



Electronic Funds Transfer (EFT via ACH)

All changes must be accompanied by a signature. If there are joint registrants, the signatures of both parties must be present. If you have any questions or concerns regarding this form, please call us at **800-728-8762**.

Mail or fax completed forms to:

Saturna Capital
P.O. Box N
Bellingham, WA 98227-0596
F: 360-734-0755

Customer Information

Registration Number

If this is a Saturna Brokerage account, please visit the forms section of our website at saturna.com/sbs/forms to download a copy of the appropriate Electronic Funds Transfer document. Or call Saturna Brokerage directly at (800)728-1266.

Account Owner / Custodian

Social Security Number

Joint Owner / Minor / Name of Trust

Social Security Number

Daytime Phone

Evening Phone

Work/Cellular Phone

Automatic Investment Plan

You MUST enclose a voided check imprinted with your name & address.

Initiating Investing Plan Update & Replace Existing Bank Information Add an Additional Account

Name of Bank

ABA Routing Number

Account Number

Type of Account: Checking Savings

\$25 Minimum per fund after initial contribution.

- Amana Growth \$
- Amana Income \$
- Amana Developing World \$
- Sextant Growth \$
- Sextant International \$
- Sextant Core \$
- Sextant Short-Term Bond \$
- Sextant Bond Income \$
- Idaho Tax-Exempt \$

every
(Specify period & date: i.e., "every month on the 15th")

Signature

The undersigned warrants that I (we) have full authority to make this change, am (are) of legal age, and have received and read a current Prospectus and agree to be bound by its terms. *Unless this sentence is struck*, I (we) certify, under penalties of perjury, that I (we) am (are) not subject to backup withholding under the provisions of section 3406(a)(1)(C) of the Internal Revenue Code. This application is not effective until it is received and accepted.

Signature: _____

Date: _____

Joint Signature: _____

Date: _____