



# SIMPLE-IRA Application

## Saturna Capital SIMPLE-Individual Retirement Account Application and Custodial Agreement

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

To be completed by each eligible participating employee.  
Return completed forms and contributions to your company's plan administrator.

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

### Section A. Funding

#### Initial Funding Source:

- Check – *Must be imprinted with name of account owner*
- Transfer – complete pages 11 - 12
- Employer Plan Rollover – provide firm name:

### Section B. Account Holder Information

#### Primary Owner

#### Citizenship

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

- US Citizen
- US Resident Alien

Single  Married  Divorced  Widowed

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 IRA.

### 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 a SIMPLE-Individual Retirement Account and to make the investments selected.
- I understand and agree to all terms and conditions set forth in this Saturna Capital SIMPLE-Individual Retirement Account Application and Custodial Agreement.
- I have read and understood the Employer-Sponsored IRA 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.

1. 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.

2. 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.

3. 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

**SIMPLE Individual Retirement Custodial Account****(Under section 408(p) of the Internal Revenue Code)****Do not file  
with the Internal  
Revenue Service**

Name of participant	Date of birth of participant	Account number
Address of participant		Check if transfer SIMPLE IRA . . . . . <input type="checkbox"/>
		Check if amendment . . . . . <input type="checkbox"/>
Name of custodian	Address or principal place of business of custodian	
Saturna Trust Company	1300 North State Street, Bellingham, WA 98225	

The participant named above is establishing a savings incentive match plan for employees of small employers individual retirement account (SIMPLE IRA) under sections 408(a) and 408(p) to provide for his or her retirement and for the support of his or her beneficiaries after death.

The custodian named above has given the participant the disclosure statement required by Regulations section 1.408-6.

The participant and the custodian make the following agreement.

**Article I**

The custodian will accept cash contributions made on behalf of the participant by the participant's employer under the terms of a SIMPLE IRA plan described in section 408(p). In addition, the custodian will accept transfers or rollovers from other SIMPLE IRAs of the participant and, after the 2-year period of participation defined in section 72(t)(6), transfers or rollovers from any eligible retirement plan (as defined in section 402(c)(8)(B)) other than a Roth IRA or a designated Roth account. No other contributions will be accepted by the custodian.

**Article II**

The participant's interest in the balance in the custodial account is nonforfeitable.

**Article III**

1. No part of the custodial account funds may be invested in life insurance contracts, nor may the assets of the custodial account be commingled with other property except in a common trust fund or common investment fund (within the meaning of section 408(a)(5)).
2. No part of the custodial account funds may be invested in collectibles (within the meaning of section 408(m)) except as otherwise permitted by section 408(m)(3), which provides an exception for certain gold, silver, and platinum coins, coins issued under the laws of any state, and certain bullion.

**Article IV**

1. Notwithstanding any provision of this agreement to the contrary, the distribution of the participant's interest in the custodial account shall be made in accordance with the following requirements and shall otherwise comply with section 408(a)(6) and the regulations thereunder, the provisions of which are herein incorporated by reference.
2. The participant's entire interest in the custodial account must be, or begin to be, distributed not later than the participant's required beginning date, April 1 following the calendar year in which the participant reaches age 70<sup>1/2</sup>. By that date, the participant may elect, in a manner acceptable to the custodian, to have the balance in the custodial account distributed in:
  - (a) A single sum or
  - (b) Payments over a period not longer than the life of the participant or the joint lives of the participant and his or her designated beneficiary.
3. If the participant dies before his or her entire interest is distributed to him or her, the remaining interest will be distributed as follows.
  - (a) If the participant dies on or after the required beginning date and:
    - (i) The designated beneficiary is the participant's surviving spouse, the remaining interest will be distributed over the surviving spouse's life expectancy as determined each year until such spouse's death, or over the period in paragraph (a)(iii) below if longer. Any interest remaining after the spouse's death will be distributed over such spouse's remaining life expectancy as determined in the year of the spouse's death and reduced by 1 for each subsequent year, or, if distributions are being made over the period in paragraph (a)(iii) below, over such period.
    - (ii) The designated beneficiary is not the participant's surviving spouse, the remaining interest will be distributed over the beneficiary's remaining life expectancy as determined in the year following the death of the participant and reduced by 1 for each subsequent year, or over the period in paragraph (a)(iii) below if longer.
    - (iii) There is no designated beneficiary, the remaining interest will be distributed over the remaining life expectancy of the participant as determined in the year of the participant's death and reduced by 1 for each subsequent year.
  - (b) If the participant dies before the required beginning date, the remaining interest will be distributed in accordance with paragraph (i) below or, if elected or there is no designated beneficiary, in accordance with paragraph (ii) below.
    - (i) The remaining interest will be distributed in accordance with paragraphs (a)(i) and (a)(ii) above (but not over the period in paragraph (a)(iii), even if longer), starting by the end of the calendar year following the year of the participant's death. If, however, the designated beneficiary is the participant's surviving spouse, then this distribution is not required to begin before the end of the calendar year in which the participant would have reached age 70<sup>1/2</sup>. But, in such case, if the participant's surviving spouse dies before distributions are required to begin, then the remaining interest will be distributed in accordance with paragraph (a)(ii) above (but not over the period in paragraph (a)(iii), even if longer), over such spouse's designated beneficiary's life expectancy, or in accordance with paragraph (ii) below if there is no such designated beneficiary.
    - (ii) The remaining interest will be distributed by the end of the calendar year containing the fifth anniversary of the participant's death.
4. If the participant dies before his or her entire interest has been distributed and if the designated beneficiary is not the participant's surviving spouse, no additional contributions may be accepted in the account.
5. The minimum amount that must be distributed each year, beginning with the year containing the participant's required beginning date, is known as the "required minimum distribution" and is determined as follows.

(a) The required minimum distribution under paragraph 2(b) for any year, beginning with the year the participant reaches age 70 1/2, is the participant's account value at the close of business on December 31 of the preceding year divided by the distribution period in the uniform lifetime table in Regulations section 1.401(a)(9)-9. However, if the participant's designated beneficiary is his or her surviving spouse, the required minimum distribution for a year shall not be more than the participant's account value at the close of business on December 31 of the preceding year divided by the number in the joint and last survivor table in Regulations section 1.401(a)(9)-9. The required minimum distribution for a year under this paragraph (a) is determined using the participant's (or, if applicable, the participant and spouse's) attained age (or ages) in the year.

(b) The required minimum distribution under paragraphs 3(a) and 3(b)(i) for a year, beginning with the year following the year of the participant's death (or the year the participant would have reached age 70 1/2, if applicable under paragraph 3(b)(i)) is the account value at the close of business on December 31 of the preceding year divided by the life expectancy (in the single life table in Regulations section 1.401(a)(9)-9) of the individual specified in such paragraphs 3(a) and 3(b)(i).

(c) The required minimum distribution for the year the participant reaches age 70 1/2 can be made as late as April 1 of the following year. The required minimum distribution for any other year must be made by the end of such year.

6. The owner of two or more IRAs (other than Roth IRAs) may satisfy the minimum distribution requirements described above by taking from one IRA the amount required to satisfy the requirement for another in accordance with the regulations under section 408(a)(6).

Article V

1. The participant agrees to provide the trustee with all information necessary to prepare any reports required by sections 408(i) and 408(l)(2) and Regulations sections 1.408-5 and 1.408-6.

2. The custodian agrees to submit to the Internal Revenue Service (IRS) and participant the reports prescribed by the IRS.

3. The custodian also agrees to provide the participant's employer the summary description described in section 408(l)(2) unless this SIMPLE IRA is a transfer SIMPLE IRA.

Article VI

Notwithstanding any other articles which may be added or incorporated, the provisions of Articles I through III and this sentence will be controlling. Any additional articles inconsistent with sections 408(a) and 408(p) and the related regulations will be invalid.

Article VII

This agreement will be amended as necessary to comply with the provisions of the Code and the related regulations. Other amendments may be made with the consent of the persons whose signatures appear below.

Article VIII

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 IX

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).

Participant's signature \_\_\_\_\_ Date \_\_\_\_\_
(If an individual other than the participant signs this form for the participant, indicate the individual's relationship to the participant.)

Custodian's signature \_\_\_\_\_ Date \_\_\_\_\_

Witness' signature \_\_\_\_\_ Date \_\_\_\_\_
(Use only if signature of the participant or the custodian is required to be witnessed.)

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

Form 5305-S is a model custodial account agreement that meets the requirements of sections 408(a) and 408(p). However, only Articles I through VII have been reviewed by the IRS. A SIMPLE individual retirement account (SIMPLE IRA) is established after the form is fully executed by both the individual (participant) and the custodian. This account must be created in the United States for the exclusive benefit of the participant and his or her beneficiaries.

Do not file Form 5305-S with the IRS. Instead, keep it with your records.

For more information on SIMPLE IRAs, including the required disclosures the custodian must give the participant, see

Pub. 590-A, Contributions to Individual Retirement Arrangements (IRAs); Pub. 590-B, Distributions from Individual Retirement Arrangements (IRAs); and Pub 560, Retirement Plans for Small Business (SEP, SIMPLE, and Qualified Plans).

Definitions

Participant. The participant is the person who establishes the custodial account.

Custodian. The custodian must be a bank or savings and loan association, as defined in section 408(n), or any person who has the approval of the IRS to act as custodian.

Transfer SIMPLE IRA

This SIMPLE IRA is a "transfer SIMPLE IRA" if it is not the original recipient of contributions under any SIMPLE IRA plan. The summary description requirements of section 408(l)(2) do not apply to transfer SIMPLE IRAs.

Specific Instructions

Article IV. Distributions made under this article may be made in a single sum, periodic payment, or a combination of both. The distribution option should be reviewed in the year the participant reaches age 70 1/2 to ensure that the requirements of section 408(a)(6) have been met.

Article VIII. Article VIII and any that follow it may incorporate additional provisions that are agreed to by the participant and custodian to complete the agreement. They may include, for example, definitions, investment powers, voting rights, exculpatory provisions, amendment and termination, removal of the custodian, custodian's fees, state law requirements, beginning date of distributions, accepting only cash, treatment of excess contributions, prohibited transactions with the participant, etc. Attach additional pages if necessary.





# Individual Retirement Account Cash Transfers

Complete this form to request a liquidation of securities and transfer of cash from an existing IRA 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 IRA to:**

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

## Type of Account

- Traditional IRA
- SEP IRA
- Beneficiary IRA
- Rollover IRA
- Roth IRA
- SIMPLE IRA
- Beneficiary Roth IRA

## Account Owner

- Single
- Married
- Divorced
- Widowed

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

Social Security Number

Address  
  

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

Preferred Phone

Custodian Firm currently holding your account:

Custodian Firm's Address  
  

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

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 IRA 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

**IRA Transfers** (continued)

**Investment Selection Instructions**

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

**Investment Allocation**

**Affiliated Funds\***

- |  |                         |    |                        |
|--|-------------------------|----|------------------------|
| <input type="checkbox"/> <b>Amana Growth</b> Institutional           | \$ <input type="text"/> | or | <input type="text"/> % |
| <input type="checkbox"/> <b>Amana Developing World</b> Institutional | \$ <input type="text"/> | or | <input type="text"/> % |
| <input type="checkbox"/> <b>Amana Income</b> Institutional           | \$ <input type="text"/> | or | <input type="text"/> % |
| <input type="checkbox"/> <b>Amana Participation</b> Institutional    | \$ <input type="text"/> | or | <input type="text"/> % |
| <input type="checkbox"/> <b>Sextant Growth</b> Z Shares              | \$ <input type="text"/> | or | <input type="text"/> % |
| <input type="checkbox"/> <b>Sextant International</b> Z Shares       | \$ <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"/> % |
|---|-------------------------|----|------------------------|

**Saturna Registration Number** †

-

**Saturna Brokerage Account Number** †

-

† If available

\* 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 IRA 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 IRA 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)**.