



1300 North State Street
 Bellingham, WA 98225
 (800) SATURNA
 www.saturna.com
 Fax: (360) 734-0755

Wire Transfer Request Form

I authorize Saturna Capital and/or Saturna Brokerage Services to wire transfer funds from my Saturna account listed below (left column) to the Receiving account listed below (right column). I agree to pay the fee applicable for the type of transfer initiated which will be charged to my account from which the funds are transferred.

Saturna Account Number:

□	□	□	□	□	-	□	□	-	□	□
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Clearing Firm Account Number (if applicable):

Saturna Capital Account Name:

Joint Owner's Name (if applicable):

Saturna Capital Account Address:

□	□	□	□	□	□	□	□	□
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City State Zip

Country

Daytime Telephone:

(□□□) □□□ - □□□□□□

Amount of Wire (\$5,000 Minimum per fund):

\$

3rd Party Transaction? Yes No

For any international wire and any wire over \$50,000, provide the purpose of the wire:

SR

Additional details:

Wire Fee: \$25 Domestic U.S.

International: \$35 (Mutual Funds) \$40 (Brokerage)

Primary Account Holder's Signature **Date**

Joint Account Holder's Signature **Date**

Responsible Rep: _____ Phone #: _____

Date Requested: _____ Branch Prefix: _____

Approved By: _____

Receiving Bank's Name (Domestic Banks):

Receiving Bank's Address:

□	□	□	□	□	□	□	□
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City State Zip

Country

Receiving Bank's ABA Routing Number

□	□	□	□	□	□	□	□	□
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Account Number:

International Bank Name (International Wires):

International Bank's Address:

□	□	□	□	□	□	□	□
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City Country

Receiving Bank's S.W.I.F.T. Code (International Wires):

Further Credit To (International Wires):

Recipient's Account Number:

Recipient's Account Name at Receiving Bank:

Joint Owner's Name (if applicable):

Recipient's Address:

□	□	□	□	□	□	□	□
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City State Zip

Country

SR