

Request for Traditional IRA Conversion to Roth IRA

Use this form to convert your Traditional IRA at Sit to a Roth IRA. If you convert, you will owe federal income taxes on the taxable portion of your conversion as defined by the IRS. Your conversion will result in you owning the same fund(s) that you owned prior to conversion.

Questions?
**Call us at 800-332-5580
or 612-334-5888**

1. Current Account Information

Name on Account		
Street Address (No P.O. Box Numbers)	City, State, Zip	
Social Security Number	Date of Birth	Daytime Telephone Number

2. Conversion Amount

I instruct the Sit Funds to convert my Traditional IRA to a Roth IRA as follows:

Sit Fund and IRA Account Number	Amount to be Converted	Roth IRA Account Number or "New"

3. Withholding Election

By electing to convert your Traditional IRA, you are authorizing Sit Mutual Funds to create a taxable distribution. Please select one of the options listed below:

- Option 1** Withhold federal income tax of _____ (not less than 10%).
I understand that the dollars withheld for taxes may be subject to a penalty tax.
- Option 2** I elect **not** to have federal income tax withheld. I understand that I am liable for the payment of federal income tax on the taxable portion of this conversion. I also understand that I may be subject to federal income tax penalties under the estimated tax payment rules if my payments of the estimated tax and withholding are insufficient.

4. Signature

I received, read and incorporate herein the Roth Individual Retirement Custodial Account and Disclosure Statement.

By signing this form, I certify that:

- I am the proper party to request this conversion to a Roth IRA and that all information provided by me is true and accurate.
- I have received, read and agree to the terms of the prospectus for each Fund in which I am investing.
- I authorize PFPC Trust Company, Sit Mutual Funds, their assigns, and agents to act on any instructions believed to be genuine for any service authorized on this form. I agree that they will not be liable for any resulting loss or expense, including adverse tax consequences arising from this conversion.
- Under penalty of perjury, I certify that the number shown on this form is my correct Social Security number.

I further certify that the Custodian shall in no way be held responsible for adverse tax consequences arising from this conversion.

Shareholder Signature	Date
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Please return this completed form to:

**Sit Mutual Funds
P.O. Box 9763
Providence, RI 02940**