

# IRA CHANGE OF ACCOUNT INFORMATION



Sit Investment Associates

Sit Mutual Funds

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Overnight Mail: 4400 Computer Drive

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Questions? Call us at 800-332-5580

## 1. CURRENT ACCOUNT INFORMATION (Must be completed)

Owner's Name: First, Middle Initial, Last \_\_\_\_\_ Last 4 digits of S.S. Number/Type of Govt. ID and Number \_\_\_\_\_ Account Number \_\_\_\_\_

### Change of Address (Primary Address)

Old address: \_\_\_\_\_ New address: \_\_\_\_\_  
\_\_\_\_\_

### Add Seasonal Address (Temporary change – must complete dates)

Seasonal: \_\_\_\_\_ Start Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
\_\_\_\_\_ End Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### Change of Name

Please indicate old and new name change. Medallion Signature Guarantee required.

Old Name \_\_\_\_\_

New Name \_\_\_\_\_

Write reason for name change on the following lines:

\_\_\_\_\_  
\_\_\_\_\_

## 2. CHANGE OF BENEFICIARY DESIGNATION

Check a box to change a Primary or Secondary Beneficiary. Secondary Beneficiaries receive distributions only if there are no surviving Primary Beneficiaries.

### Primary Beneficiaries:

1. \_\_\_\_\_

Name on Account

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Social Security # \_\_\_\_\_ Relationship \_\_\_\_\_ Birth Date \_\_\_\_\_ Distribution % \_\_\_\_\_

2. \_\_\_\_\_

Name on Account

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Social Security # \_\_\_\_\_ Relationship \_\_\_\_\_ Birth Date \_\_\_\_\_ Distribution % \_\_\_\_\_

### Secondary Beneficiaries:

1. \_\_\_\_\_

Name on Account

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Social Security # \_\_\_\_\_ Relationship \_\_\_\_\_ Birth Date \_\_\_\_\_ Distribution % \_\_\_\_\_

**2. CHANGE OF BENEFICIARY DESIGNATION (Continued)**

**Secondary Beneficiaries:**

1. \_\_\_\_\_  
 Name on Account

\_\_\_\_\_  
 Address City, State, Zip

\_\_\_\_\_  
 Social Security # Relationship Birth Date Distribution %

**3. AUTOMATIC INVESTMENT PLAN, EXCHANGES, AND BANK AUTHORIZATION**

- Add new option** **Medallion Signature Guarantee is required when changing bank information**
- Changing existing option** **or if bank information differs from Sit Funds account registration**

**Automatic Investment Plan**

For systematic investing of CURRENT year contributions only.

Invest \$ \_\_\_\_\_ (\$100 minimum) from my bank account listed below on the \_\_\_\_\_ (indicate day) of each month in:

Fund Name	Account #	Amount
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**I authorize Sit Mutual Funds to access my bank account as indicated below:**

- Checking Account - I have attached a **VOIDED** blank check. (May NOT be a money market fund account.)
- Savings Account - I have completed the bank information below.

Bank Name	Bank Routing #	Bank Account #
Owner(s) of Bank Account		Co-owner (if any)

**Automatic Exchange**

For systematic exchange for your IRA from one Sit Fund to another Sit Fund.

Please exchange \$ \_\_\_\_\_ (\$100 minimum) between the Funds listed below on the \_\_\_\_\_ day of every month.

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_  
Sit Fund Name Sit Fund Name

**4. SIGNATURE** (Account owner must sign. Minors are not authorized signers)

If signing as a parent or guardian for a minor, please indicate your relationship to the minor. I certify that I am of legal age in my state of residence and that I have full right, power, authority and legal capacity.

I/we certify that I/we am/are of legal age in my/our state of residence and that I/we have full right, power, authority and legal capacity.

**Taxpayer Identification Number Certification:** Under penalties of perjury, I certify that: (1) the number shown on this form is my/our current Social Security number(s) or Tax Identification number(s), and (2) I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. citizen(s) (including a U.S. resident alien), and (4) the FATCA code(s) entered here \_\_\_\_\_ are correct and indicate that I am exempt from FATCA reporting and backup withholding. Cross out "2" above if you have been notified by the IRS that you are subject to backup withholding because of under reporting interest or dividends on your tax returns.

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

\_\_\_\_\_  
 Signature Relationship (if signing as a parent or guardian for a minor) Date

**Medallion Signature Guarantee:**

Required when changing bank information as indicated above or for name change