



Excess Contribution Removal Form

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

Use this form to remove an excess contribution from your IRA, HSA or ESA. Complete a separate form for each account type. Distributions from these accounts may have tax consequences. Consult your tax advisor if you have any questions.

Important (brokerage clients only): If there's a debit balance in your account or not enough cash to cover the return plus or minus earnings, your request may be delayed. Please hold off on making any trades until your excess removal is complete.

1. Account Owner Information

Full Legal Name (First, Middle Initial, Last)

Date of Birth (MM/DD/YYYY)

Preferred Phone

Alternate Phone

Zip Code

Last Four Digits of Social Security Number

Email Address

2. Type of Account (choose one)

- Traditional/Rollover IRA
- Roth IRA
- Health Savings Account (HSA)
- Education Savings Account (ESA)

3. Excess Contribution Information (choose one)

- I certify that the deadline for withdrawing excess contributions from my account to avoid the 6% penalty has not passed.
- The deadline has passed.

Registration/Account Number (account to which you over-contributed):

Tax Year of Contribution:

Date of First Over-Contribution

Amount of Excess:

\$

4. Did your excess contribution occur at Saturna Capital?

If the excess contribution was made at Saturna Capital, check Yes below and skip to Section 5. If the excess contribution was made at another firm and transferred to Saturna Capital, you must complete Section 4. This information is required because we need to know what your contribution earned (or lost) while it was at the other firm.

Saturna Capital can't complete an earnings calculation for the assets while they were held elsewhere, so we can't accept statements from another firm.

- Yes** – Skip to Section 5
- No** – Complete the rest of this section in its entirety

You are required to have the previous firm complete an earnings calculation. Simply enter the information from your earnings statement below. We'll combine that information with our calculation of the earnings of the assets while they were at Saturna Capital.

If the previous firm won't complete the calculation, consult a tax advisor or refer to IRS Publications 590-A (IRA), 969 (HSA), 970 (ESA).

Name of Previous Firm:

Earnings at Previous Firm

\$

OR

Loss at Previous Firm

\$

Date of First Over-Contribution

5. Removal Fund Allocation

Please indicate the percentage from each fund you would like the excess withdrawn (must total 100%). You can remove the excess contribution from any holding(s) within the account. Any applicable earnings will be applied proportionally across all holdings you indicate.

Important (brokerage clients only): Indicate "Cash" as the name of the holding. You MUST generate cash prior to the removal of the excess contribution.

Name of Holding/Ticker Symbol:	<input type="text"/>	Percent:	<input type="text"/>	%
Name of Holding/Ticker Symbol:	<input type="text"/>	Percent:	<input type="text"/>	%
Name of Holding/Ticker Symbol:	<input type="text"/>	Percent:	<input type="text"/>	%
Name of Holding/Ticker Symbol:	<input type="text"/>	Percent:	<input type="text"/>	%
Name of Holding/Ticker Symbol:	<input type="text"/>	Percent:	<input type="text"/>	%

6. Payment Instructions (choose one)

- Check to Address of Record
- Deposit to my bank via Electronic Funds Transfer (the bank link must be established prior to this request)

Bank Name:

Last Four Digits of Bank Account Number:

7. Signature

I certify under penalty of perjury that I am authorized to receive distribution(s) from this account; that all information provide by me is true and accurate; that I assume all responsibility for any adverse consequences which may arise as a result of this distribution; that Saturna Capital Corporation and/or its affiliates has not provided any tax advice; that Saturna Capital Corporation and/or its affiliates has no responsibility for adverse consequences of this distribution; that Saturna Capital Corporation and/or its affiliates can rely on my selections herein; and that I am aware of the tax liability and possible penalties on a distribution.

Print Name

Date

Signature

Note: Saturna cannot accept digital signatures on this form