

ACCOUNT APPLICATION

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 agree to these procedures and accept responsibility for any losses or damages resulting from their implementation.

1. ACCOUNT REGISTRATION (Required Information) Select the type of account you wish to open.

- Individual Account** **Joint Account** ("Joint tenants with right of survivorship" unless otherwise specified)

Owner's Name: First, Middle Initial, Last S.S. #/Type of Govt. ID and # Birth Date

Owner's Name (if any): First, Middle Initial, Last S.S. #/Type of Govt. ID and # Birth Date

- Gift/Transfer to Minor**

Name of Custodian for Minor (one name only) Custodian's S.S.# or Type of Govt. I.D. and # Birth Date

Custodian for: _____
Name of Minor Minor's S.S. #/Type of Govt. ID and # Birth Date

Under the State of: _____ Uniform Gift/Transfer to Minors Act

- Estate or other entity** Check one of the following for tax classification and include documentation with application showing entity name and officers/authorized signers. Sit Funds and its agents do not provide tax forms on corporate retirement plans or self-directed IRAs.

Corporations, partnerships, and non-profit organizations must complete a different application – the Legal Entity Application

- Estate Self-Directed IRA 401(k) Plan, Pension Plan, Profit Sharing Sole Proprietorship Other

Name of Estate or other entity S.S. #/Govt. I.D. #/Employer I.D. # State of incorporation/organization

Authorized To Act: _____
Name S.S. #/Govt. I.D. #/Employer I.D. # Birth Date

Name S.S. #/Govt. I.D. #/Employer I.D. # Birth Date

- Trust** (Please provide a copy of the title and signature pages of trust agreement with this application)

Trustee Name S.S. #/Type of Govt. ID and # Birth Date

Trustee Name S.S. #/Type of Govt. ID and # Birth Date

Name of Trust Tax Identification Number Under Agreement Dated

2. MAILING ADDRESS (Required Information)

Street Address (No P.O. Box Numbers)

Daytime Phone Number

City, State, Zip

Email Address

3. INVESTMENT AND DIVIDEND OPTIONS* (Required Information)

Minimum initial investment is \$5,000 (unless otherwise noted).

<input type="checkbox"/> Dividend Growth Class I** (\$100,000 minimum)	\$ _____	<input type="checkbox"/> ESG Growth Class I** (\$100,000 minimum)	\$ _____
<input type="checkbox"/> Dividend Growth Class S**	\$ _____	<input type="checkbox"/> ESG Growth Class S**	\$ _____
<input type="checkbox"/> Global Dividend Growth Class I** (\$100,000 minimum)	\$ _____	<input type="checkbox"/> U.S. Gov't. Sec. Class Y** (\$1,000,000 minimum)	\$ _____
<input type="checkbox"/> Global Dividend Growth Class S**	\$ _____	<input type="checkbox"/> U.S. Gov't. Sec. Class S**	\$ _____
<input type="checkbox"/> Small Cap Dividend Growth Class I** (\$100,000 minimum)	\$ _____	<input type="checkbox"/> Tax-Free Income Class Y** (\$1,000,000 minimum)	\$ _____
<input type="checkbox"/> Small Cap Dividend Growth Class S**	\$ _____	<input type="checkbox"/> Tax-Free Income Class S**	\$ _____
<input type="checkbox"/> Large Cap Growth	\$ _____	<input type="checkbox"/> Minnesota Tax-Free Inc.***	\$ _____
<input type="checkbox"/> Mid Cap Growth	\$ _____	<input type="checkbox"/> Quality Income Class Y** (\$1,000,000 minimum)	\$ _____
<input type="checkbox"/> Small Cap Growth	\$ _____	<input type="checkbox"/> Quality Income Class S**	\$ _____
<input type="checkbox"/> Balanced	\$ _____	<input type="checkbox"/> Developing Markets Growth	\$ _____
<input type="checkbox"/> International Growth	\$ _____		

* You may invest in only the Fund(s) for which you have a prospectus

** Please refer to your prospectus for details on the Dividend Growth Fund, Global Dividend Growth Fund, Small Cap Dividend Growth Fund, ESG Growth Fund, Tax-Free Income Fund, U.S. Gov't. Sec. Fund and Quality Income Fund share classes

*** AZ, CA, FL, IL, IN, MA, MN, MO, NJ, NY, NE, NH, ND, PA, SD, TX, WA and WI residents only

Initial Investment Payment Method:

- Check payable to Sit Mutual Funds. Third-party checks are not accepted.
 By wire. Call 800-332-5580 for instructions and new account number.
 By ACH. Call 800-332-5580 for instructions and new account number.

Dividend/Capital Gain Options: Dividends/Capital Gains are **automatically reinvested** unless changed below:

Dividends Paid via direct deposit to my bank in Step 9
 Paid in cash (by check)

Capital Gains Paid via direct deposit to my bank in Step 9
 Paid in cash (by check)

4. COST BASIS ELECTION (required)

Basically, cost basis is the amount that was paid to acquire shares of a mutual fund or other security. Sit Mutual Funds is required to track and report cost basis and realized capital gains/losses to the IRS for sales of covered shares, which generally are shares acquired on or after January 1, 2012. Retirement plans, tax-exempt organizations and C corporations are exempt from this type of reporting.

Choose a cost basis method for ALL funds in this account from the list below. If you do not choose a method, the default will be the Average Cost method (all shares will have the same average cost). Per IRS regulations, you are not allowed to change a method after a trade has been executed. For more information on cost basis, please visit www.sitfunds.com or call us at 800-332-5580.

- Average Cost (the **default** method)

Or one of the following:

- | | | |
|---|--|---|
| <input type="checkbox"/> First In First Out | <input type="checkbox"/> Highest In First Out | <input type="checkbox"/> Highest Short-Term First Out |
| <input type="checkbox"/> Specific Lot Identification* | <input type="checkbox"/> Lowest In First Out | <input type="checkbox"/> Lowest Long-Term First Out |
| <input type="checkbox"/> Last In First Out | <input type="checkbox"/> Highest Long-Term First Out | <input type="checkbox"/> Lowest Short-Term First Out |

**If you select the Specific Lot Identification method, you must provide specific tax lot detail with each sale of shares. If specific tax lot information is not received at the time of trade, Sit Mutual Funds will default to the First In First Out method ("FIFO"). Systematic withdrawals from an account with the Specific Lot ID method automatically default to FIFO.*

5. TELEPHONE SERVICES (Optional Information)

Telephone Exchange: The exchange option is automatically established on new accounts and permits you to exchange Sit Fund shares by telephone. Accounts must be identically registered. If you **DO NOT** want telephone exchange, please check this box .

Telephone Purchase and Redemption: Any owner/trustee/authorized person may redeem shares via telephone and have a check sent to the address of record for this account. **If you DO NOT** want the telephone redemption option, check this box .

You may add the following payment methods as well:

- Debit/credit my/our bank account as designated in Step 9.
- Wire redemption proceeds to my/our bank (wire fee may be incurred) as designated in Step 9.

6. SPECIAL SERVICES (Optional Information) Must complete Step 9.

Automatic Investment Plan

Invest \$_____ (\$100 minimum) from my bank account listed in Step 9 on the _____ (indicate day) of each month to:

Name of Sit Fund \$ Amount

Duplicate Statements - Send a statement to a different address other than the address on your account

Name Company Name

Address Check if financial planner/adviser

City, State, Zip Check if broker/dealer

Broker dealer #

7. INVESTOR PROFILE (Federal and state regulations require that we request the following information)

Employer/Occupation

Employer Address

City, State, Zip

Check if:

- Employee of bank, brokerage firm or insurance company
- Immediate family member of employee of bank, brokerage firm or insurance company.
- Tax status: Tax-exempt entity. Type of entity: _____

Check one in each category:

Annual Income	Net Worth	Investable Assets	Age	Investment Objective	Investment Experience
<input type="checkbox"/> \$0 - \$50,000	<input type="checkbox"/> \$0 - \$100,000	<input type="checkbox"/> \$0 - \$100,000	<input type="checkbox"/> 18-40	<input type="checkbox"/> Growth	<input type="checkbox"/> Limited
<input type="checkbox"/> \$50,000-\$100,000	<input type="checkbox"/> \$100,000 - \$300,000	<input type="checkbox"/> \$100,000 - \$300,000	<input type="checkbox"/> 41-59	<input type="checkbox"/> Balanced	<input type="checkbox"/> Moderate
<input type="checkbox"/> Over \$100,000	<input type="checkbox"/> Over - \$300,000	<input type="checkbox"/> Over \$300,000	<input type="checkbox"/> Over 59	<input type="checkbox"/> Income	<input type="checkbox"/> Experienced

8. BENEFICIARY DESIGNATION

Name & Date of Birth	Address	Relationship	Social Security #	%
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

9. BANKING AUTHORIZATION (For purchases and/or redemptions)

If I/we have chosen any of the options in Steps 3, 5 and 6, I/we authorize Sit Mutual Funds or its Agent to access my/our bank account as indicated below:

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

Bank Name

Bank ABA # Bank Account #

Owner of Bank Account Co-owner (if any)

Address of Bank

10. SIGNATURES AND BACKUP WITHHOLDING CERTIFICATION (required)

I/We certify that I/we have read a copy of the prospectus, 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. I/we understand the investment objectives of the Fund(s) and have determined that the Fund(s) is/ are a suitable investment based on my/our investment needs and financial situation. I/We will obtain the current fund prospectus for each fund into which I/we may exchange before I/we request the exchange.

I/We understand that the authorizations with respect to Telephone Exchange, Telephone Purchase, Telephone Redemption, Automatic Investment Plan, Automatic Withdrawal Plan, Systematic Exchange and/or Check Writing are subject to the conditions and limitations set forth in the current prospectus. I/We ratify any instructions given, pursuant to the above authorizations and agree that neither Sit Mutual Funds nor its transfer agent is liable for any loss, liability, cost or expense for acting upon instructions when believed to be genuine.

All account owners must sign. Minors are not authorized signers.

Taxpayer Identification Number Certification:

Under penalties of perjury, I certify that: (1) the number shown on this form is my correct taxpayer identification number; 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 or other U.S. person (defined in the instructions) and (4) the FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct _____. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

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 in Step 1) Date

Signature (Joint owner, co-trustee, etc., exactly as it appears in Step 1) Date

STATE UNCLAIMED PROPERTY LAW DISCLOSURE

The assets in your custodial account are subject to state unclaimed property laws which provide that if no activity occurs in your account within the time period specified by the particular state law, your assets must be transferred to the appropriate state. We are required by law to advise you that your assets may be transferred to an appropriate state in compliance with these state laws.

Mail this form to: Standard Mail
 Sit Mutual Funds
 P.O. Box 534459
 Pittsburgh, PA 15253

Overnight Mail
 Sit Mutual Funds
 P.O. Box 534459
 AIM 154-0520
 500 Ross Street
 Pittsburgh, PA 15262