



IRA Beneficiary Designation

All changes **must** be accompanied by a signature. If you have any questions or concerns regarding this form, please call us at 800-728-8762.

Customer Information

Saturna Account Number:

Account Owner / Custodian / Trustee:

Social Security Number:

Telephone

Daytime

Evening

Mail or fax completed forms to:

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

F: 360-734-0755

Designation of IRA Beneficiary(ies)

This beneficiary designation will cancel any previous designations on file. If you wish to update the beneficiary(ies) for multiple accounts, please use a separate form for each account.

Primary Beneficiary(ies):

First Name:

M.I.

Last Name:

Relationship:

Date of Birth:

MM DD YYYY

Social Security Number:

Share:

First Name:

M.I.

Last Name:

Relationship:

Date of Birth:

MM DD YYYY

Social Security Number:

Share:

Secondary Beneficiary(ies):

(In the event there are no surviving Primary Beneficiaries.)

First Name:

M.I.

Last Name:

Relationship:

Date of Birth:

MM DD YYYY

Social Security Number:

Share:

First Name:

M.I.

Last Name:

Relationship:

Date of Birth:

MM DD YYYY

Social Security Number:

Share:

If you name someone other than your spouse as primary beneficiary and reside in a community property or marital property state, including AZ, CA, ID, LA, NV, NM, TX, WA, or WI, your spouse must consent in writing to this designation.

If you have any questions about this form, please contact Saturna Capital Corporation at 800/SATURNA.

You may wish to consult your legal adviser to ensure that this form complies with your will and with your state's laws of testamentary disposition.

Signature

The undersigned warrants that I have full authority to make this change, am 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 certify, under penalties of perjury, that I am 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