



Trustee Certification of Investment Powers

In order for this Trustee Certification of Investment Powers to be a valid substitution for your Trust Agreement, this form must be completed in its entirety and must be signed by all trustees. A copy of the will or trust agreement may be required before acceptance of the account or prior to executing certain transactions or requests. We will not be able to open your account without the information requested in this form. If you have any questions or concerns regarding this form, please call us at 800-728-8762.

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

A. TRUST INFORMATION

Title of the Trust to which this certification applies

Saturna Account Number (if available)

Tax ID Number or Social Security Number

Governing State

Effective Date of Trust (MM-DD-YYYY)

Last Amendment or Restatement Date of Trust (MM-DD-YYYY)

Name of Grantor(s), Settlor(s) or Testators(s) who established the Trust:

Type of Trust: Revocable Irrevocable Testamentary Charitable Family Living Irrevocable Living Trust

If a Revocable Trust, name of the person who can revoke:

Please check one of the following:

- The Trust Agreement **does not** authorize the trustees to act individually on behalf of the Trust account.
- The Trust Agreement explicitly authorizes each of the following Trustees to act individually without the approval of the other Trustees. Saturna Capital has the authority to accept orders and other instructions relative to the Trust account from any one of these Trustees, acting alone, and they may execute any documents on behalf of the Trust which Saturna Capital may require.

Please note: Although the Trust may allow a trustee to act individually, under certain circumstances, at its discretion, Saturna Capital may require that the written approval of all Co-Trustees be obtained.

B. POWERS OF THE TRUST

The undersigned Trustees certify that they have the power under the Trust Agreement and applicable state or local law to

1. Enter into transactions for the purchase and sale of mutual funds, and
2. Transfer any and all assets of the Trust to or for the benefit of the Trust or any of the Trustee(s) Individually or any third party.

C. TRUSTEE INDEMNIFICATION

The undersigned Trustees jointly and severally indemnify Saturna Capital, and its affiliates, officers, directors, employees, agents, and successors or assigns harmless from any liability (including attorney's fees) from any claims, judgments, expenses, liabilities, or costs of defense or settlement arising out of or related to breach of any representation or warranty made herein, or from effecting any transfers or transactions pursuant to instructions given by any of the Trustees or Successor Trustees listed in this document, or any actual improper or unsuitable action resulting from instructions given to Saturna Capital by any of the Trustees. This indemnification is made by us both in our capacities as Trustees and in our individual capacities. We certify that the Trust is currently in existence, has not been revoked, modified, or amended in any manner that would cause the certifications herein to be incorrect and we agree to inform Saturna Capital immediately in writing of any amendment to the Trust, any change in the composition of the Trustees, or any other event which could alter the certifications made above. We acknowledge Saturna Capital's right to examine the Trust Agreement and hereby agree to provide Saturna Capital with a copy of the Trust Agreement if so requested. (Where applicable, plural references in this certification shall be deemed singular.)

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D. TRUSTEE INFORMATION AND SIGNATURES

Trustee's Full Legal Name

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

City

State

Zip

Social Security or Tax ID Number

Date of Birth (MM-DD-YYYY)

Identification

ID Type: Driver's License Passport State ID Other Government ID **State/Country of Issuance**

E-mail

Preferred Phone

Signature

Signature Date (MM-DD-YYYY)

Trustee's Full Legal Name

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

City

State

Zip

Social Security or Tax ID Number

Date of Birth (MM-DD-YYYY)

Identification


ID Type: Driver's License Passport State ID Other Government ID **State/Country of Issuance**

E-mail

Preferred Phone

Signature

Signature Date (MM-DD-YYYY)

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

Return completed form to:

Saturna Capital Corporation
P.O. Box N
Bellingham, WA 98227-0596

Overnight address: Saturna Capital Corporation
1300 N. State St.
Bellingham, WA 98225

*If there are more than two Trustees,
please use multiple copies of this page.*