

WITHDRAWAL NOTICE FORM

PARVIN HEDGED EQUITY SOLARI WORLD FUND

Mail To Fax To Parvin Fund 440-526-4446 c/o Mutual Shareholder Services 8000 Town Centre Drive, Suite 400 For Assistance Broadview Heights, OH. 44147 866-458-4744

| 1 WITHDRAWAL REQUE | ST | | | |
|--|-------------------------|-----------------------|---|--|
| YPE: (select one) | AMOUNT: | | | |
| ONE-TIME | \$ | | | |
| MONTHLY | | | _ | |
| QUARTERLY | | | | |
| 2 PRIMARY ACCOUNT OWNER (please print) | | | 3 BANK INFORMATION | |
| | | | (Please include voided ch | heck or deposit slip with completed form.) |
| | | | Name(s) on Bank Accoun | ut |
| Fund Account Number | | | Bank Account Number | |
| Fund Account Title | | | ABA Number (please contact your bank for ABA Number) | |
| Primary Owner's Name (First, Middle Initial, Last) | | | Bank Name | |
| ddress | | | Bank Address | |
| ity | State | Zip | City | State Zip |
| rimary Phone | Secondary Phone | | Bank Phone | |
| SIGNATURES | | | | |
| he information you have arvin Fund withdrawal. | provided is true and co | orrect and you | a are aware of all the circums | tances affecting this |
| | | - | me/us at any time by written nd has had reasonable time to | |
| | | | | 1 - |
| Primary Owner Printed Name | | Primary Ow | rner Signature | Date |
| | | | | |
| Joint Owner Printed Name (If applicable) | | Joint Owner Signature | | Date |