



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
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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 [†]

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Saturna Brokerage Account Number [†]

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[†] If available

Investment Allocation

Affiliated Funds*

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

Non-affiliated Funds**

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

** 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)

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)**.