

IRA TRANSFER FORM



Sit Investment Associates

Sit Mutual Funds

P.O. Box 9763, Providence, RI 02940

Overnight Mail: 101 Sabin Street, Pawtucket, RI 02860

Instructions

- Use this form to liquidate and transfer your IRA assets to Sit Mutual Funds.
- If you are establishing a new IRA at Sit, please complete the *IRA Application*.
- Upon receipt of this form, we will contact your current IRA institution to arrange the transfer.

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

IRA Account Registration

Owner's Name: First, Middle Initial, Last	S.S. Number/Type of Govt. ID and Number	Birth Date
Street Address (No P.O. Box Numbers)	City, State, Zip	

Tell us the type of IRA you currently own and the type of IRA you would like us to set up.

- Traditional IRA to a Sit Traditional IRA Roth IRA to a Sit Roth IRA
 Rollover IRA to a Sit Rollover IRA SEP IRA to a Sit SEP IRA

Asset Information

Please liquidate the assets listed below.

Certificate of Deposit

1. _____	2. _____
CD Account Number and Maturity Date	CD Account Number and Maturity Date
\$ Amount or % of Account	\$ Amount or % of Account

Mutual Fund

1. _____	_____	_____
Mutual Fund Name	Account Number	\$ Amount or % of Account
2. _____	_____	_____
Mutual Fund Name	Account Number	\$ Amount or % of Account

Other

1. _____	2. _____
Account Number and Description	Account Number and Description
\$ Amount or % of Account	\$ Amount or % of Account

Name and Address of Current Custodian

Name of Current Custodian	Address, City, State, Zip
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Investment Amount

If investing in an existing Sit IRA, please include your account number. If a new account, indicate "NEW". **There is a minimum investment amount of \$2,000 per fund, except as noted.**

	Account Number or "NEW"	\$ Amount or % of Account		Account Number or "NEW"	\$ Amount or % of Account
<input type="checkbox"/> Money Market	005-	\$ _____	<input type="checkbox"/> Mid Cap Growth	001-	\$ _____
<input type="checkbox"/> U.S. Govt. Securities	003-	\$ _____	<input type="checkbox"/> International Growth	006-	\$ _____
<input type="checkbox"/> Balanced	009-	\$ _____	<input type="checkbox"/> Small Cap Growth	010-	\$ _____
<input type="checkbox"/> Dividend Growth Class I* (\$100,000 minimum initial investment)	015-	\$ _____	<input type="checkbox"/> Science and Technology Growth	014-	\$ _____
<input type="checkbox"/> Dividend Growth Class S*	017-	\$ _____	<input type="checkbox"/> Developing Markets Growth	011-	\$ _____
<input type="checkbox"/> Large Cap Growth	002-	\$ _____			

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

Signature Authorizing Transfer

I hereby authorize this transfer and certify that I am establishing a Sit IRA. **Your resigning custodian may require a signature guarantee to process the transfer.** Please check with your custodian before sending us this IRA Transfer Form. Use the space below for the signature guarantee, if required.

Signature	Date	Signature Guarantee

Make check(s) payable to: PFPC Trust Company as Custodian for Sit Mutual Funds IRA.

FBO: _____
Client Name
Account #

Mail to:
Sit Mutual Funds
P.O. Box 9763
Providence, RI 02940

For Office Use Only:

Date Letter Sent

Acceptance by PFPC Trust Company as Custodian:

PFPC Trust Company accepts its appointment as Custodian of the above referenced IRA and has established an IRA as indicated by the shareholder on the front of this form under the Internal Revenue Code section 408(a) for IRAs under the shareholder's name in Sit Mutual Funds. Sit Mutual Funds and PFPC Trust Company, as Custodian, cannot accept assets other than cash. Upon receipt of the check, the proceeds will be credited to the named Participant's account.

Accepted by PFPC Trust Company, as Custodian for Sit Mutual Funds IRA.

Authorized Representative of PFPC Trust Company
Date