



# Investment Application

For Saturna use only:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
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For assistance, please call:  
1-800-728-8762



## Return completed applications to:

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

Overnight address: Saturna Capital Corporation  
1300 N. State St.  
Bellingham, WA 98225

## SECTION A – ACCOUNT TYPE *(please choose only one)*

Account Type ☐ Individual ☐ Joint Tenants ☐ Gift to Minor

## SECTION B – ACCOUNT OWNER INFORMATION

### Primary Owner / Minor

Preferred Salutation (optional) ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr.

Full Legal Name

### Social Security Number or Tax ID Number

### Date of Birth (MM-DD-YYYY)

### Citizenship

- ☐ US Citizen  
☐ US Resident Alien

*To add beneficiaries, please complete the Transfer on Death form and include with your application.*

### Identification (Required, unless Minor)

ID Type: ☐ Driver's License ☐ Passport ☐ State ID ☐ Other Government ID

### State/Country of Issuance

### Uniform Transfer to Minors Act

Tenancy State

### Source of funds for the account

☐ Gift ☐ Trust ☐ Will ☐ Other: \_\_\_\_\_

### Secondary Owner / Custodian *(if applicable)* Preferred Salutation (optional) ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr.

Full Legal Name

### Social Security Number or Tax ID Number

### Date of Birth (MM-DD-YYYY)

### Citizenship

- ☐ US Citizen  
☐ US Resident Alien

### Tenancy Clause

- ☐ Joint Tenants with Rights of Survivorship  
☐ Joint Tenants in Common

### Identification (Required)

ID Type: ☐ Driver's License ☐ Passport ☐ State ID ☐ Other Government ID

### State/Country of Issuance



**Identification.** Please attach a legible photocopy of each owner's driver's license, passport, or other government-issued identity document.

## SECTION C – ADDRESS AND CONTACT INFO

### Primary Owner / Minor

**Physical / Street Address** (Required - P.O. Boxes are not accepted)

City	State	Zip

**Mailing Address** (Optional)

City	State	Zip

**Preferred Phone**

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**Alternate Phone**

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**E-mail**

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### Secondary Owner / Custodian

**Physical / Street Address** (Required - P.O. Boxes are not accepted)

City	State	Zip

**Mailing Address** (Optional)

City	State	Zip

**Preferred Phone**

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**Alternate Phone**

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**E-mail**

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E-mail is required to establish online access to your account.

You may use the Online Access and E-Delivery form to setup online access and e-delivery preferences, and to link multiple accounts together.

Once you receive your welcome letter with your registration number, you may also contact Saturna or visit [www.saturna.com/user](http://www.saturna.com/user) to establish online access to your account.

For more information about Saturna's electronic delivery policies, please visit [www.saturna.com/edelivery](http://www.saturna.com/edelivery)

## SECTION D – INVESTMENT SELECTION INSTRUCTIONS

Please note: for initial funding we accept personal or corporate checks pre-printed with your name payable to fund(s) selected. We cannot accept third party checks, starter checks, EFT/ACH transfers, cashier's checks, cash, or credit card checks.

Saturna Brokerage Services accounts require a different application.

To initiate a bank account link and/or automatic investment plan, please complete the Electronic Funds Transfer (EFT via ACH) Form.



Amana Mutual Funds Trust

### \$100 Minimum per fund

<input type="checkbox"/> <b>Amana Income</b> <i>Investor Shares</i>	<b>AMANX</b>	\$	or	%
<input type="checkbox"/> <b>Amana Growth</b> <i>Investor Shares</i>	<b>AMAGX</b>	\$	or	%
<input type="checkbox"/> <b>Amana Developing World</b> <i>Investor Shares</i>	<b>AMDWX</b>	\$	or	%
<input type="checkbox"/> <b>Amana Participation</b> <i>Investor Shares</i>	<b>AMAPX</b>	\$	or	%

### \$100,000 Minimum per fund

<input type="checkbox"/> <b>Amana Income</b> <i>Institutional Shares</i>	<b>AMINX</b>	\$	or	%
<input type="checkbox"/> <b>Amana Growth</b> <i>Institutional Shares</i>	<b>AMIGX</b>	\$	or	%
<input type="checkbox"/> <b>Amana Developing World</b> <i>Institutional Shares</i>	<b>AMIDX</b>	\$	or	%
<input type="checkbox"/> <b>Amana Participation</b> <i>Institutional Shares</i>	<b>AMIPX</b>	\$	or	%



### \$1,000 Minimum per fund

<input type="checkbox"/> <b>Sextant Growth</b> <i>Investor Shares</i>	<b>SSGFX</b>	\$	or	%
<input type="checkbox"/> <b>Sextant Growth</b> <i>Z Shares</i>	<b>SGZFX</b>	\$	or	%
<input type="checkbox"/> <b>Sextant International</b> <i>Investor Shares</i>	<b>SSIFX</b>	\$	or	%
<input type="checkbox"/> <b>Sextant International</b> <i>Z Shares</i>	<b>SIFZX</b>	\$	or	%
<input type="checkbox"/> <b>Sextant Core</b>	<b>SCORX</b>	\$	or	%
<input type="checkbox"/> <b>Sextant Global High Income</b>	<b>SGHIX</b>	\$	or	%
<input type="checkbox"/> <b>Sextant Short-Term Bond</b>	<b>STBFX</b>	\$	or	%
<input type="checkbox"/> <b>Sextant Bond Income</b>	<b>SBIFX</b>	\$	or	%



### \$1,000 Minimum per fund

<input type="checkbox"/> <b>Saturna Sustainable Equity</b>	<b>SEEFX</b>	\$	or	%
<input type="checkbox"/> <b>Saturna Sustainable Bond</b>	<b>SEBFX</b>	\$	or	%

100%

**Be sure to read the prospectus or summary prospectus of any mutual fund you select.**

## SECTION E – DIVIDEND ELECTION

All dividends under \$10 will be reinvested. Dividends will be reinvested if nothing is selected.

- ☐ Re-invest all dividends
- ☐ Remit all dividends of \$10 or more
- ☐ by Check      ☐ by EFT (must set up EFT Instructions)

## SECTION F – OTHER INFORMATION

### Cost Basis Accounting Method: First In, First Out (FIFO)

IRS Regulations require mutual fund companies to report shareowner cost basis information on shares acquired in taxable accounts on or after January 1, 2012.

Saturna's default cost basis accounting method is First In, First Out (FIFO). A Cost Basis form is required to change cost basis accounting method.

For more information, please visit [www.saturna.com/costbasis](http://www.saturna.com/costbasis) or call us toll free at 1-800-728-8762.

### Telephone Redemption Privileges

You automatically have telephone redemption by check and telephone exchange privileges unless you strike this line. (Procedures may include requiring a form of personal identification. The Funds also provide written confirmation of transactions.)

## SECTION G – SIGNATURES

### Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number; and
2. I am not subject to backup withholding because:
  - a. I am exempt from backup withholding; or
  - b. I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest and dividends; or
  - c. The IRS has notified me that I am no longer subject to backup withholding (cross out this item 2 if you have been notified by the IRS that you are currently subject to backup withholding).
3. I am a US citizen or other US person. For federal tax purposes, you are considered a US person if you are:
  - d. An individual who is a US citizen or US resident alien; or
  - e. A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; or
  - f. An estate (other than a foreign estate; or
  - g. A domestic trust (as defined in Treasury Regulation 301.7701-7).

4. I am exempt from FATCA reporting.
5. I understand that my property may be transferred to the appropriate state if no activity occurs in the account within the time period specified by state law.
6. I have read and understood the prospectus and/or summary prospectus of each fund selected.
7. For joint accounts, each joint owner irrevocably appoints the other joint owner(s) as attorney-in-fact to take all action on behalf of and to represent in all respects each other joint owner(s). Each joint owner shall be liable, jointly and individually, for any amounts due to Saturna, incurred by any other joint owner(s).

If I fail to give the correct number or fail to sign this form, Saturna Capital and/or its affiliates may reject, restrict, or redeem my account. I may also be subject to backup withholding, and I may be subject to an IRS penalty. The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature of Individual (or Custodian)

X

Date (MM-DD-YYYY):

Signature of Joint Owner (if any)

X

Date (MM-DD-YYYY):

For assistance, please call:  
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**Only original applications with original signatures will be accepted. To prevent delays in account opening, sign using a blue or black pen and mail to the address listed below. We cannot accept digital signatures of any kind.**

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

Overnight address: Saturna Capital Corporation  
1300 N. State St.  
Bellingham, WA 98225

For Saturna use only:

Opened by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_