



# Beneficial Owners / Control Persons

For Corporations and Legal Entities

For assistance, please call:  
1-800-728-8762

For Saturna use only:

**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 - Entity Information**

<input type="text"/>	<input type="text"/>
Entity Name	Tax ID
<input type="text"/>	<input type="text"/>
Mutual Fund Account Number (if available)	Brokerage Account Number (if available)

**Instructions:**

This form must be completed by the person opening a new account on behalf of a legal entity.

Please list any Beneficial Owners of the legal entity and/or any Control Persons with significant responsibility for the legal entity on this form.

Legal entity includes a corporation, limited liability company, or any other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country.

Legal entity does not include sole proprietorships, unincorporated associations, or natural persons opening account their own behalf.

Beneficial ownership is defined as

- any individual who owns, directly or indirectly, 25% or more of the equity interests of the legal entity; **and,**
- any individual with significant responsibility for managing the legal entity (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer).

For beneficial owners, please list their percent of ownership of the legal entity. The number of persons that satisfy the definition of "beneficial owner" may vary. It may be as many as four and as few as zero.

There must be at least one individual identified as either a beneficial owner or a control person with significant responsibility for managing the legal entity.

**Note: this form does NOT grant access to the account. Please use the Corporate Resolution Certification Form to list individuals who will have access to the account including authority to trade, make contributions or withdrawals, and change account information.**

**Section B – Beneficial Owners / Control Persons**

**Beneficial Owner / Control Person**

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

**Citizenship**

- US Citizen
- US Resident Alien

Full Legal Name

**Beneficial Owner or Control Person** (both may apply):  Beneficial Owner  %  Control Person

**Social Security Number or Tax ID Number**

**Date of Birth**

(MM-DD-YYYY)

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

City

State

Zip

**Identification**

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

**State/Country of Issuance**

**E-mail**

**Preferred Phone**

**Alternate Phone**

REQUIRED INFORMATION

OPTIONAL

**Beneficial Owner / Control Person**

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

**Citizenship**

- US Citizen
- US Resident Alien

Full Legal Name

**Beneficial Owner or Control Person** (both may apply):  Beneficial Owner  %  Control Person

**Social Security Number or Tax ID Number**

**Date of Birth**

(MM-DD-YYYY)

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

City

State

Zip

**Identification**

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

**State/Country of Issuance**

**E-mail**

**Preferred Phone**

**Alternate Phone**

REQUIRED INFORMATION

OPTIONAL



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

**Section B – Beneficial Owners / Control Persons**

**Beneficial Owner / Control Person**

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

Full Legal Name

**Citizenship**

- US Citizen
- US Resident Alien

**Beneficial Owner or Control Person** (both may apply):  Beneficial Owner  %  Control Person

**Social Security Number or Tax ID Number**

**Date of Birth**

(MM-DD-YYYY)

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

City

State

Zip

**Identification**

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

**State/Country of Issuance**

**E-mail**

**Preferred Phone**

**Alternate Phone**

REQUIRED INFORMATION

OPTIONAL

**Beneficial Owner / Control Person**

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

Full Legal Name

**Citizenship**

- US Citizen
- US Resident Alien

**Beneficial Owner or Control Person** (both may apply):  Beneficial Owner  %  Control Person

**Social Security Number or Tax ID Number**

**Date of Birth**

(MM-DD-YYYY)

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

City

State

Zip

**Identification**

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

**State/Country of Issuance**

**E-mail**

**Preferred Phone**

**Alternate Phone**

REQUIRED INFORMATION

OPTIONAL



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

**SECTION B – BENEFICIAL OWNERS / CONTROL PERSONS**

**Beneficial Owner / Control Person**

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

**Citizenship**

- US Citizen
- US Resident Alien

Full Legal Name

**Beneficial Owner or Control Person** (both may apply):  Beneficial Owner  %  Control Person

**Social Security Number or Tax ID Number**

**Date of Birth**

(MM-DD-YYYY)

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

City

State

Zip

**Identification**

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

**State/Country of Issuance**

**E-mail**

**Preferred Phone**

**Alternate Phone**

REQUIRED INFORMATION

OPTIONAL

**SECTION C – SIGNATURE OF AUTHORIZED PERSON**

I, , hereby certify, to the best of knowledge,

Name of authorized person opening the account

that the information provided above is complete and correct.

Signature

Date (MM-DD-YYYY):