



Individual Retirement Account Distribution Form

1 IRA Identification

Mr. Mrs./Ms. Dr.

First Name

M.I.

Last Name

Date of Birth: _____
MM DD YYYY

Social Security Number: _____

Saturna Account Number: _____

Mail or fax completed forms to:

Saturna Capital
P.O. Box N
Bellingham, WA 98227-0596

F: 360-734-0755

2 Type of Distribution (please choose only one)

- Normal: Participant age 59½ or older.
- Premature: Participant under age 59½ and no known exception applies.
- Premature: Participant under age 59½ and exception applies.

Conversion to Roth IRA
Saturna Account Number

_____-_____-_____

- Removal of excess or non-deductible contributions plus earnings:
- Before tax filing deadline
 - After tax filing deadline
 - For prior year
 - For two years ago

One time transfer to HSA
Saturna Account Number

_____-_____-_____

Other: _____

3 Payment Instructions

Send payment by: Check Directly to my bank via ACH (requires prior ACH authorization) Wire Transfer (Instructions MUST be included)

Entire account balance

Amount: \$ _____

Establish systematic withdrawal plan: \$ _____ every month quarter year, beginning _____
MM DD YYYY

The required minimum distribution for calendar year: \$ _____

4 Notice of Withholding

The distributions you receive are subject to income tax withholding which will automatically be deducted at a rate of 10%, unless you check one of the boxes below. By checking one of the boxes below, you may elect not to have withholding apply to your distribution, or you may elect to determine the amount of your withholding. If you elect not to have withholding apply or if not enough federal income tax is withheld, you may be responsible for payment of estimated tax. If estimated tax payments and withholding are insufficient, you may incur penalties. Please refer to IRS Form W-4P for more information.

Do not withhold federal income tax; I will make any tax payments required.

Withhold _____ % (to request an amount other than 10%).

Withhold \$ _____

5 Signature

I certify under penalty of perjury that I am authorized to receive distribution(s) from this IRA; that all information provided by me is true and accurate; that I assume all responsibility for any adverse consequences which may arise as a result of said distribution; that Saturna Capital Corporation has not provided any tax advice; that Saturna Capital Corporation has no responsibility for adverse consequences of my said distribution; that Saturna Capital Corporation can rely on my selections herein; that I have read the above Notice of Withholding; and that I am aware of the tax liability and possible penalty on a distribution.

Signature

Date