



# Health Savings Account Return of Distribution Form

If at anytime you have questions or need help filling out this form, please call us toll-free at **1-800-728-8762**.

**Saturna Registration Number****Brokerage Account Number****Account Owner**

First Name

M.I.

Last Name

**Mailing Address**

City

State

Zip Code

**Daytime Phone Number****Social Security Number****Details of Mistaken Distribution**Date of Mistaken Distribution: Amount of Mistaken Distribution: \$ Date of Check to Return Funds: Amount of Check to Return Funds: \$ 

Reinvest my returned funds as indicated below:

- |   |                         |    |                        |  |                         |    |                        |
|---|-------------------------|----|------------------------|--|-------------------------|----|------------------------|
| <input type="checkbox"/> <b>Amana Income</b> <i>Investor</i>                | \$ <input type="text"/> | or | <input type="text"/> % | <input type="checkbox"/> <b>Saturna Growth</b>             | \$ <input type="text"/> | or | <input type="text"/> % |
| <input type="checkbox"/> <b>Amana Income</b> <i>Institutional</i>           | \$ <input type="text"/> | or | <input type="text"/> % | <input type="checkbox"/> <b>Saturna International</b>      | \$ <input type="text"/> | or | <input type="text"/> % |
| <input type="checkbox"/> <b>Amana Growth</b> <i>Investor</i>                | \$ <input type="text"/> | or | <input type="text"/> % | <input type="checkbox"/> <b>Saturna Core</b>               | \$ <input type="text"/> | or | <input type="text"/> % |
| <input type="checkbox"/> <b>Amana Growth</b> <i>Institutional</i>           | \$ <input type="text"/> | or | <input type="text"/> % | <input type="checkbox"/> <b>Saturna Global High Income</b> | \$ <input type="text"/> | or | <input type="text"/> % |
| <input type="checkbox"/> <b>Amana Developing World</b> <i>Investor</i>      | \$ <input type="text"/> | or | <input type="text"/> % | <input type="checkbox"/> <b>Saturna Short-Term Bond</b>    | \$ <input type="text"/> | or | <input type="text"/> % |
| <input type="checkbox"/> <b>Amana Developing World</b> <i>Institutional</i> | \$ <input type="text"/> | or | <input type="text"/> % | <input type="checkbox"/> <b>Saturna Bond Income</b>        | \$ <input type="text"/> | or | <input type="text"/> % |
| <input type="checkbox"/> <b>Amana Participation</b> <i>Investor</i>         | \$ <input type="text"/> | or | <input type="text"/> % | <input type="checkbox"/> <b>Saturna Sustainable Equity</b> | \$ <input type="text"/> | or | <input type="text"/> % |
| <input type="checkbox"/> <b>Amana Participation</b> <i>Institutional</i>    | \$ <input type="text"/> | or | <input type="text"/> % | <input type="checkbox"/> <b>Saturna Sustainable Bond</b>   | \$ <input type="text"/> | or | <input type="text"/> % |
| <input type="checkbox"/> <b>Saturna Brokerage Services*</b>                 | \$ <input type="text"/> | or | <input type="text"/> % |  |                         |    |                        |

\* Requires brokerage account.

**Make your check payable to:**

Saturna Capital in the account of (your name)\*

Please write your HSA account number in the memo portion of your check, along with the words "Return of Mistaken Distribution".

**Mail your completed form and check to:**Saturna Capital  
P.O. Box N  
Bellingham, WA 98227-0596

*\* If you have a brokerage HSA, please make your check payable to: Pershing, LLC in the account of (your name)*

**Account Holders Certification**

The transaction described above was an unintentional distribution from my Health Savings Account. I am enclosing a check in the same amount, to remedy this mistake. Please do not count this deposit toward my annual HSA contribution limit.

Account Owner Signature: \_\_\_\_\_

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