

CHANGE OF ACCOUNT INFORMATION

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

Questions? Call us at 800-332-5580

Current Account Registration (Must be completed)

Name(s) on account: _____

SSN/TIN on account: _____

Fund and account: _____

Change Of Address (primary mailing address)

Old address: _____ New address: _____

Add A Seasonal Address (temporary change – must complete dates)

Seasonal: _____ Start Date: _____ / _____ / _____

_____ End Date: _____ / _____ / _____

Change Registration Or Name On The Above Account To The Registration or Name Indicated Below

- Name Change due to marriage, divorce, other** (Medallion Signature Guarantee REQUIRED)

Old Name: _____

New Name: _____

Reason: _____

- UGMA/UTMA Custodial to Individual Account (when minor reaches age of majority)**

From: Current registration as shown above

To: _____ (Minor must sign on page 2)

(Date of Birth)

- Joint/Individual to Trust or Change of Trust/Trustees (Send copy of title and signature pages of Trust)**

Note: Medallion Signature Guarantee required when adding/removing trustee or updating Tax ID

From: Current registration as shown above

To: _____

Trustee Name

S.S.# or Type of Govt. ID and #

(Date of Birth)

Trustee Name

S.S.# or Type of Govt. ID and #

(Date of Birth)

Name of Trust: _____ Under Agreement Dated: _____

Tax ID: _____

- Joint to Individual OR Individual to Joint OR Adding/Removing Owner** (Medallion Signature Guarantee required)

From: Current registration as shown above

To: _____

Owner Name

S.S.# or Type of Govt. ID and #

(Date of Birth)

Owner Name

S.S.# or Type of Govt. ID and #

(Date of Birth)

Add Or Change Beneficiary Designation - Transfer on Death (TOD) (Medallion Signature Guarantee REQUIRED)

To designate a beneficiary(ies) on your INDIVIDUAL or JOINT TENANT account, complete this section

Name	Address	Relationship	Social Security #	%
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

Mail Duplicate Statements To

To send a statement to a different address other than the account address, please provide the following information

Name _____ Address: _____

Company _____

Check if financial planner/adviser Check if broker/ dealer Broker/dealer#: _____

Signatures and Backup Withholding Certification (All account owners must sign. Minors are not authorized signers.)

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 (Owner, Trustee, etc., exactly as it appears on my account, or new name if name change)

Date

Signature (Owner, Trustee, etc., exactly as it appears on my account, or new name if name change)

Date

REQUIRED PROCEDURES FOR OPENING A NEW ACCOUNT

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 an account.

What this means for you: When you open an account, 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. For certain entities, such as trusts, estates, corporations, partnerships, or other organizations, identifying documentation is also required. Your account may be restricted and/or closed if we cannot verify this information. We will not be responsible for any losses or damages (including but not limited to lost opportunities) resulting from any failure to provide this information, or from any restriction placed upon, or closing of, your account. By opening an account you signify you agree to these procedures and accept responsibility for any losses or damages resulting from their implementation.

We may need to contact you with questions regarding this request. Please provide a daytime phone number where we can reach you.

Medallion Signature Guarantee*: Required when adding TOD or as indicated for a registration change.

Phone Number



*A Medallion Signature Guarantee assures that a signature is genuine and protects shareholders from unauthorized transactions. Most banks, brokerage firms, and other financial institutions guarantee signatures. **A notary public stamp or seal cannot be substituted for a Medallion Signature Guarantee.**