



Banking Authorization (EFT) and Automatic Investment Form

Use this form to link your bank account to your Saturna account and/or set up periodic investment.

A. Client Information

Account Owner / Custodian / Name of Trust

Full Legal Name

Date of Birth (MM-DD-YYYY)

Joint Owner / Minor / Authorized Signer (if applicable)

Full Legal Name

Date of Birth (MM-DD-YYYY)

Account Number

Preferred Phone

Email

Mail or fax completed forms to:

Saturna Capital
P.O. Box N
Bellingham, WA 98227-0596
Fax: (360) 734-0755

B. Bank Information

Add new bank account

- Keep previously linked bank account
- Remove existing bank account(s)

Owner's Name(s) on Bank Account

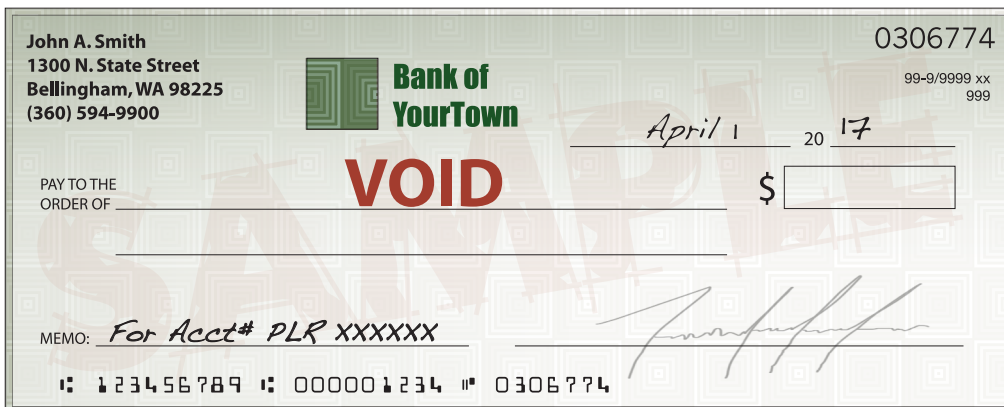
ABA / Routing number

Account number

Please allow at least three (3) business days for processing. Attach one of the following that has your Name, Account Number, Routing Number, and Bank Name:

- * Voided check (with your full name imprinted)
- * Bank statement (imprinted with your full name and account number)
- * Notarized bank letter

At least one name on the bank account must match one of the Saturna account holders.



ABA Routing Number

Account Number

C. Automated Investment Plan *(optional)*

Complete this section to initiate automated periodic investments into your account.

| | \$25 Minimum Per Fund <i>after initial minimum</i> | Specify Period | Start Date (MM-DD-YYYY) |
|--|---|---|----------------------------|
| <input type="checkbox"/> Amana Income | \$ | <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly | |
| <input type="checkbox"/> Amana Growth | \$ | <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly | |
| <input type="checkbox"/> Amana Developing World | \$ | <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly | |
| <input type="checkbox"/> Amana Participation | \$ | <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly | |
| <hr/> | | | |
| <input type="checkbox"/> Sextant Growth | \$ | <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly | |
| <input type="checkbox"/> Sextant International | \$ | <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly | |
| <input type="checkbox"/> Sextant Core | \$ | <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly | |
| <input type="checkbox"/> Sextant Global High Income | \$ | <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly | |
| <input type="checkbox"/> Sextant Short-Term Bond | \$ | <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly | |
| <input type="checkbox"/> Sextant Bond Income | \$ | <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly | |
| <hr/> | | | |
| <input type="checkbox"/> Idaho Tax-Exempt Fund | \$ | <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly | |
| <hr/> | | | |
| <input type="checkbox"/> Saturna Sustainable Equity | \$ | <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly | |
| <input type="checkbox"/> Saturna Sustainable Bond | \$ | <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly | |

Form must be received with enough processing time prior to selected "start date" or automated investments will begin the following month. If no start date is chosen, automatic payments will start being processed on the 21st day of each month. To cancel or change periodic investments, please call 1-800-SATURNA.

D. Signatures

By signing this form, I authorize Saturna Capital to add or change the bank account linked to my Saturna Capital accounts to purchase shares or send redemption proceeds via EFT. If I completed Section C, I acknowledge that I have received and read a current prospectus and agree to be bound by its terms. If your banking instructions have changed, there will be a 15 day hold on redemptions via EFT. There is no fee to use the EFT Service through Saturna Capital, although your financial institution may charge transaction fees.

Any changes to joint accounts require the signatures of both account owners.

We cannot accept digital signatures of any kind.

Signature

Date

Joint Signature

Date