

AUTOMATIC INVESTMENT PLAN FORM

PARVIN HEDGED EQUITY SOLARI WORLD FUND

Mail To

Parvin Fund
 c/o Mutual Shareholder Services
 8000 Town Centre Drive, Suite 400
 Broadview Heights, OH. 44147

Fax To

440-526-4446

For Assistance

866-458-4744

INVESTMENT MINIMUM

Initial

\$1,000

Subsequent

\$ 50

You must include a **voided check** or **deposit slip** with completed form.

1 AUTOMATIC INVESTMENT PLAN

FREQUENCY: (select one) **AMOUNT:** (minimum \$50)

MONTHLY \$ _____
 QUARTERLY Amount

2 PRIMARY ACCOUNT OWNER (please print)

 Fund Account Number

 Fund Account Title

 Primary Owner's Name (First, Middle Initial, Last)

 Address

 City State Zip

 Primary Phone Secondary Phone

3 BANK INFORMATION

(Please include **voided check** or **deposit slip** with completed form.)

 Name(s) on Bank Account

 Bank Account Number

 ABA Number (please contact your bank for ABA Number)

 Bank Name

 Bank Address

 City State Zip

 Bank Phone

4 SIGNATURES

The information you have provided is true and correct and you are aware of all the circumstances involved with the Automatic Investment Plan.

ACH transfers will be processed on the 5th of each month. If the 5th falls on a weekend or holiday it will be processed on the first business day thereafter.

It is understood that this authorization may be terminated by me/us at any time by written notification to Parvin Fund. The termination request will be effective as soon as Parvin Fund has had reasonable time to act upon it.

Primary Owner Printed Name	Primary Owner Signature	Date
Joint Owner Printed Name (if applicable)	Joint Owner Signature	Date