

IRA CHANGE OF ACCOUNT INFORMATION



Questions? Call us at 800-332-5580

P.O. Box 534459, Pittsburgh, PA 15253-4459
 Overnight Mail: Attention: 534459,500 Ross Street 154-0520
 Pittsburgh, PA 15262

1 CURRENT ACCOUNT INFORMATION (Must be completed)

XXX-XX-_____

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

Last 4 digits of SSN

Account Number

2 CHANGE OF ADDRESS

a.) Former Primary Address:

Street Address

City

State

Zip Code

New Primary Address:

Street Address

City

State

Zip Code

b.) Add Seasonal Address (Temporary change | Must complete dates)

Start
Date

____/____/____

End Date

____/____/____

Street Address

City

State

Zip Code

3 CHANGE OF NAME (Please indicate former and new name below. Medallion Signature Guarantee required)

Former Name (First, Middle Initial, Last)

New Name (First, Middle Initial, Last)

Reason for Name Change	
<input type="checkbox"/> Marriage	<input type="checkbox"/> Legal Name Change
<input type="checkbox"/> Divorce	<input type="checkbox"/> Name Correction
<input type="checkbox"/> Other (specify)	

4 CHANGE OF BENEFICIARY DESIGNATION

Check a box to indicate a primary or contingent beneficiary. A contingent beneficiary is a beneficiary of proceeds only if all primary beneficiaries are deceased or unable to be located. **Completion of this form changes any existing beneficiary designation in its entirety.**

Per Stirpes Beneficiary Designations - The Custodian shall accept as complete and accurate all written instructions provided in good order by the estate/executor with regard to the identification of the beneficiaries and the allocations thereto.

Type of Beneficiary	Share %	Name	Birthdate	SSN/TIN	Relationship
<input type="checkbox"/> Primary					
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					

Spousal Consent – Custodian Disclaimer: The Participant's spouse may have a property interest in the account and may also have a right to dispose of that property interest by will. Therefore, the Custodian, together with any sponsors, issuers, depositories or other persons or entities associated with the investments in the account, specifically disclaim any warranty as to the effectiveness of the Participant's beneficiary designation in this Beneficiary Designation Change Form, or any warranty as to the ownership of the account after the death of the Participant or the Participant's spouse. For additional information, a qualified tax or legal professional should be consulted. **(Continued on back side.)**

By signing below I acknowledge that I understand that, if I am subject to community property or marital property state requirements, my spouse may be required to consent to any beneficiary I designate who is not my spouse, or who is in addition to my spouse. I also understand that any beneficiary designation I make, other than my spouse, or in addition to my spouse, may not be effective without my spouse's consent. I certify, under penalty of perjury, if I am married, and have not named my spouse as my sole Primary Beneficiary, I have consulted a qualified tax or legal professional about the need to document spousal consent, and about the consequences of not obtaining my spouse's consent.

5 BANK AUTHORIZATION, AUTOMATIC INVESTMENT PLAN, AND AUTOMATIC EXCHANGE

Medallion Signature Guarantee is required when changing bank information or if bank information differs from account registration

a.) I authorize Sit Mutual Funds to access my bank account as indicated below:

- Checking Account - I have attached a **VOIDED** blank check. (May NOT be a money market fund account.)
- Savings Account - I have completed the bank information below.

Bank Name Bank Routing # Bank Account #

Owner(s) of Bank Account Co-owner (if any)

b.) Automatic Investment Plan: Add New Plan Change Existing Plan

For systematic investing of CURRENT year contributions only.

Invest \$ _____ (\$100 minimum) from my bank account listed below on the _____ day of each month in:

Fund Name Account # Amount

c.) Automatic Exchange: Add New Plan Change Existing Plan

For systematic exchange for your IRA from one Sit Fund to another Sit Fund.

Please exchange \$ _____ (\$100 minimum) between the Funds listed below on the _____ day of every month.

From: _____ To: _____
Sit Fund Name Sit Fund Name

6 SIGNATURE (Account owner must sign. Minors are not authorized signers.)

All account owners must sign; minors are not authorized signers. If signing as a parent or guardian for a minor, please indicate your relationship to the minor. I/we certify that I/we am/are of legal age in my/our state of residence and that I/we have full right, power, authority and legal capacity.

Taxpayer Identification Number Certification:
Under penalties of perjury, I certify that: (1) the number shown on this form is my correct taxpayer identification number; and (2) I am not subject to backup withholding because (a) I am exempt from back up withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. citizen or other U.S. person (defined in the instructions) and (4) the FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct _____. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature Relationship (if signing as a parent or guardian for a minor) Date

Medallion Signature Guarantee: Required when changing:

- I. Your Name
- II. Beneficiary Designation
- III. Your Bank Information