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, PFPC Trust Company (the "Custodian"), which will be renamed BNY Mellon Investment Servicing Trust Company effective July 1, 2011, 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.

RF	SPONSIBLE INDIVIDUAL (The parent or guardian o	of the Designated Beneficiary)								
	me:	of the besignated beneficially)								
Stre	eet Address:									
City	y:	State:	Zip:							
Social Security Number:		Date of Birth	:							
DE	SIGNATED BENEFICIARY									
Nar	me:					_				
Social Security Number:		Date of Birth	:							
co	OMPLETE IF TRANSFERRING FROM AN ELIGIBL	E FAMILY MEMBER'S COVERDEL	L ESA							
Family Member's Name:		Relationship:								
Social Security Number:		Date of Birth	:							
IN' A. B.	□ Deposit the proceeds into an existing Coverdell ESA. Account Number:									
	Fund Name:	Dollar Amou	nt \$	or	Percentage	%				
	Fund Name:	Dollar Amou	nt \$	or	Percentage	%				
	Fund Name:	Dollar Amou	nt \$	or	Percentage Must equal 1	.00%				
Plea Plea Nar	ANSFER AND AUTHORIZATION INSTRUCTION ase attach a copy of a recent statement, if possible. No ase see the Authorization section for an explanation of th me of current custodian: dress	te: The current custodian may require a	Medallion Signature G	uarante	·					
City	y:	State:	Zip Code:							
Contact name: Tele		Telephone number: ()							

Continued on next page.

1) Investment to transfer:					
Account number:			Share class:		
Liquidate Entire Account	Partial Dollar Amount \$	or # of Shares	·		
For Certificate of Deposits:	☐ Immediately* ☐ At Ma	laturity Date	-		
2) Investment to transfer:					
Account number:			Share class:		
Liquidate Entire Account	Partial Dollar Amount \$	or # of Shares			
For Certificate of Deposits:	☐ Immediately* ☐ At Ma	laturity Date	-		
•	ertificates of deposit transferred is of deposit more than 60 days be		ot matured, you ma	y incur a redemption p	penalty. We cannot accept
AUTHORIZATION					
which will be renamed BNY M	ets as noted above to a Sit Mutual Tellon Investment Servicing Trust C Ity to insure the prompt transfer o on.	Company effective July 1, 2011	, to process this requ	uest on my behalf. I und	derstand as the Responsible
Signature of Responsible Indi	vidual:			Date:	
company, securities broker/d Association. The three recogn	ee Stamp and Signature (If requireleler, clearing agency or savings sized medallion programs are the Standard MACD). A poterior	association that participates Securities Transfer Agents Med	in a medallion prog dallion Program (knov	ram recognized by the wn as STAMP), Stock Exc	Securities Transfer Agents changes 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 534459 Pittsburgh, PA 15253-4459

Overnight Mail: Sit Mutual Funds Attention: 534459 500 Ross Street 154-0520 Pittsburgh, PA 15262

Questions? Call us at 1-800-332-5580