

CHANGE OF ACCOUNT INFORMATION

Standard Mail: Sit Mutual Funds, P.O. Box 9763, Providence, RI 02940
Overnight Mail: Sit Mutual Funds, 4400 Computer Drive, Westborough, MA 01581

Questions? Call us at 800-332-5580

Current Account Registration (Must be completed)

Name(s) on account: _____
SSN/TIN on account: _____
Fund and account: _____

Address Change (Primary address)

Old address: _____ New address: _____

Seasonal Address (Temporary change – must complete dates)

Seasonal: _____ Start Date: _____ / _____ / _____
_____ End Date: _____ / _____ / _____

Registration Name Change

Indicate old and new name, reason for name change, all current and new owners must sign on page 2

- Marriage, divorce, other name change** (Medallion Signature Guarantee REQUIRED)

Old Name: _____
New Name: _____
Reason: _____

- UGMA/UTMA Custodial to Individual Account (when minor reaches age of majority)** (Send copy of minor's birth certificate)

From: Current registration as shown above
To: _____ (Minor must sign on page 2)
(Date of Birth)

- Joint/Individual to Trust or Change of Trust/Trustees (Send copy of title and signature pages of Trust)**

Note: Medallion Signature Guarantee required when adding/removing trustee or updating Tax ID

From: Current registration as shown above
To: _____
Trustee Name S.S.# or Type of Govt. ID and # (Date of Birth)
Trustee Name S.S.# or Type of Govt. ID and # (Date of Birth)

Name of Trust: _____ Under Agreement Dated: _____

Tax ID: _____

- Joint to Individual OR Individual to Joint** (Medallion Signature Guarantee required)

From: Current registration as shown above
To: _____
Owner Name S.S.# or Type of Govt. ID and # (Date of Birth)
Owner Name S.S.# or Type of Govt. ID and # (Date of Birth)

Transfer on Death (TOD) Beneficiary Designation (Medallion Signature Guarantee REQUIRED)

To designate a beneficiary(ies) on your INDIVIDUAL or JOINT TENANT account, complete this section

Name	Address	Relationship	Social Security #	%
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

Duplicate Statement

To send a statement to a different address other than the account address, please provide the following information

Name _____ Address: _____

Company _____

Check if financial planner/adviser Check if broker/ dealer Broker/dealer#: _____

Signatures and Backup Withholding Certification (All account owners must sign. Minors are not authorized signers.)

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 back up 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 (Owner, Trustee, etc., exactly as it appears on my account, or new name if name change)

Signature (Owner, Trustee, etc., exactly as it appears on my account, or new name if name change)

Date

REQUIRED PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. For certain entities, such as trusts, estates, corporations, partnerships, or other organizations, identifying documentation is also required. Your account may be restricted and/or closed if we cannot verify this information. We will not be responsible for any losses or damages (including but not limited to lost opportunities) resulting from any failure to provide this information, or from any restriction placed upon, or closing of, your account. By opening an account you signify you agree to these procedures and accept responsibility for any losses or damages resulting from their implementation.

We may need to contact you with questions regarding this request. Please provide a daytime phone number where we can reach you.

Medallion Signature Guarantee*: Required when adding TOD or as indicated for a registration change.

Phone Number



*A Medallion Signature Guarantee assures that a signature is genuine and protects shareholders from unauthorized transactions. Most banks, brokerage firms, and other financial institutions guarantee signatures. **A notary public stamp or seal cannot be substituted for a Medallion Signature Guarantee.**