



Coverdell ESA Distribution Request

If you have any questions or concerns regarding this form, please call us at 1-800-728-8762.

Mail or fax completed forms to:

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

Mutual Fund Account Number

Brokerage Account Number

Responsible Party

Mr. Mrs./Ms. Dr.

First Name

M.I.

Last Name

Date of Birth (MM-DD-YYYY)

Social Security or Tax ID Number

Physical / Street Address (required)

City

State

Zip

Preferred Phone

Alternate Phone

Designated Beneficiary

First Name

M.I.

Last Name

Date of Birth (MM-DD-YYYY)

Social Security or Tax ID Number

Physical / Street Address (required)

City

State

Zip

Distribution Reason

Distributions for Qualified Education Expenses

- Distributions from this account are being used for qualified education expenses of the designated beneficiary

Distributions Not Used for Education Expenses

- This Coverdell ESA is being rolled over or transferred to another Coverdell ESA (complete the Distribution Method section on the following page)
- Permanent Disability of the designated beneficiary (as defined by section 72(m)(7) of the Internal Revenue Code)
- Death (You are the representative of the Designated Beneficiary's estate and can furnish a certified copy of the Death Certificate)
- Transfer (including transfer incident to divorce or legal separation) Payable to:



Coverdell ESA Distribution Request

If you have any questions or concerns regarding this form, please call us at 1-800-728-8762.

Mail or fax completed forms to:

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

Distribution Instructions

Indicate below which Fund(s) you would like to sell shares of for your distribution.
If you choose to sell a partial amount of shares, please **enter the dollar amount** in the box provided.

<input type="checkbox"/> Amana Growth Fund <i>Investor</i>	<input type="checkbox"/> Sell all shares <input type="checkbox"/> Sell partial amount of shares \$ <input type="text"/>	<input type="checkbox"/> Saturna Growth <i>Investor Shares</i>	<input type="checkbox"/> Sell all shares <input type="checkbox"/> Sell partial amount of shares \$ <input type="text"/>
<input type="checkbox"/> Amana Growth Fund <i>Institutional</i>	<input type="checkbox"/> Sell all shares <input type="checkbox"/> Sell partial amount of shares \$ <input type="text"/>	<input type="checkbox"/> Saturna Growth <i>Z Shares</i>	<input type="checkbox"/> Sell all shares <input type="checkbox"/> Sell partial amount of shares \$ <input type="text"/>
<input type="checkbox"/> Amana Income Fund <i>Investor</i>	<input type="checkbox"/> Sell all shares <input type="checkbox"/> Sell partial amount of shares \$ <input type="text"/>	<input type="checkbox"/> Saturna International <i>Investor Shares</i>	<input type="checkbox"/> Sell all shares <input type="checkbox"/> Sell partial amount of shares \$ <input type="text"/>
<input type="checkbox"/> Amana Income Fund <i>Institutional</i>	<input type="checkbox"/> Sell all shares <input type="checkbox"/> Sell partial amount of shares \$ <input type="text"/>	<input type="checkbox"/> Saturna International <i>Z Shares</i>	<input type="checkbox"/> Sell all shares <input type="checkbox"/> Sell partial amount of shares \$ <input type="text"/>
<input type="checkbox"/> Amana Developing World Fund <i>Investor</i>	<input type="checkbox"/> Sell all shares <input type="checkbox"/> Sell partial amount of shares \$ <input type="text"/>	<input type="checkbox"/> Saturna Core	<input type="checkbox"/> Sell all shares <input type="checkbox"/> Sell partial amount of shares \$ <input type="text"/>
<input type="checkbox"/> Amana Developing World Fund <i>Institutional</i>	<input type="checkbox"/> Sell all shares <input type="checkbox"/> Sell partial amount of shares \$ <input type="text"/>	<input type="checkbox"/> Saturna Global High Income	<input type="checkbox"/> Sell all shares <input type="checkbox"/> Sell partial amount of shares \$ <input type="text"/>
<input type="checkbox"/> Amana Participation Fund <i>Investor</i>	<input type="checkbox"/> Sell all shares <input type="checkbox"/> Sell partial amount of shares \$ <input type="text"/>	<input type="checkbox"/> Saturna Short-Term Bond	<input type="checkbox"/> Sell all shares <input type="checkbox"/> Sell partial amount of shares \$ <input type="text"/>
<input type="checkbox"/> Amana Participation Fund <i>Institutional</i>	<input type="checkbox"/> Sell all shares <input type="checkbox"/> Sell partial amount of shares \$ <input type="text"/>	<input type="checkbox"/> Saturna Bond Income	<input type="checkbox"/> Sell all shares <input type="checkbox"/> Sell partial amount of shares \$ <input type="text"/>
		<input type="checkbox"/> Saturna Sustainable Equity	<input type="checkbox"/> Sell all shares <input type="checkbox"/> Sell partial amount of shares \$ <input type="text"/>
<input type="checkbox"/> Cash (or equivalent) from brokerage account	<input type="checkbox"/> Sell all shares <input type="checkbox"/> Sell partial amount of shares \$ <input type="text"/>	<input type="checkbox"/> Saturna Sustainable Bond	<input type="checkbox"/> Sell all shares <input type="checkbox"/> Sell partial amount of shares \$ <input type="text"/>



Coverdell ESA Distribution Request

If you have any questions or concerns regarding this form, please call us at **1-800-728-8762**.

Mail or fax completed forms to: **Saturna Capital
P.O. Box N
Bellingham, WA 98227-0596
F: 360-734-0755**

Distribution Method (For more information about ESA distributions, please refer to IRS Publication 970, Tax Benefits for Education.)

Check

ACH (Requires prior ACH authorization):

ABA Routing Number:

Account Number:

Transfer to:

Existing Saturna ESA Account:

Name of New Beneficiary:

New Saturna ESA Account (You must also include a completed Education Savings Account Application and IRS Form 5305-E)

Wire Transfer (Fee applies; \$5,000 minimum per fund, instructions required - please contact Saturna for additional information)

Signatures

I certify that I am the proper party to direct payment(s) from this Coverdell Education Savings Account, and all information provided by me is accurate and true. I understand that distributions from this Coverdell Education Savings Account are reported to the IRS. Furthermore, I certify that no tax advice has been given to me by the Custodian or Trustee and that all decisions regarding this withdrawal are my own. I expressly assume the full responsibility of determining the taxable amount of this distribution and for any adverse consequences which may arise from this withdrawal. I agree that the Custodian or Trustee shall in no way be responsible for those consequences.

Responsible Party's Signature: _____

Date: _____

Grantor's Signature: _____

Date: _____