

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)

- | | |
|---|--|
| <input type="checkbox"/> Rollover IRA | <input type="checkbox"/> Coverdell ESA |
| <input type="checkbox"/> Contributory IRA | <input type="checkbox"/> SIMPLE IRA |
| <input type="checkbox"/> Contributory Roth IRA | <input type="checkbox"/> SEP IRA |
| <input type="checkbox"/> Inherited/Beneficiary IRA | |
| <input type="checkbox"/> Inherited/Beneficiary Roth 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:
- Mail a Check payable to:
Parvin Fund FBO [Your Account Name]
 - 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:
- 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.
 - 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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4 DESIGNATION OF PRIMARY BENEFICIARY

In the event of my death, pay my Account balance to the primary beneficiary(ies) listed below of whomever survives me. If any Primary Beneficiary predeceases me, his share is to be divided among the Primary Beneficiaries who survive me in the relative proportions assigned to each such surviving Primary Beneficiary. If none of the Primary Beneficiaries survive me, pay any balance I may have under my Account to the following Secondary Beneficiary(ies) who survive me. Make payment in the proportions specified below. If any Secondary Beneficiary predeceases me, his share is to be divided among the Secondary Beneficiaries who survive me in the relative proportions assigned to each such surviving Secondary Beneficiary. Proportions must total 100%.

	FULL NAME	SOCIAL SECURITY OR TAXPAYER'S ID	RELATIONSHIP	DATE OF BIRTH	PERCENT *
1	_____	_____	_____	_____	_____%
2	_____	_____	_____	_____	_____%
3	_____	_____	_____	_____	_____%
4	_____	_____	_____	_____	_____%

* If no percentage indicated the beneficiaries will share equally.

DESIGNATION OF SECONDARY BENEFICIARY

	FULL NAME	SOCIAL SECURITY OR TAXPAYER'S ID	RELATIONSHIP	DATE OF BIRTH	PERCENT *
1	_____	_____	_____	_____	_____%
2	_____	_____	_____	_____	_____%
3	_____	_____	_____	_____	_____%
4	_____	_____	_____	_____	_____%

* If no percentage indicated the beneficiaries will share equally.

5 SPOUSAL CONSENT (if applicable)

Spouse must sign here if not 100% of Primary Beneficiary.

I acknowledge that I have received a full and reasonable disclosure of my spouse's property and financial obligations. Due to any possible consequences of giving up my community or marital property interest in this IRA, I am hereby advised to consult with a certified tax accountant or tax attorney. I hereby consent to the beneficiary designation(s) indicated above. I assume full responsibility for any adverse consequence that may result. No tax or legal advice was given to me by the Custodian, Parvin Fund or Mutual Shareholder Services.

Spouse Name

Spouse Signature

Date

Neither the Custodian, Parvin Fund or Mutual Shareholder Services are liable for any consequences resulting from a failure of the Owner to provide proper spousal consent.



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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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INVESTMENT MINIMUM

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\$1,000

Subsequent

\$ 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

