

IRA APPLICATION

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

1 TYPE OF IRA (select one)

- Rollover IRA
- Contributory IRA
- Contributory Roth IRA
- Inherited/Beneficiary IRA
- Inherited/Beneficiary Roth IRA
- Coverdell ESA
- SIMPLE IRA
- SEP IRA

If a decedent's IRA is held at another firm, an Inherited/Beneficiary IRA must be established at the other firm prior to transferring.

Please include a copy of the death certificate.

Decedent Name

Decedent Date of Birth

Decedent Date of Death

2 ACCOUNT OWNER (please print)

Name (First, Middle Initial, Last)

Street Address (no P.O. Box)

City

State

Zip

Mailing Address (if different from above)

City

State

Zip

Social Security Number

Date of Birth

Primary Phone Number

Secondary Phone Number

Email Address

3 DEPOSIT CHOICES (select one)

A. Establish New Account

(initial investment minimum is \$1,000)

Amount: \$ _____

For Tax YR: _____ (if applicable)

- Method:
- a. Mail a Check payable to:
Parvin Fund FBO [Your Account Name]
 - b. Send by Wire (please call 866-458-4744)

B. 60-Day Rollover (redeposit within 60 days)

(rollover distribution from previous existing account)

Amount: \$ _____

Include: Recent account statement

- Method:
- a. Mail a Check payable to:
Parvin Fund FBO [Your Account Name]
Check memo line: Rollover Contribution
Account owner writes check for EXACT dollars and cents as the original Rollover Distribution.
 - b. Send by Wire (please call 866-458-4744)

C. IRA (Direct Transfer)

(transfer from a like-titled previous existing IRA)

- Include:
- IRA Transfer Request (please complete form shown on pages 4-5).
 - Recent account statement

D. Rollover from Employer-Sponsored Plan

(rollover from a 401(k), 403(b), Pension)

- Instructions:
- Please complete separate applications for each component.
(e.g., Pre-Tax vs. Roth or 403(b) vs. 401(a))

Please also speak with your employer's plan administrator to understand their procedure and requirements.

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6 SIGNATURES AND CERTIFICATIONS

I, the undersigned, have received, printed or downloaded a copy of the current Prospectus of the Parvin Fund and are purchasing shares in accordance with its provisions. I further certify that the undersigned is of legal age and has full legal capacity to make this purchase. The purchase price shall be the net asset value next determined following receipt of the application by the Fund, if the application is accepted. This application cannot be processed unless accompanied by payment.

I understand that the Fund is not backed or guaranteed by a bank or insured by the FDIC. I authorize the Fund and its agents to act upon instructions (by phone, in writing or other means) believed to be genuine and in accordance with procedures described in the Prospectus. I agree that neither the Fund nor the Transfer Agent will be liable for any loss, cost or expense of acting on such instructions. Such entities will employ reasonable procedures to confirm that instructions communicated by phone are genuine and will not be liable for acting upon instructions believed to be genuine.

I certify under the penalty of perjury that my social security number stated above is correct and that I agree that the designation of the tax year for my deposit and my election to treat a deposit as a rollover (if applicable) are irrevocable. By signing this application, I hereby authorize and appoint U.S. Bank to act as Custodian of my account. I indemnify U.S. Bank when making distributions in accordance with my beneficiary designation on file or in accordance with Custodial Account Agreement absent any such designation. For IRA accounts, U.S. Bank charges a Custody fee of \$8 annually, which is subject to change.

I acknowledge that I have read the IRA Disclosure Statement and the IRA Custodial Account Agreement, and I accept and agree to be bound by the terms and conditions contained therein.

 Primary Account Owner Printed Name

 Primary Account Owner Signature

 Date

 U.S. Bank Printed Name (to be signed after receipt)

 U.S. Bank Signature

 Date

U.S. Bank accepts this application and agrees to act as Custodian of the account. A confirmation will be sent to you regarding the above transaction(s) and will serve as notification of the Custodian's acceptance.

7 AUTOMATIC INVESTMENT PLAN (optional)

YES, I want to institute the Automatic Investment Plan.

Permits you to initiate automatic transfers to your Parvin Fund from your bank, savings and loan, or credit union using the ACH system. **You must include a voided check with application.** Money will be transferred only from the account indicated on the check.

FREQUENCY: (select one)

MONTHLY

QUARTERLY

AMOUNT: (minimum \$50)

\$ _____
 Amount

FINANCIAL INSTITUTION:

 Routing Number

 Account Number

 Phone Number

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 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.

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9 DUPLICATE CONFIRMATIONS AND STATEMENTS (optional)

Please send duplicate confirmations and statements to:

Name

Address

City

State

Zip

IF BROKER-DEALER/ADVISOR

Rep Name

Branch/Rep Number

Phone Number

IRA TRANSFER REQUEST

For IRA (Direct Transfer) Only.

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For Assistance

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INVESTMENT MINIMUM

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\$ 50

- Use this form for an IRA (Direct Transfer) only, which means a transfer from the same IRA type (or like-titled account).
- To make a deposit into an account at Parvin Fund, ONLY cash is accepted. Please liquidate desired investment amount to cash prior to submitting this IRA Transfer Request form.
- Include with this form:** completed **IRA Application** and recent **account statement** from current custodian / trustee.

1 ACCOUNT OWNER (please print)

Owner Name (First, Middle Initial, Last)

Street Address (no P.O. Box)

City

State

Zip

Primary Phone Number

Secondary Phone Number

2 CURRENT CUSTODIAN / TRUSTEE

Account Number

Custodian/Trustee Name

Street Address

City

State

Zip

Phone Number

3 PARVIN FUND ACCOUNT (select one)

- New Parvin Fund Account:** I am opening a new account and have attached an IRA Application.
- Existing Parvin Fund Account:** Please deposit into my existing IRA.

Parvin Fund Account Number

4 AUTHORIZATION FOR TRANSFER (select one)

To current custodian or trustee: if the investment amount below has not been liquidated, please liquidate immediately.

- The entire balance (or)

\$ _____
Investment Amount

5 PROCESSING OPTIONS FOR CURRENT CUSTODIAN / TRUSTEE (select one)

- Submit via Fax to:**

Fax Number (current custodian or trustee)

Important Note: Please verify current custodian / trustee accepts faxed requests prior to selecting this option.

- Submit via Regular Mail to:** current custodian / trustee Name and Address provided in Section 2.

6 DELIVERY OPTIONS FOR CURRENT CUSTODIAN / TRUSTEE (select one)

- Check via Regular Mail:** Make check payable to:

Parvin Fund FBO _____

Client Name

Mail Check To: Parvin Fund, c/o Mutual Shareholder Services, 8000 Town Centre Drive, Suite 400, Broadview Heights, OH 44147

- Wire Transfer:** Instructions will be sent by Mutual Shareholder Services (current custodian / trustee may charge fee for wire)

7 AUTHORIZATION SIGNATURE

Account Owner Printed Name

Account Owner Signature

Date

IRA TRANSFER REQUEST

For IRA (Direct Transfer) Only.

PARVIN HEDGED EQUITY SOLARI WORLD FUND

8 MEDALLION SIGNATURE GUARANTEE (if required)

Your resigning trustee may require your signature guaranteed. A signature guarantee requires you to sign your name in the presence of an officer of a commercial bank or trust company, a savings or loan association or a member firm of a domestic exchange. The officer will verify your signature at that time. Please note that a notary public is not acceptable for signature guarantee.

Signature Guarantee By:

Name of Bank or Firm

Title of Officer

Signature of Officer

