



1300 North State Street
 Bellingham, WA 98225
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Wire Transfer Request Form

I authorize Saturna Capital and/or Saturna Brokerage Services to wire transfer funds from my Saturna account listed below (left column) to the Receiving account listed below (right column). I agree to pay the fee applicable for the type of transfer initiated which will be charged to my account from which the funds are transferred.

Date: _____

Saturna Account Number:

□□□□□□-□□□□-□□□□

Clearing Firm Account Number (if applicable):

Saturna Capital Account Name:

Joint Owner's Name (if applicable):

Saturna Capital Account Address:

City

State

Zip

Country

Daytime Telephone:

(□□□□) □□□□-□□□□□□

Amount of Wire (\$5,000 Minimum per fund):

\$ _____

For International Wires, provide the purpose of the wire:

SR

Wire Fee:

\$25 Domestic U.S.

International:

\$35 (Mutual Funds)

\$40 (Brokerage)

Primary Account Holder's Signature

Date

Joint Account Holder's Signature

Date

Receiving Bank's Name:

Receiving Bank's Address:

City

State

Zip

Country

Receiving Bank's Phone Number:

(□□□□) □□□□-□□□□□□

Receiving Bank's ABA Routing Number:

□□□□□□□□□□

Receiving Bank's S.W.I.F.T. Code (International Wires):

Recipient's Account Number:

Recipient's Account Name at Receiving Bank:

Joint Owner's Name (if applicable):

Recipient's Address:

City

State

Zip

Country

3rd Party Transaction?

Yes

No

Additional Information/For the benefit of:

Responsible Rep: _____

Phone #: _____

Date Requested: _____

Branch Prefix: _____

Approved By: _____

SR