

## For Corporations and Other Legal Entities Only

To help the government fight financial crime, Federal regulation requires certain institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (i.e. the beneficial owners) helps law enforcement investigate and prosecute these crimes.

The information requested on the attached form entitled *Certification Regarding Beneficial Owners of Legal Customers* must be provided by the person opening a new account on behalf of a legal entity with any of the following U.S. Financial Institutions: 1) a bank or credit union; 2) a broker or dealer in securities; 3) a mutual fund; 4) a futures commission merchant; or 5) an introducing broker in commodities.

## 1. ACCOUNT REGISTRATION (Required Information)

**Corporation or other entity.** (Check one of the following for tax classification and include documentation with application showing entity name and officers/authorized signers.)

☐ C Corporation      ☐ S Corporation      ☐ Partnership      ☐ Non-Profit / Charitable Org.      ☐ Other

Name of corporation or other entity	Tax I.D. #	State of incorporation/organization

Name(s) of individual(s) authorized to conduct business: \_\_\_\_\_

**ATTACHED CERTIFICATION OF BENEFICIAL OWNERS FORM IS REQUIRED** (see form for more details)

This form must be completed by the person opening the account on behalf of a legal entity. Generally, a legal entity includes a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a partnership, and any similar business entity formed in the United States or a foreign country.

Name, date of birth, address and social security number (or similar ID) must be included on the attached form for the following:

1. An individual with significant responsibility for managing the entity such as CEO, CFO, Vice President, Treasurer, etc. **AND**
2. Each individual (if any) who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity

## 2. MAILING ADDRESS (Required Information)

Street Address (No P.O. Box Numbers)

Daytime Phone Number

City, State, Zip

Evening Phone Number

Email Address

### 3. INVESTMENT AND DIVIDEND CHOICES\* (Required Information)

Indicate Fund(s) and amount(s) of your investment below.

<input type="checkbox"/> <b>Dividend Growth Class I**</b> (\$100,000 Minimum)	_____	<input type="checkbox"/> <b>Large Cap Growth</b> (\$5,000 Minimum)	_____
	\$ Amount		\$ Amount
<input type="checkbox"/> <b>Dividend Growth Class S**</b> (\$5,000 Minimum)	_____	<input type="checkbox"/> <b>Small Cap Growth</b> (\$5,000 Minimum)	_____
	\$ Amount		\$ Amount
<input type="checkbox"/> <b>Global Dividend Growth Class I**</b> (\$100,000 Minimum)	_____	<input type="checkbox"/> <b>Mid Cap Growth</b> (\$5,000 Minimum)	_____
	\$ Amount		\$ Amount
<input type="checkbox"/> <b>Global Dividend Growth Class S**</b> (\$5,000 Minimum)	_____	<input type="checkbox"/> <b>Developing Markets Growth</b> (\$5,000 Minimum)	_____
	\$ Amount		\$ Amount
<input type="checkbox"/> <b>Small Cap Dividend Growth Class I**</b> (\$100,000 Minimum)	_____	<input type="checkbox"/> <b>International Growth</b> (\$5,000 Minimum)	_____
	\$ Amount		\$ Amount
<input type="checkbox"/> <b>Small Cap Dividend Growth Class S**</b> (\$5,000 Minimum)	_____	<input type="checkbox"/> <b>Minnesota Tax-Free Income Fund***</b> (\$5,000 Minimum)	_____
	\$ Amount		\$ Amount
<input type="checkbox"/> <b>ESG Growth Class I**</b> (\$100,000 Minimum)	_____	<input type="checkbox"/> <b>Tax-Free Income Fund</b> (\$5,000 Minimum)	_____
	\$ Amount		\$ Amount
<input type="checkbox"/> <b>ESG Growth Class S**</b> (\$5,000 Minimum)	_____	<input type="checkbox"/> <b>U.S. Government Securities</b> (\$5,000 Minimum)	_____
	\$ Amount		\$ Amount
<input type="checkbox"/> <b>Balanced</b> (\$5,000 Minimum)	_____	<input type="checkbox"/> <b>Quality Income</b> (\$5,000 Minimum)	_____
	\$ Amount		\$ Amount

\* 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 share classes

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

#### Initial Investment Payment Method:

Check payment method for your initial payment.

- ☐ By check (payable to Sit Mutual Funds). Enclose a check. Third-party checks are not accepted.
- ☐ By wire. Call 800-332-5580 for instructions and new account number.

**Dividend Payment Options:** Dividends are automatically reinvested unless cash is checked below:

- |                  |  |                      |  |
|------------------|--|----------------------|--|
| <b>Dividends</b> | <input type="checkbox"/> Paid via direct deposit to my bank (See Step 9) | <b>Capital Gains</b> | <input type="checkbox"/> Paid via direct deposit to my bank (See Step 9) |
|                  | <input type="checkbox"/> Paid in cash (by check)                         |                      | <input type="checkbox"/> Paid in cash (by check)                         |

\*Note: Payments made via direct deposit to a bank account may take one to two business days. Checks may take seven or more days to receive.

### 4. COST BASIS ELECTION (Not applicable for C-Corporations, Charitable Organizations)

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 reporting requirement.

Choose a cost basis method for ALL funds in this account from the list below. If you do not choose a method, Sit Mutual Funds will default your selection to the Average Cost method (all shares will have the same average cost). Per IRS regulations, you will not be allowed to change a method after a trade has been executed. For more information on these cost basis methods, please visit our website at [www.sitfunds.com](http://www.sitfunds.com) or call 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 (may take 1 to 2 business days).
- ☐ Wire redemption proceeds to my/our bank (wire fee may be incurred). A VOIDED blank check (if checking account) is attached or bank information (if savings account) is provided in Step 9.

## 6. SPECIAL SERVICES (Optional Information)

For easy, systematic investing or withdrawal, select one of these convenient plans. **Be sure to read Step 9 and Sign Step 10.**

### ☐ 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

\_\_\_\_\_  
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

☐ Check if broker/dealer

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

\_\_\_\_\_  
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:         | <input type="checkbox"/> \$0 - \$25,000 | <input type="checkbox"/> \$25,000 - \$50,000  | <input type="checkbox"/> \$50,000 - \$75,000   | <input type="checkbox"/> Over \$75,000  |
| Net Worth:             | <input type="checkbox"/> \$0 - \$50,000 | <input type="checkbox"/> \$50,000 - \$100,000 | <input type="checkbox"/> \$100,000 - \$300,000 | <input type="checkbox"/> Over \$300,000 |
| Investable Assets:     | <input type="checkbox"/> \$0 - \$25,000 | <input type="checkbox"/> \$25,000 - \$50,000  | <input type="checkbox"/> \$50,000 - \$100,000  | <input type="checkbox"/> Over \$100,000 |
| Age:                   | <input type="checkbox"/> 21 - 40        | <input type="checkbox"/> 41 - 59              | <input type="checkbox"/> Over 59               |   |
| Investment Objective:  | <input type="checkbox"/> Growth         | <input type="checkbox"/> Income               | <input type="checkbox"/> Balanced              |   |
| Investment Experience: | <input type="checkbox"/> First Time     | <input type="checkbox"/> Limited              | <input type="checkbox"/> Moderate              | <input type="checkbox"/> Extensive      |

## 8. BANKING AUTHORIZATION (For purchases and/or redemptions)

Please authorize your bank to allow Sit Mutual Funds access to your account for those services you selected in Steps 3, 5 and 6. Please sign Step 10.

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 (May not be a money market fund account)
- ☐ Savings Account - I/we have completed the bank information below.

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Bank Name

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Bank ABA #

Bank Account #

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Owner(s) of Bank Account

Co-owner (if any)

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Address of Bank

## 9. 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.

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Signature (Owner, trustee, etc., exactly as it appears in Step 1)

Date

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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 15253-4459

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