** \_\_\_\_\_ **X** \_\_\_\_\_  
Trustee Date Trustee Date

**X** \_\_\_\_\_ **X** \_\_\_\_\_  
Trustee Date Trustee Date

This certification will remain in effect until the Sparrow Growth Fund is notified in writing to the contrary. The Fund reserves the right to require additional documentation, including a copy of the Trust agreement at any time.

**PART D: NEW TECHNOLOGY MEDALLION SIGNATURE GUARANTEE STAMP**

The completion of this section is **REQUIRED**.

**A New Technology Medallion Signature Guarantee Stamp is designed to protect the account from fraud.**

The following institutions are acceptable signature guarantors:

- Participants in good standing of the Securities Transfer Agents Medallion Program (“STAMP”)
- Commercial banks which are members of the Federal Deposit Insurance Corporation (“FDIC”)
- Trust Companies
- Firms which are members of a domestic stock exchange
- Eligible guarantor institutions qualifying under Rule 17Ad-15 of the Securities Exchange Act of 1934, as amended, that are authorized by charter to provide signature guarantees (e.g., credit unions, securities dealers and brokers, clearing agencies and national securities exchanges)
- Foreign branches of any of the above

**Note:** The Transfer Agent cannot honor guarantees from notaries public, savings and loan associations, or saving banks.

|   |   |
|---|---|
| NEW TECHNOLOGY MEDALLION SIGNATURE<br>GUARANTEE STAMP | NEW TECHNOLOGY MEDALLION SIGNATURE<br>GUARANTEE STAMP |
|---|---|

|   |   |
|---|---|
| NEW TECHNOLOGY MEDALLION SIGNATURE<br>GUARANTEE STAMP | NEW TECHNOLOGY MEDALLION SIGNATURE<br>GUARANTEE STAMP |
|---|---|

**MAILING INSTRUCTIONS**

Please mail-completed form and application 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