

Beneficial Owners / Control Persons

For Corporations and Legal Entities

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

	For Saturna use only:
ax ID	

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

Entity Name		Tax ID
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 withdrawls, and change account information.

SCC_BOCP-20250106 Page 1 of 4

Section B - Beneficial Owners / Control Persons

Ве	neficial Owner / Control Person Preferred Salutation (optional) O Mr. O Mrs. O Ms. O Dr.					
Ī	Citizenship					
	Full Legal Name O US Citizen O US Resident Alien					
	Beneficial Owner or Control Person (both may apply): Beneficial Owner % Control Person					
2	Social Security Number or Tax ID Number Date of Birth					
NATIC						
REQUIRED INFORMATION	(MM-DD-YYYY)					
N C	Physical / Street Address (Required - P.O. Boxes are not accepted)					
UIRE						
REG						
	City State Zip					
	ID Type: O Driver's License O Passport O State ID O Other Government ID State/Country of Issuance					
I	E-mail					
44						
OPTIONAL						
OPT	Preferred Phone Alternate Phone					
_						
Ве	neficial Owner / Control Person Preferred Salutation (optional) O Mr. O Mrs. O Ms. O Dr.					
Ī	Citizenship					
	Full Legal Name O US Citizen O US Resident Alien					
	Beneficial Owner or Control Person (both may apply): Beneficial Owner Control Person					
<u>×</u>	Social Security Number or Tax ID Number Date of Birth					
REQUIRED INFORMATION						
ORN	(MM-DD-YYYY)					
O INF	Physical / Street Address (Required - P.O. Boxes are not accepted)					
JIREI						
REGI						
	City State Zip					
	Identification					
	ID Type: O Driver's License O Passport O State ID O Other Government ID State/Country of Issuance					
1						
	E-mail					
NAL						
OPTIONAL	Preferred Phone Alternate Phone					
3						
1						

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

SCC_BOCP-20250106 Page 2 of 4

Section B - Beneficial Owners / Control Persons

Ве	Preferred Salutation (optional) Mr. Mrs. Ms. Dr. Citizenship
	O US Citizen Full Legal Name
	G GG Rediaelle Allen
	Beneficial Owner or Control Person (both may apply): Beneficial Owner Control Person
NOT	Social Security Number or Tax ID Number Date of Birth
IMA	
REQUIRED INFORMATION	(MM-DD-YYYY) Physical / Street Address (Required - P.O. Boxes are not accepted)
ED II	Physical / Street Address (Required - P.O. Boxes are not accepted)
ZUIR	
RE	City State Zip
	Identification
	ID Type: O Driver's License O Passport O State ID O Other Government ID State/Country of Issuance
1	F mail
_	E-mail
OPTIONAL	
JPTI	Preferred Phone Alternate Phone
-	
Ве	neficial Owner / Control Person Preferred Salutation (optional) O Mr. O Mrs. O Dr.
	Citizenship
	Full Legal Name O US Citizen O US Resident Alien
	Beneficial Owner or Control Person (both may apply): Beneficial Owner Control Person
NOV	Social Security Number or Tax ID Number Date of Birth
REQUIRED INFORMATION	
FOR	(MM-DD-YYYY)
N/ Q	Physical / Street Address (Required - P.O. Boxes are not accepted)
UIRE	
REQ	
	City State Zip
	Identification
	ID Type: O Driver's License O Passport O State ID O Other Government ID State/Country of Issuance
l	
Ī	E-mail
VAL	
OPTIONAL	Preferred Phone Alternate Phone
9	
1	

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

SCC_BOCP-20250106 Page 3 of 4

SECTION B - BENEFICIAL OWNERS / CONTROL PERSONS

Ве	Beneficial Owner / Control Person Preferred Salutation (optional) O Mr. O Mrs. O Mrs. O Dr.						
I		Citizenship					
NC	Full Legal Name	US CitizenUS Resident Alien					
	Beneficial Owner or Control Person (both may apply): Beneficial Owner M Control Person	O TO RESIDENT AND I					
	Social Security Number or Tax ID Number Date of Birth						
MATI							
-ORA	(MM-DD-YYYY)						
J INF	Physical / Street Address (Required - P.O. Boxes are not accepted)						
IIREI							
REQUIRED INFORMATION							
	City State Zip						
	Identification						
	ID Type: O Driver's License O Passport O State ID O Other Government ID State/Country of Iss	uance					
Ī	E-mail						
ΆL							
OPTIONAL	Preferred Phone Alternate Phone						
OP	Alternate Phone						
1							
_							
SE	ECTION C - SIGNATURE OF AUTHORIZED PERSON						
,		to the chest of low and oding					
I, _	Name of authorized person opening the account	to the best of knowledge,					
	at the information provided above is complete and correct.						
LIIC	at the illionnation provided above is complete and correct.						
Sig	nature Date (MI	M-DD-YYYY):					
_							