

IRA DISTRIBUTION FORM

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

Participant Information

NAME: _____
(Please print the name exactly as it appears on the IRA account.)

If you are the beneficiary of a decedent's account, please contact us for additional document requirements.

SOCIAL SECURITY NUMBER: _____

ADDRESS: _____
Street Address City State Zip

Section I INDIVIDUAL RETIREMENT ACCOUNT

Roth IRAs (proceed to SECTION II)

DISTRIBUTION REQUEST FOR:

- Traditional IRA** **Rollover IRA**
 SEP IRA **SIMPLE IRA** - *If you have not participated in the SIMPLE for 2 years and are under 59 1/2 years, an IRS penalty may be imposed.*

- Normal Distribution - You are age 59 1/2 or older.
 Early (premature) distribution - You are under age 59 1/2.
 Substantially equal periodic payments within the meaning of section 72(t) of the Internal Revenue Code.
 Death - If you are a beneficiary, contact Shareholder Services regarding additional document requirements.
 Permanent Disability - You certify that you are disabled within the meaning of section 72(m)(7) of the Internal Revenue Code.
 Transfer Incident to Divorce or Legal Separation - Contact Shareholder Services regarding additional document requirements.
 Removal of Excess - Please complete Sections III and V (Excess Contribution Election and Distribution) in their entirety.
 Other _____ *Revocation - refer to the Disclosure Statement regarding your revocation rights.

All required documentation must be received in good order before the distribution request will be honored. All legal documents must be certified and a Medallion Signature Guarantee may be required for the IRA owner/beneficiary or spouse.

Section II (A or B will apply) DISTRIBUTION REQUEST FOR ROTH IRA

A. NON-QUALIFIED DISTRIBUTION - *Participant has not met the 5-year holding requirement. Check the box that applies.*

- Normal Distribution - You are age 59 1/2 or older.
 Early (premature) distribution - You are under age 59 1/2.
 Substantially equal periodic payments within the meaning of section 72(t) of the Internal Revenue Code.
 Death - If you are a beneficiary, contact Shareholder Services regarding additional document requirements.
 Permanent Disability - You certify that you are disabled within the meaning of section 72(m)(7) of the Internal Revenue Code.
 Transfer Incident to Divorce or Legal Separation - Contact Shareholder Services regarding additional document requirements.
 Removal of Excess - Please complete Sections III and V (Excess Contribution Election and Distribution).
 Other _____ *Revocation - refer to the Disclosure Statement regarding your revocation rights.

B. QUALIFIED DISTRIBUTION *Check the boxes that apply.*

This Roth IRA distribution satisfies the 5-year holding period requirement: Yes

The distribution is made for the following reason (check one):

- You are age 59 1/2 or older.
- Death - If you are a beneficiary, contact an Investor Services Representative regarding additional document requirements.
- Permanent Disability - You certify that you are disabled within the meaning of section 72(m)(7) of the Internal Revenue Code.

All required documentation must be received in good order before the distribution request will be honored. All legal documents must be certified and a Medallion Signature Guarantee may be required for the IRA owner/beneficiary or spouse.

Section III

EXCESS CONTRIBUTION ELECTION

Amount of excess: \$ _____ Tax year for which excess contribution was made: _____
 (Must be completed) (Must be completed)

Earnings will be removed with the excess contribution if corrected before the Federal income tax-filing deadline (including extensions), pursuant to Internal Revenue Code Section 408(d)(4) and Internal Revenue Service ("IRS") Publication 590. The IRS may impose a 10% early distribution penalty on the earnings if you are under age 59 1/2.

For the purpose of the excess contribution, we will calculate the net income attributable to that contribution (Net Income Attributable or "NIA") using the method provided by IRS Notice 2000-39. This method calculates the NIA based on the actual earnings and losses of the IRA during the time it held the excess contribution. Please note that a negative NIA is permitted and, if applicable, will be deducted from the amount of the excess contribution.

Excess contributions (plus or minus the NIA) that are distributed by your Federal income tax return due date (plus extensions) will be considered corrected, thus avoiding an excess contribution penalty.

You may be subject to an IRS penalty of 6% for each year the excess remains in the account.

A. The excess is being corrected before my Federal income tax-filing deadline (including extensions):

- Remove excess plus/minus net income attributable. DISTRIBUTE ACCORDING TO MY INSTRUCTIONS IN SECTION V - MAILING INSTRUCTIONS.
- Remove excess plus/minus net income attributable. REDEPOSIT INTO MY IRA AS A "CURRENT YEAR" CONTRIBUTION.

B. The excess is being corrected after my Federal income tax-filing deadline (including extensions). Earnings on the excess contribution will remain in the account:

- Remove Excess - DISTRIBUTE ACCORDING TO MY INSTRUCTIONS IN SECTION V - MAILING INSTRUCTIONS.
- Remove Excess - RE-DEPOSIT INTO MY IRA AS A "CURRENT YEAR" CONTRIBUTION.

C. You may be able to redesignate the excess contribution to a later tax year. Please consult a tax advisor to review your specific situation and to determine your best course of action. If you should decide to redesignate the excess contribution to a later year, DO NOT return this form to us.

Section IV**DISTRIBUTION AMOUNT**

FUND NAME

ACCOUNT NUMBER

DOLLAR AMOUNT

Partial Distribution:
 Check here if you would like a periodic distribution from this IRA.
Frequency:
 Monthly

 Quarterly

 Annually

Distributions should begin on the _____ (enter date) of _____ (enter month)

Section V**MAILING INSTRUCTIONS**
All checks will be made payable to the registered account owner.
 Mail to my address currently on file.

 Mail to the following address: (Medallion Signature Guarantee required.)

Mailing Address	Check will be made payable to the registered account owner.

 Mail to the following address: (Medallion Signature Guarantee required.)

Financial Institution	Check will be made payable to the registered account owner
	C/O
Account	
Mailing Address:	

 Wire to my bank account (I have attached a voided check). A wire fee may be incurred in your Sit account and your receiving bank account.

 ACH to my bank account (must be pre-established on account).

 Do not send a check. Instead, invest my distribution into my existing, non-retirement account at Sit.

Account Number: _____

Fund Name: _____

TAX WITHHOLDING ELECTIONS**Federal**

Generally, IRA distributions are subject to federal tax withholding of 10% unless you elect to have an additional amount withheld or elect to have no withholding.

Please select one of the following:

- Do not withhold federal income tax
- Withhold 10% federal income tax
- Withhold _____ % federal income tax (must be greater than 10%)

Caution: Even if you elect not to have Federal Income Tax withheld, you are liable for payment of federal income tax on the taxable portion of your distribution. You also may be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate.

State

Please select one of the following:

- I elect TO NOT have state income tax withheld from my IRA distribution (only for residents of states that do not require mandatory state tax withholding).
- I elect TO have the following dollar amount or percentage from my IRA distribution withheld for state income tax (for residents of states that allow voluntary state tax withholding).
- \$ _____ or _____%

SIGNATURE

I certify that I am the participant authorized to make these elections and that all information provided is true and accurate. I further certify that the Custodian, the Fund, or any agent of either of them has given no tax or legal advice to me, and that all decisions regarding the elections made on this form are my own. The Custodian is hereby authorized and directed to distribute funds from my account in the manner requested. The Custodian may conclusively rely on this certification and authorization without further investigation or inquiry. I expressly assume responsibility for any adverse consequences which may arise from the election(s) and agree that the Custodian, Mutual Fund, and their agents shall in no way be responsible, and shall be indemnified and held harmless, for any tax, legal or other consequences of the election(s) made on this form.

X _____
Participant's Signature (or beneficiary's signature if participant is deceased) Date

Medallion Signature Guarantee - Medallion Stamp*

*The Medallion Signature Guarantee may be executed by banks, broker dealers, credit unions, national securities exchanges and savings associations which participate in STAMP, SEMP or NYSE-MSP. A notary public is not a substitute for a Medallion Signature Guarantee. The Medallion Signature Guarantee stamp must include the words "SIGNATURE GUARANTEED, MEDALLION GUARANTEED" and otherwise comply with the medallion program requirements.

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

Mail this form to:

Standard Mail

Sit Mutual Funds
P. O. Box 9763
Providence, R.I. 02940

Overnight Mail

Sit Mutual Funds
101 Sabin Street
Pawtucket, RI 02860