Individual Retirement Account Distribution Form

Use this form to request a single payment or installment payments from your traditional IRA, Roth IRA, or inherited IRA. Use a separate form for each IRA.

Account Owner (Grantor) Type of IRA ❍ Traditional ❍ Roth

First Name M.I. Last Name

Date of Birth (MM-DD-YYYY) **Social Security Number**

Saturna Registration Number **Daytime Phone** (or best number to call)

Questions? We can help!

Call us at 1-800/SATURNA
1-800/728-8762

Mail or fax complete forms to:

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

Fax: (360) 734-0755

Type of Distribution (please choose only one)

❍ **Normal: Participant age 59½ or older**
Participant is eligible to begin taking distributions at age 59½ even if they continue working.

❍ **Premature: Participant under age 59½ and no known exception applies**
Distributions before age 59½ are subject to ordinary income tax and may also be subject to a 10% federal penalty tax unless you meet an IRS exception.

❍ **Premature: Participant under age 59½ and exception applies**
To claim an exception from the premature distribution penalty, you will need to complete IRS Form 5329 when you file your taxes.

❍ **Inherited traditional IRA distribution**
The original IRA owner has died and I am the beneficiary.

❍ **Conversion to Roth IRA**
Roth IRA Registration Number: Amount: $

❍ **One time transfer to HSA**
HSA Registration Number: Amount: $

❍ **Recharacterize Roth Conversion**

❍ **Other**: _____

Removal of excess or non-deductible contributions plus earnings:

❍ Roth contribution return
- ❍ Before tax filing deadline
  - ❍ For prior year
  - ❍ For two years ago
- ❍ After tax filing deadline
  - ❍ For prior year
  - ❍ For two years ago

❍ IRA contribution return
- ❍ Before tax filing deadline
  - ❍ For prior year
  - ❍ For two years ago
- ❍ After tax filing deadline
  - ❍ For prior year
  - ❍ For two years ago

For Roth Conversions and HSA transfers, please allocate (contribute) to the following Funds:

❑ Amana Income	$	or	%
❑ Amana Growth	$	or	%
❑ Amana Developing World	$	or	%
❑ Sextant Growth	$	or	%
❑ Sextant International	$	or	%
❑ Sextant Core	$	or	%
❑ Sextant Short-Term Bond	$	or	%
❑ Sextant Bond Income	$	or	%

Percentages must total 100%

Payment Instructions (please choose only one)

❍ Mail me a Check
❍ Deposit in my bank via Electronic Funds Transfer (requires prior ACH authorization)
❍ Wire Transfer (a Wire Transfer Request form MUST accompany this distribution form; $5,000 minimum; fees apply)
❍ Invest my distribution(s) in the following Saturna Capital nonretirement fund accounts that list me as sole or joint owner:

Account Number	$	or	%
Account Number	$	or	%
Account Number	$	or	%
Account Number	$	or	%

Percentages must total 100%

Signature required on reverse

Individual Retirement Account Distribution Form

Payment Instructions (continued)

Optional: ❍ Initiating Withdrawal Plan via EFT ❍ Update & Replace Existing Bank Information ❍ Add as Secondary Account

(You MUST attach a voided check imprinted with your name & address - cannot be processed without voided check)

Name of Bank: | ABA Routing Number: | Account Number:

(Note: establishing EFT via ACH may take up to two weeks)

Type of Account: ❍ Checking ❍ Savings

Distribution Instructions (please choose only one)

❍ **Single Distribution**

Select this option if you want Saturna to distribute all or part of your assets from your IRA in a single payment.

❍ Entire account balance

And ❍ Continue ❍ Discontinue my automatic investment

❍ A partial withdrawal from the account(s) listed below:

❍ **Fixed-Dollar Installment Distributions**

Select this option if you want Saturna to provide a fixed payment according to the schedule you indicate below until the account or accounts listed below are depleted.

❍ Monthly ❍ Quarterly ❍ Semiannually ❍ Annually

Beginning (MM-DD-YYYY) ☐☐ - ☐☐ - ☐☐☐☐

Amounts to Withdraw

Account Number ☐☐☐☐☐-☐☐-☐☐ $ or %

Account Number ☐☐☐☐☐-☐☐-☐☐ $ or %

Account Number ☐☐☐☐☐-☐☐-☐☐ $ or %

Account Number ☐☐☐☐☐-☐☐-☐☐ $ or %

Percentages must total 100%

Notice of Withholding

The distributions you receive are subject to income tax withholding which will automatically be deducted at a rate of 10%. By checking the appropriate box 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.

❍ **I acknowledge that you will automatically withhold 10%**

❍ DO NOT withhold federal income tax; I will make any tax payments required.

❍ Return of Roth IRA Contributions; DO NOT withhold

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

❍ Withhold $☐

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 and/or its affiliates has not provided any tax advice; that Saturna Capital Corporation and/or its affiliates has no responsibility for adverse consequences of my said distribution; that Saturna Capital Corporation and/or its affiliates can rely on my selections herein; that I have read the Notice of Withholding above; and that I am aware of the tax liability and possible penalty on a distribution.

Signature _____ Date _____