

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

Joint Signature: \_\_\_\_\_

## **Specific Lot Identification Transfer Form**

All transfer requests must be accompanied by a signature. If there are joint registrants, the signature of at least one account owner must be present. Upon completion of any transfer, you will receive a confirmation notice. If you have any questions or concerns regarding this form, please call us at 800-728-8762. For information, please visit www. saturna.com/costbasis

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

Customer Information	n		
Account Owner / Custodian / Trustee:		Social Security Number (Tax ID Number):	
Joint Owner / Minor / Name of Trust:		Social Security Number (Tax ID Number):	
Daytime Phone:		Work/Cellular Phone:	
Evening Phone:		Email Address:	
Please transfer the fo	llowing shares:		
Date of original purchase:	Number of shares to redeem:	Saturna account number(s):	Name or ticker of fund/security:
Transfer Instructions			
OTransfer shares as a gift/donation OTransfer shares in kind (no change in beneficial owner)		OTransfer shares per a decedent's estate distribution OTransfer shares per a divorce decree	on
	turna Capital fund account:		
Account Number		Account Owner	
C:t		<b>.</b> .	
Signature:		Date:	