

# NON-IRA APPLICATION



Sit Investment Associates

Sit Mutual Funds

P.O. Box 9763, Providence, RI 02940

Overnight Mail: 101 Sabin Street, Pawtucket, RI 02860

Source

**Questions?**  
**Call us at 800-332-5580**

## 1. ACCOUNT REGISTRATION (check one box only)

Select the box for the type of account you wish to open.

- Individual Account**
- Joint Account ("Joint tenants with right of survivorship" unless otherwise specified)**

Owner's Name: First, Middle Initial, Last	S.S. #/Type of Govt. ID and #	Birth Date
Owner's Name (if any): First, Middle Initial, Last	S.S. #/Type of Govt. ID and #	Birth Date
<input type="checkbox"/> U.S. Citizen/Resident Alien	<input type="checkbox"/> Non-Resident Alien	(Please specify country of tax residency.)

**Gift/Transfer to Minor**

Name of Custodian for Minor (one name only)	Custodian's S.S.# or Type of Govt. I.D. and #	Birth Date
As custodian for:	Minor's Name Only	
Under the State of:	Uniform Gift/Transfer to Minors Act	Minor's S.S. #/Type of Govt. ID and #
		Birth Date

**Corporation or other entity** (Check one of the following.)

- Corporation       Self-Directed IRA       401(k) Plan       Pension Plan
- Profit Sharing       Partnership       Sole Proprietorship
- Other

Name of corporation or other entity	S.S. #/Govt. I.D. #/Employer I.D. #
State of incorporation/organization:	
Name(s) of individual(s) authorized to conduct business:	

**Trust**

If opening a trust account, please provide a copy of the title and signature pages of trust agreement with this application. If trust was established over 60 days ago, please have signature page of trust Medallion Signature Guaranteed.

Trustee Name	S.S. #/Type of Govt. ID and #	Birth Date
Trustee Name	S.S. #/Type of Govt. ID and #	Birth Date
As trustee(s) for	Name of Trust	Under agreement dated
Taxpayer Identification number		

## 2. MAILING ADDRESS

Street Address (No P.O. Box Numbers)		
City, State, Zip		
Daytime Phone Number	Evening Phone Number	Email Address

### 3. INVESTMENT AND DIVIDEND CHOICES\*

Indicate Fund(s) and amount(s) of your investment below.

- |   |       |           |  |       |           |
|---|-------|-----------|--|-------|-----------|
| <input type="checkbox"/> <b>Balanced</b><br>(\$5,000 Minimum)                           | _____ | \$ Amount | <input type="checkbox"/> <b>Small Cap Growth</b><br>(\$5,000 Minimum)                  | _____ | \$ Amount |
| <input type="checkbox"/> <b>Dividend Growth Class I**</b><br>(\$100,000 Minimum)        | _____ | \$ Amount | <input type="checkbox"/> <b>Developing Markets Growth</b><br>(\$5,000 Minimum)         | _____ | \$ Amount |
| <input type="checkbox"/> <b>Dividend Growth Class S**</b><br>(\$5,000 Minimum)          | _____ | \$ Amount | <input type="checkbox"/> <b>International Growth</b><br>(\$5,000 Minimum)              | _____ | \$ Amount |
| <input type="checkbox"/> <b>Global Dividend Growth Class I**</b><br>(\$100,000 Minimum) | _____ | \$ Amount | <input type="checkbox"/> <b>Minnesota Tax-Free Income Fund***</b><br>(\$5,000 Minimum) | _____ | \$ Amount |
| <input type="checkbox"/> <b>Global Dividend Growth Class S**</b><br>(\$5,000 Minimum)   | _____ | \$ Amount | <input type="checkbox"/> <b>Tax-Free Income Fund</b><br>(\$5,000 Minimum)              | _____ | \$ Amount |
| <input type="checkbox"/> <b>Large Cap Growth</b><br>(\$5,000 Minimum)                   | _____ | \$ Amount | <input type="checkbox"/> <b>U.S. Government Securities</b><br>(\$5,000 Minimum)        | _____ | \$ Amount |
| <input type="checkbox"/> <b>Mid Cap Growth</b><br>(\$5,000 Minimum)                     | _____ | \$ Amount |  |       |           |

\* You may invest in only the Fund(s) for which you have a prospectus.

\*\* Please refer to your prospectus for details on the Dividend Growth Fund and Global Dividend Growth Fund share classes.

\*\*\* AZ, CA, FL, IL, MA, MN, MO, NJ, NY, NE, NH, ND, PA, TX, WA and WI residents only.

#### Initial Investment Payment Method:

Check payment method for your initial payment.

- By check (payable to Sit Mutual Funds). Enclose a check. Third-party checks are not accepted.
- By wire. Call 800-332-5580 for instructions and new account number.

**Dividend Payment Options:** Dividends are **automatically reinvested** unless cash is checked below:

- |   |  |
|---|--|
| <b>Dividends:</b> <input type="checkbox"/> Paid in cash (by check)  | <b>Capital Gains:</b> <input type="checkbox"/> Paid in cash (by check) |
| <input type="checkbox"/> Paid in cash (ACH to my bank - see Step 8) | <input type="checkbox"/> Paid in cash (ACH to my bank - see Step 8)    |

### 4. TELEPHONE SERVICES (Fund minimums apply)

#### Telephone Exchange

The exchange option is automatically established on new accounts and permits you to exchange Sit Fund shares by telephone. Accounts must be identically registered. If you **DO NOT** want telephone exchange, please check this box .

**Telephone Purchase and Redemption** Any owner/trustee/authorized person may redeem shares via telephone and have a check sent to the address of record for this account. **If you DO NOT** want the telephone redemption option, check this box .

You may add the following payment methods as well:

- Debit/credit my/our bank account by ACH as designated in Step 8 (may take 1 to 2 business days).
- 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 in Step 8.

### 5. SPECIAL SERVICES

For easy, systematic investing or withdrawal, select one of these convenient plans. **Be sure to read Step 8 and Sign Step 9.**

#### Automatic Investment Plan

Invest \$\_\_\_\_\_ (\$100 minimum) from my bank account listed in Step 8 on the \_\_\_\_\_ (indicate day) of each month to:

\_\_\_\_\_  
Name of Sit Fund \$ Amount

\_\_\_\_\_  
Name of Sit Fund \$ Amount

Send a statement to a different address other than the address on your account.

#### Duplicate Statements

\_\_\_\_\_  
Name Company Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

Check if financial planner/adviser  Check if broker/dealer — Broker dealer # \_\_\_\_\_

**5. SPECIAL SERVICES (continued)**

To designate a beneficiary(ies) on your **Individual or Joint Tenant** account, complete this section.

**Transfer on Death (TOD) Beneficiary Designation**

<u>Name</u>	<u>Relationship</u>	<u>Social Security #</u>	<u>%</u>

For additional options, please contact an Investor Services Representative at 800-332-5580.

**6. INVESTOR PROFILE**

Federal and state regulations require that we request the following information.

Employer/Occupation

Employer Address

City, State, Zip

- Check if:**     Employee of bank, brokerage firm or insurance company.  
 Immediate family member of employee of bank, brokerage firm or insurance company.  
 Tax status: Tax-exempt entity. Type of entity: \_\_\_\_\_

**Check one in each category:**

- |                        |   |   |  |   |
|------------------------|---|---|--|---|
| Annual Income:         | <input type="checkbox"/> \$0 - \$25,000 | <input type="checkbox"/> \$25,000 - \$50,000  | <input type="checkbox"/> \$50,000 - \$75,000   | <input type="checkbox"/> Over \$75,000  |
| Net Worth:             | <input type="checkbox"/> \$0 - \$50,000 | <input type="checkbox"/> \$50,000 - \$100,000 | <input type="checkbox"/> \$100,000 - \$300,000 | <input type="checkbox"/> Over \$300,000 |
| Investable Assets:     | <input type="checkbox"/> \$0 - \$25,000 | <input type="checkbox"/> \$25,000 - \$50,000  | <input type="checkbox"/> \$50,000 - \$100,000  | <input type="checkbox"/> Over \$100,000 |
| Age:                   | <input type="checkbox"/> 21 - 40        | <input type="checkbox"/> 41 - 59              | <input type="checkbox"/> Over 59               |   |
| Investment Objective:  | <input type="checkbox"/> Growth         | <input type="checkbox"/> Income               | <input type="checkbox"/> Balanced              |   |
| Investment Experience: | <input type="checkbox"/> First Time     | <input type="checkbox"/> Limited              | <input type="checkbox"/> Moderate              | <input type="checkbox"/> Extensive      |

**7. CHECK WRITING (Free option - \$250 minimum per check)**

- Minnesota Tax-Free Income Fund**                       **U.S. Government Securities Fund**  
 **Tax-Free Income Fund**

**All registered owners MUST sign below.**

**For joint owners, only ONE signature will be required on each check unless you check the box below.**

- ALL signatures required on checks.** (Check the box and read the check writing agreement below prior to signing.)

_____	_____
Print Your Name	Sign Your Name
_____	_____
Print Your Name	Sign Your Name

**CONDITIONS OF CHECK WRITING**

The payment of funds is authorized by the signature(s) appearing above. The signature of one joint owner is on behalf of himself/herself and as attorney-in-fact on behalf of each joint owner by appointment. This agreement and appointment shall not be affected by the subsequent disability or incompetency of any joint owner and revocation will only be effective two business days after receipt by PNC Global Investment Servicing or its agent (the Transfer Agent) of a signed notice from any joint owner. By signing, you authorize that the Transfer Agent may, without injury, act upon the instruction of ANY PERSON(S) purporting to be an Authorized Person(s) as named above as last received by the Transfer Agent. The Transfer Agent and Sit Mutual Funds shall not be liable for any claims, expenses (including legal fees) or losses resulting from the Transfer Agent having acted upon instruction reasonably believed genuine. Sit Mutual Funds reserves the right to change, modify or terminate this account and authorization at any time. Drafts may not be for less than \$250. When you sell shares that you purchased by personal check, your sales proceeds payment will be delayed until your check clears, which may take up to fifteen days.

**8. BANKING AUTHORIZATION (For purchases and/or redemptions)**

Please authorize your bank to allow Sit Mutual Funds access to your account for those services you selected in Steps 3, 4 and 5. Please sign Step 9.

If I/we have chosen any of the options in Steps 3, 4 and 5, I/we authorize Sit Mutual Funds or its Agent 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	

**9. SIGNATURES AND BACKUP WITHHOLDING CERTIFICATION**

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 Exchange, Telephone Purchase, Telephone Redemption, Automatic Investment Plan, Automatic Withdrawal Plan, Systematic Exchange and/or Check Writing 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 PNC Global Investment Servicing nor Sit Mutual Funds 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.

Taxpayer Identification Number Certification:

Under penalties of perjury, I/we certify that: (1) the number shown on this form is my/our current Social Security number(s) or Tax Identification number(s) (or I/we am/are waiting for a number to be issued to me/us), and (2) I/we am/are not subject to backup withholding either because (a) I/we have not been notified by the Internal Revenue Service (IRS) that I/we am/are subject to backup withholding as a result of failure to report all interest or dividends, or (b) the IRS has notified me/us that I/we am/are no longer subject to backup withholding and (c) I/we am/are a U.S. person(s) (including a U.S. resident alien). The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. (Cross out "2" if you have been notified by the IRS that you are subject to backup withholding because of under reporting interest or dividends on your tax returns.)

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

Signature (Owner, trustee, etc., exactly as it appears in Step 1) Date

Signature (Joint owner, co-trustee, etc., exactly as it appears in Step 1) Date

**IMPORTANT INFORMATION ABOUT 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 to 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.