



# Change of Address Form

All changes must be accompanied by a signature. If there are joint registrants, the signatures of both parties must be present. Upon completion of any requested change, you will receive a confirmation letter. If you have any questions or concerns regarding this form, please call us at **800-728-8762**.

Mail or fax completed forms to:

**Saturna Capital**  
**P.O. Box N**  
**Bellingham, WA 98227-0596**  
**F: 360-734-0755**

## Customer Information

Account Owner / Custodian

Joint Owner / Minor / Name of Trust

Mutual Fund Account Number(s)

Brokerage Account Number

Update all accounts under this registration

## Change of Address

Physical Address

City

State

Zip

Change of Physical Address

Change of Mailing Address

Change Both Addresses

Mailing Address

City

State

Zip

Daytime Phone

Evening Phone

Work/Cellular Phone

Email Address

Additional Email Address (optional)

## Signature

The undersigned warrants that I (we) have full authority to make this change, am (are) of legal age, and have received and read a current Prospectus and agree to be bound by its terms. **Unless this sentence is struck**, I (we) certify, under penalties of perjury, that I (we) am (are) not subject to backup withholding under the provisions of section 3406(a)(1)(C) of the Internal Revenue Code. This application is not effective until it is received and accepted.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Joint Signature: \_\_\_\_\_

Date: \_\_\_\_\_