

SIT MUTUAL FUNDS COVERDELL EDUCATION SAVINGS ACCOUNT (COVERDELL ESA ACCOUNT) WITHDRAWAL AUTHORIZATION FORM

Note: For trustee to trustee transfers, please complete the appropriate receiving custodian's trustee to trustee transfer form. All required documentation must be received in good order before the withdrawal request can be honored. All legal documents must be certified and a Medallion Signature Guarantee may be required. Please see the Signature section for an explanation of the Medallion Signature Guarantee.

RESPONSIBLE INDIVIDUAL

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

DESIGNATED BENEFICIARY

Name: _____

Social Security Number: _____ Date of Birth: _____

Account Number: _____

DISTRIBUTION REASON

Qualified Distribution Is Being Used for Qualified Education Expenses:

- The distribution from this Coverdell ESA Account is being used for qualified education expenses of the Designated Beneficiary.

Non-Qualified Distribution Is Not Being Used for Education Expenses:

1. This distribution is not being used for qualified education expenses and none of the other reasons listed below apply.
2. Permanent disability of the Designated Beneficiary (within the meaning of section 72(m)(7) of the Internal Revenue Code).
3. Removal of excess contribution plus earnings before the tax-filing deadline. In which tax year was the contribution made? _____
Is the contribution plus earnings being removed in the same year? Yes No
4. Liquidation of the Coverdell ESA Account because the Designated Beneficiary has attained age 30.
5. Transfer incident to divorce or legal separation - attach a Medallion Signature Guarantee letter of instruction indicating how the proceeds are to be distributed.
6. The Coverdell ESA Account is being rolled over to a Coverdell ESA for another eligible Family Member. Attached is either 1) a Medallion Signature Guarantee letter of instruction indicating how the proceeds are to be delivered, or 2) a new Sit Mutual Funds Coverdell ESA Application and Adoption Agreement.
7. Death - the Responsible Individual or representative of the Designated Beneficiary's estate must furnish a certified copy of the death certificate and select from the following options (**A, B, or C**) below.
- A. Distribute assets payable to the estate of the Designated Beneficiary following the mailing instructions on page 2.
Estate's Tax Identification Number: _____
- B. Distribute assets in cash payable to the named Designated Death Beneficiary following the mailing instructions on page 2.
Beneficiary's Name: _____ Social Security Number: _____
- C. The Coverdell ESA Account is being rolled over to a Coverdell ESA for an eligible Family Member who is under the age of 30.
Coverdell ESA Recipient's Name: _____
- Attached is a Sit Mutual Funds Coverdell ESA Application and Adoption Agreement indicating a rollover contribution investment.
- Deposit as a rollover into an existing Coverdell ESA Account at Sit Mutual Funds. Account Number: _____.
- Issue proceeds to a Coverdell ESA in the recipient's name at another institution following the mailing instructions below.

Continued on next page.

DISTRIBUTION METHOD (Complete A, B and C)

A. Choose one: Total Liquidation **(or)** Partial Distribution - Amount: \$ _____ (or) _____ Shares

B. Distribute from:

Investment: _____ Dollar Amount \$ _____ or _____ %
 Investment: _____ Dollar Amount \$ _____ or _____ %

C. Mailing Instructions:

- Mail to the Designated Beneficiary's address of record** – Check will be made payable to the Designated Beneficiary (or to their estate in case of death distribution).
- Mail to the following address** - (Medallion Signature Guarantee required if address is not already on file.)

Attention: _____ For the Benefit of: _____
 Street: _____ City: _____ State: _____ Zip: _____

- Transfer funds electronically via ACH*: (voided check required) (or)** **Mail check to*:**

Name of Institution: _____
 For the Benefit of: _____
 Address: _____

 Routing and Account Number: _____

*Medallion Signature Guarantee is required and may be obtained at your local bank or trust company, securities broker/dealer, clearing agency or savings association.
 *The receiving bank account must include your, or the Designated Beneficiary's, name in the account registration.

SIGNATURE

I certify that I am authorized to make these elections and that all information provided is true and accurate. I further certify that the Custodian, the Sit Mutual Funds, 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 the 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, Sit Mutual Funds, 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.

Signature of Responsible Individual: _____ **Date:** _____

Mail to the following:

First Class Mail:
 Sit Mutual Funds
 P.O. Box 9763
 Providence, RI 02940-9763

Overnight Mail:
 Sit Mutual Funds
 4400 Computer Drive
 Westborough, MA 01581
 1-800-332-5580

Medallion Signature Guarantee Stamp and Signature (If required by your current custodian or transfer agent): An eligible guarantor is a domestic bank or trust company, securities broker/dealer, clearing agency or savings association that participates in a medallion program recognized by the Securities Transfer Agents Association. The three recognized medallion programs are the Securities Transfer Agents Medallion Program (known as STAMP), Stock Exchanges Medallion Program (SEMP), and the Medallion Signature Program (MSP). A notarization from a notary public is NOT an acceptable substitute for a signature guarantee.

Medallion Signature Guarantee Stamp