



# Wire Transfer Request Form

Use this form for outgoing wires. Fees apply. You must complete all sections and sign.

## A. Client Information

### Saturna Account Holder Name:

Full Legal Name

### Joint Owner / Minor / Authorized Signer: *(if applicable)*

Full Legal Name

Saturna Account Number

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

City

State

Zip

Email

Preferred Phone

Purpose for any wire over \$50,000 **OR** for any international wire:

## B. Distribution Amount

Amount of Wire **(\$5,000 Minimum per fund)**

\$

**OR**  Total Distribution

**Third Party Transaction?**

Yes  No

**Wire Fee:**  \$25 Domestic U.S

**International:**  \$35 (Mutual Funds)

\$40 (Brokerage)

**Receiving Financial Institution Name:** *(Please DO NOT use acronyms or abbreviations)*

**9 Digit ABA#\***

Financial Institution's Physical / Street Address *(Required - P.O. boxes are not accepted)*

City

State

Zip

\* Please be advised that the American Bankers Association (ABA) Routing & Transit Number (R&T) shown on your Check or Deposit Slip may not be the appropriate number for processing your request. Please contact the Receiving Financial Institution and verify this information prior to submitting this form.

## C. Recipient Information

Credit to: *(Required recipient full name/account title)*

Account #:

Recipient's Physical / Street Address *(Required - P.O. boxes are not accepted)*

City

State

Zip

**The receiving bank or institution may charge additional fees.**

Special Instructions:

**D. International Beneficiary Bank Information** (only required for international wires)

Bank Name (Payee's Bank): (Please DO NOT use acronyms or abbreviations)

Bank City

Bank Country

Payee's Name on Bank Account:

Bank Account Number:

Bank Name Intermediary Bank: (If applicable)

Bank City

Bank Country

Account Number: (If applicable)

International Bank Account Number (IBAN)

Some banks use an IBAN to identify a customer's bank account. An IBAN number begins with two-letter country code followed by a two-digit IBAN check-sum. Next follows 4 digits from the SWIFT code. After this there can be up to 35 characters which are used to identify the individual bank account.

8-11 Digit SWIFT CODE # \*:

A SWIFT code is used to identify worldwide banks. It is made up of 8-11 characters and is commonly known as a Bank Identifier Code or BIC.

9 Digit ABA # \*:

**E. Signatures**

- Authorize Saturna to act on all instructions given in this form.
- Accept all terms and conditions described in this form.
- Certify that all information provided in this form is true, accurate, and complete.
- Authorize us, upon receiving instructions from you or as otherwise authorized by you, to make payments from you by credit entries to the account at the financial institution indicated in the form (Bank). You authorize the Bank to process such entries and to credit the account at that Bank for such entries. You ratify such instructions and agree that neither we nor any mutual fund will be liable for any loss, liability, cost, or expense for acting upon all such instructions believed to be genuine if we employ reasonable procedures to prevent unauthorized transactions. You agree that this authorization may only be revoked by written notice to us in such time and manner as to afford us and the Bank a reasonable opportunity to act upon it.

- Acknowledge that Saturna will not be liable for any loss, expense, or cost arising out of your instructions, provided that it institutes reasonable procedures to prevent unauthorized transactions.
- For Business Accounts, if you are the sole officer, you:
- State that you are authorized to enter into these transactions on behalf of the organization.
- State that you are the sole officer of, and the sole individual authorized to act on behalf of, the registered owner.

**A Medallion signature guarantee may be required. I authorize Saturna Capital and/or Saturna Brokerage Services to wire transfer funds from my Saturna account listed to the Receiving account listed. I agree to pay the fee applicable for the type of transfer initiated which will be charged to my account from which the funds are transferred.**

Signature

Date

Joint Signature

Date

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

**Return completed forms to:**

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

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

For Saturna use only:

Opened by: \_\_\_\_\_ Phone #: \_\_\_\_\_

Date Requested: \_\_\_\_\_ Branch Prefix: \_\_\_\_\_

Approved by: \_\_\_\_\_