

IRA CHANGE OF ACCOUNT INFORMATION



Sit Mutual Funds

P.O. Box 9763, Providence, RI 02940
Overnight Mail: 4400 Computer Drive
Westborough, MA 01581

Questions?
Call us at 800-332-5580

1. CHANGE OF ACCOUNT INFORMATION (Must be completed)

Owner's Name: First, Middle Initial, Last Last 4 digits of S.S. Number/Type of Govt. ID and Number Account Number

Change of Address

Old Address (Please indicate old address.)

Street Address (No P.O. Box Numbers)

City, State, Zip

New Address (Please indicate new address.)

Street Address (No P.O. Box Numbers)

City, State, Zip

Change of Name

Please indicate old and new name change. Medallion Signature Guarantee required.

Old Name

New Name

Write reason for name change on the following lines:

2. CHANGE OF BENEFICIARY DESIGNATION

Check a box to change a Primary or Secondary Beneficiary. Secondary Beneficiaries receive distributions only if there are no surviving Primary Beneficiaries.

Primary Beneficiaries:

1. Name on Account

Address

City, State, Zip

Social Security #

Relationship

Birth Date

Distribution %

2. Name on Account

Address

City, State, Zip

Social Security #

Relationship

Birth Date

Distribution %

Secondary Beneficiaries:

1. Name on Account

Address

City, State, Zip

Social Security #

Relationship

Birth Date

Distribution %

2. CHANGE OF BENEFICIARY DESIGNATION (Continued)

Secondary Beneficiaries:

1. _____
 Name on Account

Address _____ City, State, Zip _____

Social Security # _____ Relationship _____ Birth Date _____ Distribution % _____

3. AUTOMATIC INVESTMENT PLAN AND EXCHANGES

- Add new option**
- Changing existing option**

Automatic Investment Plan

For systematic investing of CURRENT year contributions only.

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

Fund Name	Account #	Amount
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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) _____

Automatic Exchange

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: _____
 Sit Fund Name

To: _____
 Sit Fund Name

4. SIGNATURE

Account owner 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 certify that I am of legal age in my state of residence and that I have full right, power, authority and legal capacity.

Signature _____	Relationship (if signing as a parent or guardian for a minor) _____	Date _____
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Medallion Signature Guarantee:

Required when changing bank information as indicated above or for name change.