

Sit Mutual Funds
**FULL TRADING AUTHORIZATION
 WITH PRIVILEGE TO WITHDRAW MONEY**

Sit Mutual Funds Account Number(s): _____ (“Account”)

The undersigned shareholder (“Shareholder”) herby authorizes _____¹ (“Authorized Agent”) as his/her agent and attorney in fact to purchase, exchange, or redeem shares of the Sit Mutual Funds, a group of no-load mutual funds in accordance with the terms and conditions of the Shareholder’s Account.

Sit Mutual funds is authorized to follow the instructions of the Authorized Agent in every respect concerning the Shareholder’s Account and make payment of moneys to him/her or as he/she may order/direct. In all matters and things aforementioned, as well as in all other things necessary or incidental to the furtherance or conduct of the Account of the Shareholder, the Authorized Agent and attorney in fact is authorized to act for the Shareholder and in the Shareholder’s behalf in the same manner with the same force and effect as the Shareholder might or could do.

The undersigned Shareholder herby ratifies and confirms any and all transactions heretofore or hereafter made by the aforesaid Authorized Agent for the Shareholder’s Account.

This authorization and indemnity is also a continuing one and shall remain in full force and effect until revoked by the undersigned Shareholder by a written notice to Sit Mutual Funds, delivered to its then current business address, but such revocation shall not affect any liability in any way resulting from transactions initiated prior to such revocation. This authorization and indemnity shall inure to the benefit of the Shareholder’s present firm and of any successor firm or firms irrespective of any change at any time in the personnel thereof for any cause whatsoever, and of the assigns of the Shareholder’s present firm or any successor firm.

This authorization herby revokes all prior authorization or authorizations executed by the undersigned Shareholder.

<p>Shareholder:</p> <p>Dated: _____</p> <p>_____</p> <p>(Printed Name, as it appears on the account registration)</p> <p>_____</p> <p>(Shareholder Signature)</p>	<p>*Authorized Agent:</p> <p>Date of Birth: _____</p> <p>Social Security # or Gov’t. ID: _____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Signature of Authorized Agent</p>
---	---

<p>State of _____, County of _____</p> <p>Subscribed and Sworn before me _____ (name and title of notarizing officer) on _____ (date) by _____ (name of person(s) signing the document) who personally appeared and is/are known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to this document and who acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on this document the person(s), or the entity upon behalf of which the person(s) acted, executed the document for purposes therein.</p> <p>Witness my hand and official seal.</p> <p>Notary Public _____ Expiration Date _____</p>	<p>(SIGNATURE AND SEAL OF NOTARY REQUIRED)</p>
--	--

¹ If Authorized Agent is other than an individual, attach corporate resolution identifying individuals authorized to act on behalf of the entity.

*To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens or controls an account. What this means for you: we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver’s license or other identifying documents.