



## Banking Authorization (EFT) and Automatic Investment Form

Use this form to link your bank account to your Saturna account and/or set up periodic investment.

### A. Client Information

#### Account Owner / Custodian / Name of Trust

Full Legal Name

Date of Birth (MM-DD-YYYY)

#### Joint Owner / Minor / Authorized Signer (if applicable)

Full Legal Name

Date of Birth (MM-DD-YYYY)

Mutual Fund Account Number(s)

Preferred Phone

Email

☐ Update all accounts under this registration

### B. Bank Information

☐ Add new bank account

If a linked bank account already exists, please choose option below:

☐ Keep previously linked bank account and add additional bank account

☐ Remove existing bank account(s) and replace with new bank account

Bank Name

☐ Checking

☐ Savings

ABA / Routing number

Account number

Owner's Name(s) on Bank Account

**Please allow at least three (3) business days for processing.** Supporting bank documentation must be submitted with your request.

Acceptable supporting documentation for a bank account includes:

\* MICR encoded check with the full account name imprinted (*temporary checks are not accepted*)

\* Bank account statement including the full account name, full account number, and bank name

\* Letter written by an employee of the bank providing the full account name, number and routing number. This letter must be on bank letterhead and signed by an authorized employee of your bank.

At least one name on the bank account must match one of the Saturna account holders.

John A. Smith 1300 N. State Street Bellingham, WA 98225 (360) 594-9900		0306774 99-9/9999 xx 999
PAY TO THE ORDER OF		April 1, 2017
MEMO: For Acct# PLR XXXXXX		\$
ABA Routing Number		Account Number

Mail or fax completed forms to:

**Saturna Capital**

**P.O. Box N**

**Bellingham, WA 98227-0596**

**Fax: (360) 734-0755**

C. Automated Investment Plan (optional)

Complete this section to initiate automated periodic investments into your account.

	\$25 Minimum Per Fund after initial minimum	Specify Period		Start Date (MM-DD-YYYY)
<input type="checkbox"/> Amana Income	\$	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	
<input type="checkbox"/> Amana Growth	\$	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	
<input type="checkbox"/> Amana Developing World	\$	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	
<input type="checkbox"/> Amana Participation	\$	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	
<input type="checkbox"/> Sextant Growth	\$	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	
<input type="checkbox"/> Sextant International	\$	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	
<input type="checkbox"/> Sextant Core	\$	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	
<input type="checkbox"/> Sextant Global High Income	\$	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	
<input type="checkbox"/> Sextant Short-Term Bond	\$	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	
<input type="checkbox"/> Sextant Bond Income	\$	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	
<input type="checkbox"/> Saturna Sustainable Equity	\$	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	
<input type="checkbox"/> Saturna Sustainable Bond	\$	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	

Form must be received with enough processing time prior to selected “start date” or automated investments will begin the following month. If no start date is chosen, automatic payments will start being processed on the 21<sup>st</sup> day of each month. To cancel or change periodic investments, please call 1-800-SATURNA.

D. Signatures

By signing this form, I authorize Saturna Capital to add or change the bank account linked to my Saturna Capital accounts to purchase shares or send redemption proceeds via EFT. If I completed Section C, I acknowledge that I have received and read a current prospectus and agree to be bound by its terms. If my banking instructions have changed, there will be a 15 day hold on redemptions via EFT. There is no fee to use the EFT service through Saturna Capital, although other financial institutions may charge transaction fees.

Any changes to joint accounts require the signatures of both account owners.

Establishing a standing authorization is required to transfer funds electronically between my Saturna account and my account at another United States financial institution. It is the policy of Saturna Capital to use consumer reports in connection with establishing an electronic fund transfer service and for any other authorized purpose outlined in the FCRA [15 U.S.C. § 1681b]. Such inquiries into a consumer report will be used for legitimate business purposes, where it is necessary for establishing electronic fund transfers in connection with a business transaction that is initiated by me or to review an

account to determine whether I continue to meet the terms of the account. Any other purposes will be in accordance with Saturna’s privacy statement

By signing this form, I authorize Saturna to disclose information and receive information from a third-party consumer reporting agency, in connection with my request to establish electronic fund services.

In the event my request is denied, or the services are suspended or closed on the basis, in whole or in part, from the information in the consumer report, Saturna Capital will provide a notice of adverse action to me. Written and/or electronic notices will contain the following information:

- Summary of my rights under FCRA
- Adverse action was based on information in the consumer report;
- Consumer reporting agency did not make the decision.
- Consumer reporting agency name, address, and telephone number
- Consumer’s right to obtain a free consumer report within 60 days; and
- Consumer’s right to dispute the accuracy or completeness of information contained in the consumer report

Signature	Date
Joint Signature	Date