SATURNA CAPITAL
1300 North State Street
Bellingham, WA 98225
(800) SATURNA
www.saturna.com

Wire Transfer Form

Date: _____

Attention: _____

Saturna Capital or NFS Account Number: _____

Saturna Capital Account Name: _____

Saturna Capital Account Address: _____

Amount of Wire: _____

Receiving Bank's Name: _____

Receiving Bank's Address: _____

Receiving Bank's ABA Routing Number: _____

Recipient's Account Name at Bank: _____

Recipient's Address: _____

Recipient's Account Number at Bank: _____

If Applicable:

For the benefit of: _____

Account Number: _____

Additional Information: _____

Wire Fee: ❑ **$25 Domestic U.S.** **International:** ❑ **$35 (Mutual Funds)** ❑ **$40 (Brokerage)**

If International Wire, provide purpose for wire: _____

_____

Account Holder Signature(s): _____

Please print name(s): _____

Responsible Rep: _____ Phone #: _____

Date Requested: _____ Branch Prefix: _____

Approved By: _____