



# New Account Agreement

Health Savings Account

For office use only  
Reg# \_\_\_\_\_  
SBS# \_\_\_\_\_



If you have questions or need help filling out this form, call us toll-free any time at **1-800-SATURNA (1-800-728-8762)**. Be sure you complete all steps or your application cannot be processed.

Mail completed forms and contributions to: **Saturna Capital**  
*(Email or fax is not accepted)* **P.O. Box N**  
**Bellingham, WA 98227-0596**

## Section A. Type of Coverage and Funding

### Type of Insurance Coverage

- Individual
- Family (Participant and spouse and/or child)

### Initial Funding Source:

- Check - *Must be imprinted with name of account owner*
- Transfer - complete pages 9 - 10

## Section B. Account Holder Information

### Primary Owner

Full Legal Name Preferred Salutation (optional):  Mr.  Mrs.  Ms.  Dr.

- Single  Married  Divorced  Widowed

### Citizenship

- US Citizen
- US Resident Alien

Social Security Number or Tax ID Number

Date of Birth (MM-DD-YYYY)

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

State/Country of Issuance

*A legible photocopy of the Primary Owner's driver's license, passport, or other government-issued identity document is required.*

### Address

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

City	State	Zip

Mailing Address (optional)

City	State	Zip

Preferred Phone

Alternate Phone

Email:

## Section C. Beneficiary Designation

Make a copy of this page if you wish to add more beneficiaries. **Note: You may not name yourself as beneficiary.**

### Primary Beneficiary(ies):

Primary Beneficiary Full Legal Name	Preferred Salutation (optional): <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Dr.	Relationship
<input type="text"/>		<input type="text"/>
Social Security Number or Tax ID Number	Date of Birth (MM-DD-YYYY)	
<input type="text"/>	<input type="text"/>	
Address	Percentage	
<input type="text"/>	<input type="text"/>	
City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>
Preferred Phone	Alternate Phone	
<input type="text"/>	<input type="text"/>	

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Primary Beneficiary Full Legal Name	Preferred Salutation (optional): <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Dr.	Relationship
<input type="text"/>		<input type="text"/>
Social Security Number or Tax ID Number	Date of Birth (MM-DD-YYYY)	
<input type="text"/>	<input type="text"/>	
Address	Percentage	
<input type="text"/>	<input type="text"/>	
City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>
Preferred Phone	Alternate Phone	
<input type="text"/>	<input type="text"/>	

### Secondary Beneficiary(ies):

Secondary Beneficiary Full Legal Name	Preferred Salutation (optional): <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Dr.	Relationship
<input type="text"/>		<input type="text"/>
Social Security Number or Tax ID Number	Date of Birth (MM-DD-YYYY)	
<input type="text"/>	<input type="text"/>	
Address	Percentage	
<input type="text"/>	<input type="text"/>	
City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>
Preferred Phone	Alternate Phone	
<input type="text"/>	<input type="text"/>	

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Secondary Beneficiary Full Legal Name	Preferred Salutation (optional): <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Dr.	Relationship
<input type="text"/>		<input type="text"/>
Social Security Number or Tax ID Number	Date of Birth (MM-DD-YYYY)	
<input type="text"/>	<input type="text"/>	
Address	Percentage	
<input type="text"/>	<input type="text"/>	
City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>
Preferred Phone	Alternate Phone	
<input type="text"/>	<input type="text"/>	

You may wish to consult your legal adviser to ensure that this form complies with your will and with your state's laws of testamentary disposition. If you have any questions about this form, please contact Saturna Capital Corporation at 1-800-SATURNA (1-800-728-8762).

## Section D. Trusted Contact *(optional)*

In the event of suspected financial exploitation or fraud, Saturna Capital and its affiliates are authorized to contact the Trusted Contact person and disclose information about this account to address possible financial exploitation, to confirm the specifics of your current contact information, health status, or the identity of any legal guardian, executor, trustee or holder of a power of attorney, or as otherwise permitted by regulations.

Full Legal Name	Preferred Salutation <i>(optional)</i> : <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Dr.	SSN or Tax ID <i>(optional)</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	Date of Birth (MM-DD-YYYY)	
<input type="text"/>	<input type="text"/>	
Address		
<input type="text"/>		
City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>
Preferred Phone	Alternate Phone	
<input type="text"/>	<input type="text"/>	

## Section E. Investment Selection

### Investment Selection Instructions

**Step 1:** Choose the funds in which you want to invest.

**Step 2:** Indicate the dollar amount or percentatge for each fund selection.

**Step 3:** Make separate checks payable to each selection. If selecting Self-directed Brokerage, make check payable to "Pershing LLC" and continue to Section E. For all other selections, continue to Section F.

### Investment Allocation

#### Affiliated Funds\*

<input type="checkbox"/> <b>Amana Growth</b> <i>Institutional</i>	<input type="text"/>	or	<input type="text"/>	%
<input type="checkbox"/> <b>Amana Developing World</b> <i>Institutional</i>	<input type="text"/>	or	<input type="text"/>	%
<input type="checkbox"/> <b>Amana Income</b> <i>Institutional</i>	<input type="text"/>	or	<input type="text"/>	%
<input type="checkbox"/> <b>Amana Participation</b> <i>Institutional</i>	<input type="text"/>	or	<input type="text"/>	%
<input type="checkbox"/> <b>Sextant Growth</b> <i>Z Shares</i>	<input type="text"/>	or	<input type="text"/>	%
<input type="checkbox"/> <b>Sextant International</b> <i>Z Shares</i>	<input type="text"/>	or	<input type="text"/>	%
<input type="checkbox"/> <b>Sextant Core</b>	<input type="text"/>	or	<input type="text"/>	%
<input type="checkbox"/> <b>Sextant Global High Income</b>	<input type="text"/>	or	<input type="text"/>	%
<input type="checkbox"/> <b>Sextant Short-Term Bond</b>	<input type="text"/>	or	<input type="text"/>	%
<input type="checkbox"/> <b>Sextant Bond Income</b>	<input type="text"/>	or	<input type="text"/>	%
<input type="checkbox"/> <b>Saturna Sustainable Equity</b>	<input type="text"/>	or	<input type="text"/>	%
<input type="checkbox"/> <b>Saturna Sustainable Bond</b>	<input type="text"/>	or	<input type="text"/>	%

#### Non-affiliated Funds\*\*

<input type="checkbox"/> <b>Self-directed Brokerage</b>	<input type="text"/>	or	<input type="text"/>	%
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\* To link a bank account and/or set up automatic investment, complete the Saturna *Electronic Funds Transfer Form* (found on [www.saturna.com/forms#/saturna-capital](http://www.saturna.com/forms#/saturna-capital))

\*\* To link a bank account to your self-directed brokerage account, complete the Pershing *ACH Authorization Agreement* (found on [www.saturna.com/forms#/saturna-brokerage](http://www.saturna.com/forms#/saturna-brokerage))

## Section F. Brokerage Applicants

Complete the following steps only if you are opening a self-directed brokerage option within your HSA.

### Disclosures Required Under the USA PATRIOT Act

Is this account for a Foreign Financial Institution (e.g., non-US bank; branch of a US bank; broker-dealer; futures merchant; commodities introducing broker; mutual fund; money transmitter or currency exchange?)  Yes  No

### Step 1. Broker-Dealer Affiliations

Are you an employee of Saturna Brokerage Services?  Yes  No

Are you related to an employee of Saturna Brokerage Services?  Yes  No

Employee Name:	Relationship
<input type="text"/>	<input type="text"/>

Are you an employee at another broker-dealer?  Yes  No

Broker-Dealer Name:

Are you related to an employee at another broker-dealer?  Yes  No

Broker-Dealer Name:	Employee Name:	Relationship:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Are you maintaining any other brokerage accounts?  Yes  No

Name of firm(s):	Years of investment experience:
<input type="text"/>	<input type="text"/>

Are you or any member of your immediate family affiliated with or employed by a member of a stock exchange or the Financial Industry Regulatory Authority?  Yes  No

*Employer authorization is required. Please list affiliations:*

Are you an senior officer, director, or 10% or more shareholder of a public company?  Yes  No

Company Name:

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### Step 2. Cash Management

The sweep program consists of sweep options, which include money market mutual funds. The options available to you are subject to change — you should contact Saturna Brokerage Services for additional information on the products available to you through your sweep program.

Once a sweep option is elected, any free credit balance in your brokerage account will be automatically invested into the sweep product selected and any debits in your brokerage account will also be covered automatically by redemptions, to the extent you have a balance in the sweep product sufficient to cover the debit balance.

Saturna may receive distribution assistance payments or other fees from products made available on the cash sweep platform.

*(Select only one)*

#### Money Market Fund:

- Dreyfus Treasury & Agency Cash Management (DTVXX)
- Dreyfus Government Cash Management (DGVXX)

#### Other:

- Cash
- Dreyfus FDIC Insured Deposit (DIDE)

## Section G. Signature

**The Internal Revenue Service does not require your consent to any provisions of this document other than the certifications required to avoid backup withholding.**

BY SIGNING THIS DOCUMENT, I ACKNOWLEDGE AND AGREE THAT THIS AGREEMENT CONTAINS A PREDISPUTE ARBITRATION CLAUSE, IN PARAGRAPHS 12 AND 13 ON PAGE 6. I HEREBY ACKNOWLEDGE RECEIPT OF THIS NEW ACCOUNT AGREEMENT WITH PREDISPUTE ARBITRATION CLAUSE THEREIN.

By signing this document, I certify that:

- I have full right, power, authority and legal capacity to establish an Health Savings Account and to make the investments selected.
- I understand and agree to all terms and conditions set forth in this Saturna Capital Health Savings Account Application and Custodial Agreement.
- I have read and understood the HSA Brochure (Disclosure Statement) at least seven days prior to my signing this document.
- I authorize Saturna Capital and/or its affiliates (Saturna Trust Company, Saturna Brokerage Services, Saturna Investment Trust, and/or Amana Mutual Funds Trust, together "Saturna") to verify my identity through an identity verification service and to use information provided by that service to determine whether to establish my account, or, once my account is opened, whether to maintain my account or limit services. If, after making reasonable efforts, Saturna is unable to verify my identity, I understand Saturna is authorized to take any action permitted by law, including closing my account and redeeming my account at the net asset value calculated the day the account is closed.
- I authorize telephone and/or internet exchange and redemption services to be automatically activated when my account is opened. I will contact Saturna in writing to terminate these services. Additional documents may be required.
- I authorize Saturna and its employees to act on any instructions believed to be genuine for any service authorized on this form. Saturna has reasonable procedures to verify the identity of the shareowner and when these procedures are followed, Saturna and its employees are not liable for losses that may occur from acting on such instructions.
- I have read and agree to be bound by the terms of the Prospectus(es) or Summary Prospectus(es) of the mutual fund(s) I have selected.
- I understand that my property may be transferred to the appropriate state if no activity occurs in the account within the time period specified by state law.
- I understand no share certificates will be issued.
- I certify, under penalties of perjury, that my Social Security Number is correct and that I am not subject to backup withholding under the provisions of § 3406(a)(1)(C) of the Internal Revenue Code.

### TO: FINANCIAL ORGANIZATION AND ITS ASSIGNS

1. PROVISIONS IN THE EVENT OF FAILURE TO PAY OR DELIVER  
Whenever I do not, on or before the settlement date, pay in full for any security purchased for my account, or deliver any security sold for such account, you are authorized (subject to the provisions of any applicable statute, rule, or regulation):
  - A. Until payment or delivery is made in full, to pledge, repledge, hypothecate, or rehypothecate, without notice, any or all securities which you or your clearing agent may hold for me, separately or in common with other securities or commodities or any other property, for the sum then due or for a greater or

lesser sum and without retaining in your possession and control for delivery a like amount of similar securities.

- B. To sell any or all securities which you or your clearing agent may hold for me, to buy any or all securities required to make delivery for my account, or to cancel any or all outstanding orders or commitments for my account.
2. CANCELLATION PROVISIONS  
You are authorized, in your discretion, should I die or should you for any reason whatever deem it necessary for your protection, without notice, to cancel any outstanding orders in order to close out my accounts, in whole or in part, or to close out any of the commitments made on my behalf.
3. GENERAL PROVISIONS  
Any sale, purchase, or cancellation authorized hereby may be made according to your judgment and at your discretion on the exchange or other market where such business is then usually transacted, at public auction, or at private sale without advertising the same and without any notice, prior to tender, demand, or call. You may purchase the whole or any part of such securities free from any right of redemption, and I shall remain liable for any deficiency. It is further understood that any notice, prior to tender, demand, or call, from you shall not be considered a waiver of any provision of this agreement. I shall include any person executing this agreement. With my signature on this document, I authorize any free credit balance in my account to be automatically invested into the sweep product elected, unless I instruct my Broker-Dealer differently. Pershing LLC is further authorized to rely on instructions that I give to my financial organization regarding my sweep elections. I agree, that my sweep option may be changed, including changes between money market funds and bank deposit products, with prior notification to me.
4. SUCCESSORS  
This agreement and its provisions shall be continuous, and shall inure to the benefit of your present organization, and any successor organization or assigns, and shall be binding upon me and/or the estate, executors, administrators, and assigns of my account.
5. AGE  
I, if an individual, represent that I am of full age.
6. INTEREST IN ACCOUNT  
No one except me has an interest in any of my accounts with you unless such interest is revealed in the title of such account, and in any case, I have the interest indicated in such title.
7. ORDERS AND STATEMENTS  
Reports of the execution of orders and statements of my account shall be conclusive if not objected to in writing, the former within two days and the latter within 10 days, after forwarding by you to me by mail or otherwise.
8. EXTRAORDINARY EVENTS  
You shall not be liable for loss or delay caused directly or indirectly by war, natural disasters, government restrictions, exchange, or market rulings, or other conditions beyond your control.

9. FEES AND CHARGES

I agree to the fees and charges on the fee schedule received by me. You may change the fee schedule from time to time.

10. ADDRESS

Communications may be sent to me at my current address which is on file at your office, or at such other address as I may hereafter give you in writing. All communications so sent, whether by mail, electronically, or otherwise, shall be deemed given to me personally, whether actually received or not.

11. RECORDING CONVERSATIONS

I understand and agree that for our mutual protection you may electronically record any of my telephone conversations.

12. ARBITRATION DISCLOSURES

THIS AGREEMENT CONTAINS A PREDISPUTE ARBITRATION CLAUSE. BY SIGNING AN ARBITRATION AGREEMENT THE PARTIES AGREE AS FOLLOWS:

- ALL PARTIES TO THIS AGREEMENT ARE GIVING UP THE RIGHT TO SUE EACH OTHER IN COURT, INCLUDING THE RIGHT TO A TRIAL BY JURY, EXCEPT AS PROVIDED BY THE RULES OF THE ARBITRATION FORUM IN WHICH A CLAIM IS FILED.
- ARBITRATION AWARDS ARE GENERALLY FINAL AND BINDING; A PARTY'S ABILITY TO HAVE A COURT REVERSE OR MODIFY AN ARBITRATION AWARD IS VERY LIMITED.
- THE ABILITY OF THE PARTIES TO OBTAIN DOCUMENTS, WITNESS STATEMENTS, AND OTHER DISCOVERY IS GENERALLY MORE LIMITED IN ARBITRATION THAN IN COURT PROCEEDINGS.
- THE ARBITRATORS DO NOT HAVE TO EXPLAIN THE REASON(S) FOR THEIR AWARD, UNLESS, IN AN ELIGIBLE CASE, A JOINT REQUEST FOR AN EXPLAINED DECISION HAS BEEN SUBMITTED BY ALL PARTIES TO THE PANEL AT LEAST 20 DAYS PRIOR TO THE FIRST SCHEDULED HEARING DATE.

- THE PANEL OF ARBITRATORS WILL TYPICALLY INCLUDE A MINORITY OF ARBITRATORS WHO WERE OR ARE AFFILIATED WITH THE SECURITIES INDUSTRY.
- THE RULES OF SOME ARBITRATION FORUMS MAY IMPOSE TIME LIMITS FOR BRINGING A CLAIM IN ARBITRATION. IN SOME CASES, A CLAIM THAT IS INELIGIBLE FOR ARBITRATION MAY BE BROUGHT IN COURT.
- THE RULES OF THE ARBITRATION FORUM IN WHICH THE CLAIM IS FILED, AND ANY AMENDMENTS THERETO, SHALL BE INCORPORATED INTO THIS AGREEMENT.

13. ARBITRATION AGREEMENT

ANY CONTROVERSY BETWEEN YOU OR PERSHING (SATURNA'S CLEARING BROKER) AND SATURNA BROKERAGE SERVICES SHALL BE SUBMITTED TO ARBITRATION BEFORE AND ONLY BEFORE THE FINANCIAL INDUSTRY REGULATORY AUTHORITY. NO PERSON SHALL BRING A PUTATIVE OR CERTIFIED CLASS ACTION TO ARBITRATION, NOR SEEK TO ENFORCE ANY PREDISPUTE ARBITRATION AGREEMENT AGAINST ANY PERSON WHO HAS INITIATED IN COURT A PUTATIVE CLASS ACTION; OR WHO IS A MEMBER OF A PUTATIVE CLASS WHO HAS NOT OPTED OUT OF THE CLASS WITH RESPECT TO ANY CLAIMS ENCOMPASSED BY THE PUTATIVE CLASS ACTION UNTIL; (I) THE CLASS CERTIFICATION IS DENIED; (II) THE CLASS IS DECERTIFIED; OR (III) THE CUSTOMER IS EXCLUDED FROM THE CLASS BY THE COURT. SUCH FORBEARANCE TO ENFORCE AN AGREEMENT TO ARBITRATE SHALL NOT CONSTITUTE A WAIVER OF ANY RIGHTS UNDER THIS AGREEMENT EXCEPT TO THE EXTENT STATED HEREIN. THE LAWS OF THE STATE OF WASHINGTON GOVERN.

Primary Owner or Custodian

Print Name

Date (MM-DD-YYYY):

Signature

Please note: Saturna cannot accept digital signatures.

For Broker-Dealer Use Only

Investment Professional Printed Name

Date (MM-DD-YYYY):

Signature

Principal Printed Name

Date (MM-DD-YYYY):

Signature

**Health Savings Trust Account**  
(Under section 223(a) of the Internal Revenue Code)

Do not file  
with the Internal  
Revenue Service

Name of account owner (grantor) \_\_\_\_\_ Date of birth of account owner \_\_\_\_\_

Address of account owner (Street address, city, state, ZIP code)

Name of trustee \_\_\_\_\_ Address or principal place of business of trustee \_\_\_\_\_  
Saturna Trust Company 1300 N. State St., Bellingham, WA 98225

The account owner named above is establishing this health savings account (HSA) exclusively for the purpose of paying or reimbursing qualified medical expenses of the account owner, his or her spouse, and dependents. The account owner represents that, unless this account is used solely to make rollover contributions, he or she is eligible to contribute to this HSA; specifically, that he or she: (1) is covered under a high deductible health plan (HDHP); (2) is not also covered by any other health plan that is not an HDHP (with certain exceptions for plans providing preventive care and limited types of permitted insurance and permitted coverage); (3) is not enrolled in Medicare; and (4) cannot be claimed as a dependent on another person's tax return.

\$ \_\_\_\_\_ dollars in cash is assigned to this trust account.

The account owner and the trustee make the following agreement:

**Article I**

1. The trustee will accept additional cash contributions for the tax year made by the account owner or on behalf of the account owner (by an employer, family member, or any other person). No contributions will be accepted by the trustee for any account owner that exceeds the maximum amount for family coverage plus the catch-up contribution.
2. Contributions for any tax year may be made at any time before the deadline for filing the account owner's federal income tax return for that year (without extensions).
3. Rollover contributions from an HSA or an Archer Medical Savings Account (Archer MSA) (unless prohibited under this agreement) need not be in cash and are not subject to the maximum annual contribution limit set forth in Article II.
4. Qualified HSA distributions from a health flexible spending arrangement or health reimbursement arrangement must be completed in a trustee-to-trustee transfer and are not subject to the maximum annual contribution limit set forth in Article II.
5. Qualified HSA funding distributions from an individual retirement account must be completed in a trustee-to-trustee transfer and are subject to the maximum annual contribution limit set forth in Article II.

**Article II**

1. For calendar year 2011, the maximum annual contribution limit for an account owner with single coverage is \$3,050. This amount increases to \$3,100 in 2012. For calendar year 2011, the maximum annual contribution limit for an account owner with family coverage is \$6,150. This amount increases to \$6,250 in 2012. These limits are subject to cost-of-living adjustments after 2012.
2. Contributions to Archer MSAs or other HSAs count toward the maximum annual contribution limit to this HSA.
3. For calendar year 2009 and later years, an additional \$1,000 catch-up contribution may be made for an account owner who is at least age 55 or older and not enrolled in Medicare.
4. Contributions in excess of the maximum annual contribution limit are subject to an excise tax. However, the catch-up contributions are not subject to an excise tax.

**Article III**

It is the responsibility of the account owner to determine whether contributions to this HSA have exceeded the maximum annual contribution limit described in Article II. If contributions to this HSA exceed the maximum annual contribution limit, the account owner shall notify the trustee that there exist excess contributions to the HSA. It is the responsibility of the account owner to request the withdrawal of the excess contribution and any net income attributable to such excess contribution.

**Article IV**

The account owner's interest in the balance in this trust account is nonforfeitable.

**Article V**

1. No part of the trust funds in this account may be invested in life insurance contracts or in collectibles as defined in section 408(m).
2. The assets of this account may not be commingled with other property except in a common trust fund or common investment fund.
3. Neither the account owner nor the trustee will engage in any prohibited transaction with respect to this account (such as borrowing or pledging the account or engaging in any other prohibited transaction as defined in section 4975).

**Article VI**

1. Distributions of funds from this HSA may be made upon the direction of the account owner.
2. Distributions from this HSA that are used exclusively to pay or reimburse qualified medical expenses of the account owner, his or her spouse, or dependents are tax-free. However, distributions that are not used for qualified medical expenses are included in the account owner's gross income and are subject to an additional 20 percent tax on that amount. The additional 20 percent tax does not apply if the distribution is made after the account owner's death, disability, or reaching age 65.
3. The trustee is not required to determine whether the distribution is for the payment or reimbursement of qualified medical expenses. Only the account owner is responsible for substantiating that the distribution is for qualified medical expenses and must maintain records sufficient to show, if required, that the distribution is tax-free.

**Article VII**

If the account owner dies before the entire interest in the account is distributed, the entire account will be disposed of as follows:

1. If the beneficiary is the account owner’s spouse, the HSA will become the spouse’s HSA as of the date of death.
2. If the beneficiary is not the account owner’s spouse, the HSA will cease to be an HSA as of the date of death. If the beneficiary is the account owner’s estate, the fair market value of the account as of the date of death is taxable on the account owner’s final return. For other beneficiaries, the fair market value of the account is taxable to that person in the tax year that includes such date.

**Article VIII**

1. The account owner agrees to provide the trustee with information necessary for the trustee to prepare any report or return required by the IRS.
2. The trustee agrees to prepare and submit any report or return as prescribed by the IRS.

**Article IX**

Notwithstanding any other article that may be added or incorporated in this agreement, the provisions of Articles I through VIII and this sentence are controlling. Any additional article in this agreement that is inconsistent with section 223 or IRS published guidance will be void.

**Article X**

The Custodian or Trustee may amend this Agreement in any respect (including retroactively) so that the Agreement may conform with applicable provisions of the Internal Revenue Code (“Code”), or with any other applicable law as in effect from time to time, or to make such other changes to this Agreement as the Custodian or Trustee deems advisable. Any amendment made to comply with the Code, or applicable law, does not require the grantor’s consent. The grantor will be deemed to have consented to any other amendment unless, within 30 days from the date the Custodian or Trustee mails the amendment, the grantor notifies the Custodian or Trustee in writing that the grantor does not consent and that the Account should be distributed or transferred to another Trustee or Custodian.

**Article XI**

The Trustee or Custodian may be removed or may resign at any time. As a condition of resignation or removal, a successor Trustee or Custodian shall be appointed, provided that any such successor shall satisfy the requirements of the Code. Upon the successor’s acceptance of appointment, the assets of the Account(s) shall be transferred to the successor, provided, however, a portion of the Account(s) may be reserved for payment of any liabilities that may constitute a charge against the Account(s). Upon acceptance of appointment, the successor shall be vested with all power of the Custodian or Trustee pursuant to this Agreement. The Custodian or Trustee shall not be liable for the acts or omissions of any predecessor or successor to it. In the event that no successor accepts an appointment, the custodial or trustee Account(s) shall be terminated, and the assets of the Account(s), reduced by the amount of any unpaid fees, liabilities or expenses, will be distributed to the grantor (or following the death of the grantor, the beneficiary).

Account owner’s signature .....	Date .....
Trustee’s signature .....	Date .....
Witness’ signature .....	

(Use only if signature of account owner or trustee is required to be witnessed.)

**What’s New**

**Additional Tax Increased.** For tax years beginning after December 31, 2010, the additional tax on distributions not used for qualified medical expenses increases from 10% to 20%.

**General Instructions**

*Section references are to the Internal Revenue Code.*

**Purpose of Form**

Form 5305-B is a model trust account agreement that has been approved by the IRS. An HSA is established after the form is fully executed by both the account owner and the trustee. The form can be completed at any time during the tax year. This account must be created in the United States for the exclusive benefit of the account owner.

Do not file Form 5305-B with the IRS. Instead, keep it with your records. For more information on HSAs, see Notice 2004-2, 2004-2 I.R.B. 269, Notice 2004-50, 2004-33 I.R.B. 196, Pub. 969, Health Savings Accounts and Other Tax-Favored Health Plans, and other IRS published guidance.

**Definitions**

**Identifying Number.** The account owner’s social security number will serve as the identification number of this HSA. For married

persons, each spouse who is eligible to open an HSA and wants to contribute to an HSA must establish his or her own account. An employer identification number (EIN) is required for an HSA for which a return is filed to report unrelated business taxable income. An EIN is also required for a common fund created for HSAs.

**High Deductible Health Plan (HDHP).** For calendar year 2011, an HDHP for self-only coverage has a minimum annual deductible of \$1,200 and an annual out-of-pocket maximum (deductibles, co-payments and other amounts, but not premiums) of \$5,950. In 2012, the \$1,200 minimum annual deductible remains the same and the annual out-of-pocket maximum increases to \$6,050. For calendar year 2011, an HDHP for family coverage has a minimum annual deductible of \$2,400 and an annual out-of-pocket maximum of \$11,900. In 2012, the \$2,400 minimum annual deductible remains the same and the annual out-of-pocket maximum increases to \$12,100. These limits are subject to cost-of-living adjustments after 2012.

**Self-only coverage and family coverage under an HDHP.** Family coverage means coverage that is not self-only coverage.

**Qualified medical expenses.** Qualified medical expenses are amounts paid for medical care as defined in section 213(d) for the account owner, his or her spouse, or

dependents (as defined in section 152) but only to the extent that such amounts are not compensated for by insurance or otherwise. With certain exceptions, health insurance premiums are not qualified medical expenses.

**Trustee.** A trustee of an HSA must be a bank, an insurance company, a person previously approved by the IRS to be a trustee of an individual retirement account (IRA) or Archer MSA, or any other person approved by the IRS.

**Specific Instructions**

**Article XI.** Article XI and any that follow it may incorporate additional provisions that are agreed to by the account owner and trustee. The additional provisions may include, for example, definitions, restrictions on rollover contributions from HSAs or Archer MSAs (requiring a rollover not later than 60 days after receipt of a distribution and limited to one rollover during a one-year period), investment powers, voting rights, exculpatory provisions, amendment and termination, removal of trustee, trustee’s fees, state law requirements, treatment of excess contributions, distribution procedures (including frequency or minimum dollar amount), use of debit, credit, or stored-value cards, return of mistaken distributions, and descriptions of prohibited transactions. Attach additional pages if necessary.





# Health Savings Account Cash Transfers

Complete this form to request a liquidation of securities and transfer of cash from an existing HSA to Saturna Capital.

To transfer Amana or Sextant shares from another custodian to Saturna, please use Saturna's Non-ACAT Transfer Form.

To transfer other securities in-kind, please use Pershing's Account Transfer Form.

**Mail original completed forms (email or fax is not acceptable), copy of your photo ID, and copy of the most recent statement from your existing HSA to:**

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

## Description of HSA to be Transferred

### Account Owner

Full Legal Name Preferred Salutation (optional):  Mr.  Mrs.  Ms.  Dr.

- Single
- Married
- Divorced
- Widowed

Social Security Number

Address

City	State	Zip
------	-------	-----

Preferred Phone

Custodian Firm currently holding your account:

Custodian Firm's Address

City	State	Zip
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Custodian Firm's Phone Number

Account Number (at current Custodial Firm):

## To Current Custodian

I authorize you to (choose only one option):

- Liquidate (sell) ALL Assets       Liquidate (sell) PART \$

and send proceeds to the Saturna Capital HSA I have established with Saturna Trust Company (EIN 26-3918998), a qualified Trustee under IRS Regulation 1.401-12(n).

**Note: Liquidation for transfer is a non-taxable event.**

### Signature:

Account Owner

Date



**HSA Transfers** (continued)

**Investment Selection Instructions**

- Open a new Saturna Capital HSA for me. I have completed the Saturna HSA Application and enclosed a copy of a recent statement of the account to be transferred.
- Consolidate my HSAs by depositing proceeds from this transfer to my existing Saturna Capital HSA

**Saturna Registration Number <sup>†</sup>**

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**Saturna Brokerage Account Number <sup>†</sup>**

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<sup>†</sup> If available

**Investment Allocation**

**Affiliated Funds\***

- |  |    |    |   |
|--|----|----|---|
| <input type="checkbox"/> <b>Amana Growth</b> Institutional           | \$ | or | % |
| <input type="checkbox"/> <b>Amana Developing World</b> Institutional | \$ | or | % |
| <input type="checkbox"/> <b>Amana Income</b> Institutional           | \$ | or | % |
| <input type="checkbox"/> <b>Amana Participation</b> Institutional    | \$ | or | % |
| <input type="checkbox"/> <b>Sextant Growth</b> Z Shares              | \$ | or | % |
| <input type="checkbox"/> <b>Sextant International</b> Z Shares       | \$ | or | % |
| <input type="checkbox"/> <b>Sextant Core</b>                         | \$ | or | % |
| <input type="checkbox"/> <b>Sextant Global High Income</b>           | \$ | or | % |
| <input type="checkbox"/> <b>Sextant Short-Term Bond</b>              | \$ | or | % |
| <input type="checkbox"/> <b>Sextant Bond Income</b>                  | \$ | or | % |
| <input type="checkbox"/> <b>Saturna Sustainable Equity</b>           | \$ | or | % |
| <input type="checkbox"/> <b>Saturna Sustainable Bond</b>             | \$ | or | % |

**Non-affiliated Funds\*\***

- |   |    |    |   |
|---|----|----|---|
| <input type="checkbox"/> <b>Self-directed Brokerage</b> | \$ | or | % |
|---|----|----|---|

\* To link a bank account and/or set up automatic investment, complete the Saturna *Electronic Funds Transfer Form* (found on [www.saturna.com/forms#/saturna-capital](http://www.saturna.com/forms#/saturna-capital))

\*\* To link a bank account to your self-directed brokerage account, complete the *Pershing ACH Authorization Agreement* (found on [www.saturna.com/forms#/saturna-brokerage](http://www.saturna.com/forms#/saturna-brokerage))

**Custodian Acceptance**

Saturna Trust Company will accept the assets described herein and credit them to the selected Saturna Capital HSA for which we are Trustee/Custodian. Please liquidate and transfer from fiduciary to fiduciary as authorized above.

**Signatures:**

\_\_\_\_\_  
Custodian / Trustee Signature

\_\_\_\_\_  
Date

**Checklist of Items for Your HSA Transfer**

To help avoid any processing delays, please be sure the following actions have been completed prior to mailing this request:

- Contact current custodian for any exit paperwork or other required steps to complete the transfer.
- Fill out this form in its entirety and sign it. **Digital signatures are not accepted.**
- Enclose a copy of your government-issued photo ID with signature.
- Enclose a copy of your most recent statement from current custodian.

Mail original completed forms:

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

If at any time you have questions or need help filling out this form, please call us toll-free at **1-800-SATURNA (1-800-728-8762)**.