

SIT MUTUAL FUNDS COVERDELL EDUCATION SAVINGS ACCOUNT (COVERDELL ESA) TRANSFER OF ASSETS FORM

Use this form to request a Coverdell ESA transfer of assets from an existing Coverdell ESA to a Coverdell ESA at Sit Mutual Funds. Based on your instructions, BNY Mellon Investment Servicing Trust Company will initiate the transfer for you. Incomplete information will result in delays in processing your request. If you need assistance completing this form, please contact Shareholder Services at 1-800-332-5580.

RESPONSIBLE INDIVIDUAL (The parent or guardian of the Designated Beneficiary)

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____ Date of Birth: _____

DESIGNATED BENEFICIARY

Name: _____

Social Security Number: _____ Date of Birth: _____

COMPLETE IF TRANSFERRING FROM AN ELIGIBLE FAMILY MEMBER'S COVERDELL ESA ACCOUNT (This option is only available if you are the Responsible Individual listed on the eligible Family Member's Coverdell ESA Account.)

Family Member's Name: _____ Relationship: _____

Social Security Number: _____ Date of Birth: _____

INVESTMENT INSTRUCTIONS (Complete items A and B)

A. I am opening a new Coverdell ESA Account and have attached the required Coverdell ESA Application and Adoption Agreement.

Deposit the proceeds into an existing Coverdell ESA Account. Account Number: _____

B. Invest as follows:

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

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

Must equal 100%

TRANSFER AND AUTHORIZATION INSTRUCTIONS TO CURRENT CUSTODIAN

Please attach a copy of a recent statement, if possible. Note: The current custodian may require a Medallion Signature Guarantee to process the transfer request. (Please see the Authorization section for an explanation of the Medallion Signature Guarantee.)

Name of current custodian: _____

Address _____

City: _____ State: _____ Zip Code: _____

Contact name: _____ Telephone number: () _____

Continued on next page.

1) Investment to transfer:

Account number:

Share class:

Liquidate Entire Account Partial Dollar Amount \$ _____ or # of Shares _____ Transfer In-Kind
For Certificate of Deposits: Immediately* At Maturity Date _____

2) Investment to transfer:

Account number:

Share class:

Liquidate Entire Account Partial Dollar Amount \$ _____ or # of Shares _____ Transfer In-Kind
For Certificate of Deposits: Immediately* At Maturity Date _____

***Note:** if you wish to have certificates of deposit transferred immediately and they have not matured, you may incur a redemption penalty. We cannot accept requests to convert certificates of deposit more than 60 days before their maturity.

AUTHORIZATION

I authorize the transfer of assets as noted above to a Sit Mutual Funds Coverdell ESA Account and authorize the current custodian, Sit Mutual Funds, and BNY Mellon Investment Servicing Trust Company to process this request on my behalf. I understand as the Responsible Individual, it is my responsibility to insure the prompt transfer of assets by the current custodian. I have read and understand all information on this form and hereby provide applicable authorization.

Signature of Responsible Individual: _____

Date: _____

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.

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