

Trusted Contact Form

Phone: 800-332-5580

Standard Mail: Sit Mutual Funds, P.O. Box 2165, Minneapolis, MN 55402

Overnight Mail: Sit Mutual Funds, 80 South 8th Street, 3300 IDS Center, Minneapolis, MN 55402

Use this form to add up to two Trusted Contacts for your Sit Mutual Funds accounts. Adding a Trusted Contact(s) provides the Sit Mutual Funds with a resource to contact on your behalf, if necessary. Providing a Trusted Contact to Sit Mutual Funds is not required. A Trusted Contact is a person whom you are permitting the Sit Mutual Funds to contact and disclose information to about your account to address possible financial exploitation, to confirm your contact information, health status, or the identity of any legal guardian, executor, trustee, or holder of a power of attorney, or as otherwise permitted by applicable rules. You may change or remove your Trusted Contact by calling us at 800-332-5580.

Trusted Contact Designation

Your Trusted Contact:

- Must be at least 18 years old.
- Will not be able to view your account, execute transactions, or inquire about account activity.
- Should be someone with whom you are comfortable discussing your health, relationships, loved ones, work and financial situation.
- Should not be someone who already has access to or control over your Sit Mutual Funds account (e.g., financial adviser, power of attorney, joint owner).
- The Trusted Contact(s) listed in Section 2 are valid for all Sit Mutual Funds accounts for which you are an owner/trustee/agent and not just for the Account #s you list in Section 1.
- For accounts with multiple owners/trustees/agents, each person must complete their own form.
- Only you have the authority to add/remove/change a Trusted Contact.

Section 1: Account Owner/Trustee/Agent

Your Name: _____ *(list only one owner/trustee/agent)*

SSN: _____

Account #s: _____ *(to assist in identification only)*

Section 2: Trusted Contact for Owner/Trustee/Agent Listed in Section 1

Trusted Contact 1

Name (First, M.I., Last)

Address: _____

Daytime Phone: _____

Email: _____

Relationship: _____

Trusted Contact 2

Name (First, M.I., Last)

Address: _____

Daytime Phone: _____

Email: _____

Relationship: _____

Section 3: Account Owner/Trustee/Agent Authorization

I certify that all information provided in this form is true, accurate, and complete. I understand that I may change my Trusted Contact(s) at any time by completing a new form. I understand that there is no requirement that Sit Mutual Funds reach out to my Trusted Contact(s) and that I may withdraw this authorization at any time by notifying Sit Mutual Funds via phone or in writing at the address shown on the front page of this form. By signing below, I and my heirs agree to indemnify and hold Sit Mutual Funds, its predecessors, successors, officers, directors, employees, agents, representatives, parents, affiliates, assigns, and attorneys, harmless from and against any and all claims, judgments, taxes, fines, penalties, damages, liabilities, costs, and expenses (including but not limited to attorneys' fees and expert witness fees) incurred by Sit Mutual Funds as a result of any claim, judgment, or proceeding arising out of or relating to Sit Mutual Funds contacting, or failing to contact, my Trusted Contact(s) identified on this form.

By my signature below, I authorize Sit Mutual Funds and its affiliates to share my nonpublic personal information held at Sit Mutual Funds with the named Trusted Contact(s) identified in Section 2. Nonpublic personal information includes, but is not limited to, financial account information and balances, recommendations for the purchase of a security, and, as defined in Title V of the federal Financial Services Modernization Act of 1999 as amended, or as defined by any other federal or state law, personally identifiable information (i) provided by a consumer to a financial institution; (ii) resulting from any transaction with the consumer or any service performed for the consumer; or (iii) otherwise obtained by the financial institution.

I understand that Sit Mutual Funds may contact the Trusted Contact(s) and disclose information about my accounts to address possible financial exploitation; to confirm the specifics of my current contact information or health status or the identity of any legal guardian, executor, trustee, or holder of a power of attorney; or as otherwise permitted by FINRA rules or other applicable rules. I understand that Sit Mutual Funds may remove any Trusted Contact(s) from any account, at any time, or for any reason.

Owner/Trustee/Agent Signature *(as noted in Section 1)*

Date

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

Phone Number