

# Individual Retirement Account — Cash Transfers

USE THIS FORM TO: Request a liquidation of securities and transfer of cash from an existing IRA to Saturna Capital

**DO NOT USE THIS FORM TO:** Transfer brokerage assets in kind or to transfer Amana or Sextant shares from another custodian to Saturna. Please use Saturna's Non-ACAT Transfer Form or the Brokerage Transfer form, available online at www.saturna.com. You can email clientservices@saturna. com for additional assistance.

<b>EMAIL AND FAXED CA</b> <b>Checklist to ensure y</b> 1. Provide the original co 2. Provide a copy of you 3. Provide a copy of you 4. Mail all documents to	Saturna Capital 1300 N State Street Bellingham, WA 98225 clientservices@saturna.com					
Type of Account						
O Traditional IRA	O SEP IRA	O Beneficiary	y IRA			
O Roth IRA	○ SIMPLE IRA	O Beneficiary	/ Roth IR			
Account Owner						<ul> <li>○ Single</li> <li>○ Married</li> </ul>
Full Legal Name		Preferred Salutati	ion <i>(optic</i>	onal): O Mr. O Mrs.	O Divorced O Widowed	
Social Security Number	r					S widowed
Address						
City		Sta	ate	Zip		
Preferred Phone						
Custodian Firm current	ly holding your account:					
Custodian Firm's Addre	255					
City		Sta	ate	Zip		
Custodian Firm's Phone	Number			Account Number (at current Cu		stodial Firm):
To Current Custodi	an					
I authorize you to (choo	se only one option):					
O Liquidate (sell) ALL A	Assets O Liquida	te (sell) PART \$				
	he Saturna Capital IRA I ha ied Trustee under IRS Regu		Saturna	Trust Company (EIN		
Note: Liquidation for t	ransfer is a non-taxable	event.				
Signature:						
				WEDALLION	N SIGINA	TURE GUARANTEE
Account Owner		Date				

## IRA Cash Transfers (continued)

**Investment Selection Instructions** 

- O Open a new Saturna Capital IRA for me. I have completed the Saturna IRA Application and enclosed a copy of a recent statement of the account to be transferred.
- O Consolidate my IRAs by depositing proceeds from this transfer to my existing Saturna Capital IRA
- O One-time transfer to my Saturna Capital HSA.

#### **Investment Allocation**

#### Affiliated Funds\*

	Amana Growth Institutional	\$	or	%				
	Amana Developing World Institutional	\$	or	%				
	Amana Income Institutional	\$	or	%				
	Amana Participation Institutional	\$	or	%				
	Sextant Growth Z Shares	\$	or	%				
	Sextant International Z Shares	\$	or	%				
	Sextant Core	\$	or	%				
	Sextant Global High Income	\$	or	%				
	Sextant Short-Term Bond	\$	or	%	* To link a bank account and/or set up automatic investment, complete the Saturna <i>Electronic</i> <i>Funds Transfer Form</i> (found on www.saturna.com/forms#/			
	Sextant Bond Income	\$	or	%				
	Saturna Sustainable Equity	\$	or	%				
	Saturna Sustainable Bond	\$	or	%	saturna-capital)			
Non	Non-affiliated Funds**							
	Self-directed Brokerage	\$	or	%				

## Custodian Acceptance - Required Signature of Saturna Capital as Custodian/Trustee

Saturna Trust Company will accept the assets described herein and credit them to the selected Saturna Capital IRA for which we are Trustee/ Custodian. Please liquidate and transfer from fiduciary to fiduciary as authorized above.

For Broker-Dealer Use Only:

Signature of Saturna Capital as Custodian / Trustee

## **Checklist of Items for Your IRA Transfer**

To help avoid any processing delays, please be sure the following actions have been completed prior to mailing this request:

□ Contact current custodian for any exit paperwork or other required steps to complete the transfer.

- □ Fill out this form in its entirety and sign it. Digital signatures are not accepted.
- Enclose a copy of your government-issued photo ID with signature.
- $\hfill\square$  Enclose a copy of your most recent statement from current custodian.

Mail original completed forms:

#### Saturna Capital 1300 N State Street Bellingham, WA 98225

If at any time you have questions or need help filling out this form, please call us toll-free at 1-800-SATURNA (1-800-728-8762).

## Saturna Registration Number \*

Saturna Brokerage Account Number \*

† If available

Date