

CHANGE OF ACCOUNT OPTIONS

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 800-332-5580Complete the section(s) below to add any of the optional services to your existing account(s). **All account owners must sign on page 2.****Account Registration (Must be completed)**

Name(s) on account: _____

Last four digits of SSN/TIN on account: _____

Fund and account: _____

Telephone Services (Fund minimums apply)

- Add New Option(s)** **Medallion Signature Guarantee is required when changing bank information or if bank information differs from Sit Funds account registration**
- Change Existing Options**
- Purchase and Redeem Sit Fund Shares by Telephone. If ACH or wire, complete BANK AUTHORIZATION on page 2**
- Debit/credit my/our bank account by ACH as designated on the back of this form (may take 1 to 2 business days).
- Mail my redemption proceeds to the address of record
- Wire redemption proceeds to my/our bank (wire fee may be incurred). A VOIDED blank check (if checking account) is attached or bank information (if savings account) is provided on the back of this form

Optional Services

- Add New Option(s)** **Medallion Signature Guarantee is required when changing bank information or if bank information differs from Sit Funds account registration**
- Change Existing Options**

 Automatic Investment Plan - From my bank noted in the BANK AUTHORIZATION section on page 2

Invest: \$ _____ on day of month: _____

Frequency: _____ (monthly, quarterly, annually)

Starting date: _____ (mm/dd/yyyy)

In: _____

Name of Sit Fund
(If more than one fund, attach list)

Account Number

 Automatic Exchange - Automatic exchange allows you to automatically exchange between your Sit accounts. Initial minimum investment applies to the Fund/account receiving the exchange – see the prospectus for details

Exchange: \$ _____ on day of month: _____

Frequency: _____ (monthly, quarterly, annually)

Starting date: _____ (mm/dd/yyyy)

From: _____

Name of Sit Fund

Account Number

To: _____

Name of Sit Fund

Account Number

 Automatic Withdrawal Plan

Withdraw \$ _____ on day of month: _____

Frequency: _____ (monthly, quarterly, annually)

Starting date: _____ (mm/dd/yyyy)

- Send my check to the address on my account
- Send my withdrawal via ACH to my bank account as designated on page 2

 Direct Dividends - Automatically direct 100% of monthly dividends from one Sit Fund to another Sit Fund. Initial minimum investment applies to the Fund/account receiving the directed dividends – see the prospectus for details

From: _____

Name of Sit Fund

Account Number

To: _____

Name of Sit Fund

Account Number

Dividend Option Change

Change dividend payment option from reinvest to cash

- Dividends: Mail a check to the address of record
- Send ACH to my bank account as designated on page 2

- Capital Gains: Mail a check to the address of record
- Send ACH to my bank account as designated on page 2

Bank Authorization (Medallion Signature Guarantee required if changing bank information)

Please authorize your bank to allow Sit Mutual Funds access to your account for those services you selected above. Please sign "Signatures and Consent" section below.

By completing this section, I/we authorize Sit Mutual Funds to access my/our bank account as indicated below:

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

Bank Name

Bank ABA #

Bank Account #

Owner(s) of Bank Account

Co-Owner (if any)

Address of Bank

City, State Zip

Signatures and Consent

I/We certify that I/we have read a copy of the prospectus, 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. I/we understand the investment objectives of the Fund(s) and have determined that the Fund(s) is/are a suitable investment based on my/our investment needs and financial situation.

I/We understand that the authorizations with respect to Telephone Purchase, Telephone Redemption, Automatic Investment Plan, Automatic Withdrawal Plan, Systematic Exchange and/or Dividend Options are subject to the conditions and limitations set forth in the current prospectus. I/We ratify any instructions given, pursuant to the above authorizations and agree that neither Sit Mutual Funds nor its transfer agent is liable for any loss, liability, cost or expense for acting upon instructions when believed to be genuine.

I/We will obtain the current fund prospectus for each fund into which I/we may exchange before I/we request the exchange.

All account owners must sign. Minors are not authorized signers.

Signature (Owner, Trustee, etc., exactly as it appears on Step 1)

Signature (Joint owner, Trustee, etc., exactly as it appears on Step 1)

Date

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 changing bank authorization or if bank information does not match Sit Mutual Funds account registration

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.**