



Saturna SEP Contribution Allocation Form (Employers)



Thank you for choosing a Saturna SEP. This form should be filled out by employers to allocate employer contributions to employees' IRAs. Please enclose the Saturna IRA Applications for all employees who are opening new IRAs at this time.

If you have any questions, please call us at 1-800-SATURNA.

1. Employer Information

Name (first, middle initial, last)

Mailing Address

City State Zip

Telephone: Day Evening

2. Employer SEP Contributions

Please tell us the total amount of the contribution that you are sending with this form. Contributions are coded for the tax year in which we receive them.

Total amount remitted \$

Please enclose a check made payable to: Saturna Capital Corporation Trustee

3. Allocation of SEP contribution to employees' IRAs

Please identify each employee who is covered by this contribution. Indicate the amount of the total contribution that is allocated to each employee's IRA, along with investment instructions. If the instructions are on the employee's Saturna IRA Application (which needs to accompany this form), check box A. If the contribution is for the employee's existing Saturna IRA, check box B and provide complete investment instructions.

NOTE: Saturna cannot accept any contributions without investment instructions. (Even if you have a "one person company," please complete Section 1 (Employer Information) above and this section, noting yourself as an employee.)

1.)	_____	_____	_____	\$ _____
	Employee Name (first, middle initial, last)	Social Security Number	Date of Birth	Amount of total SEP contribution to be credited to this employee's IRA

Investment Instructions (Check one.)

- A. Employee Saturna IRA Application and investment instructions enclosed OR
- B. Deposit to existing employee Saturna IRA as follows:

Fund Name	Account Number	Amount
_____	_____	_____ % OR \$ _____
_____	_____	_____ % OR \$ _____
_____	_____	_____ % OR \$ _____
_____	_____	_____ % OR \$ _____
Total		\$ _____

To allocate funds for more than one employee, please see reverse side.



Saturna SEP Contribution Allocation Form (Continued)



2.) _____ \$ _____
 Employee Name (first, middle initial, last) Social Security Number Date of Birth Amount of total SEP contribution to be credited to this employee's IRA

Investment Instructions (Check one.)

- A. Employee Saturna IRA Application and investment instructions enclosed OR
 B. Deposit to existing employee Saturna IRA as follows:

Fund Name	Account Number	Amount
_____	_____	_____ % OR \$ _____
_____	_____	_____ % OR \$ _____
_____	_____	_____ % OR \$ _____
_____	_____	_____ % OR \$ _____
Total		\$ _____

3.) _____ \$ _____
 Employee Name (first, middle initial, last) Social Security Number Date of Birth Amount of total SEP contribution to be credited to this employee's IRA

Investment Instructions (Check one.)

- A. Employee Saturna IRA Application and investment instructions enclosed OR
 B. Deposit to existing employee Saturna IRA as follows:

Fund Name	Account Number	Amount
_____	_____	_____ % OR \$ _____
_____	_____	_____ % OR \$ _____
_____	_____	_____ % OR \$ _____
_____	_____	_____ % OR \$ _____
Total		\$ _____

4.) _____ \$ _____
 Employee Name (first, middle initial, last) Social Security Number Date of Birth Amount of total SEP contribution to be credited to this employee's IRA

Investment Instructions (Check one.)

- A. Employee Saturna IRA Application and investment instructions enclosed OR
 B. Deposit to existing employee Saturna IRA as follows:

Fund Name	Account Number	Amount
_____	_____	_____ % OR \$ _____
_____	_____	_____ % OR \$ _____
_____	_____	_____ % OR \$ _____
_____	_____	_____ % OR \$ _____
Total		\$ _____

Attach additional sheets if necessary.

Please mail this form (along with your check and any Saturna IRA Applications) to:
 Saturna Capital Corporation, P.O. Box N, Bellingham, Washington 98227-0596