

IRA CHANGE OF ACCOUNT INFORMATION



Sit Mutual Funds

P.O. Box 9763, Providence, RI 02940

Overnight Mail: 101 Sabin Street, Pawtucket, RI 02860

Questions?
Call us at 800-332-5580

1. CHANGE OF ACCOUNT INFORMATION (Must be completed)

Owner's Name: First, Middle Initial, Last 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. Send a copy of official documents such as a marriage certificate along with this form.

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):

From: _____ **\$**

Sit Fund Name Amount

To: _____ **\$**

Sit Fund Name Amount

Make the above exchange on the _____ day of every month or these specified months:

- | | | | |
|-----------------------------------|--------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> January | <input type="checkbox"/> April | <input type="checkbox"/> July | <input type="checkbox"/> October |
| <input type="checkbox"/> February | <input type="checkbox"/> May | <input type="checkbox"/> August | <input type="checkbox"/> November |
| <input type="checkbox"/> March | <input type="checkbox"/> June | <input type="checkbox"/> September | <input type="checkbox"/> December |

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.

Under penalty of perjury, I certify that the number shown on this form is my correct social security number.

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.

