



New Account Agreement

Individual Retirement Account

For office use only

Reg# _____

SBS# _____

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:
(Email or fax is not accepted)

Saturna Capital
1300 N. State Street
Bellingham, WA 98225

Section A. Account Type and Funding

Account Type: Custodial Roth

Initial Funding Source:

☐ **Check** - Must be imprinted with name of account owner

☐ **Other** - describe:

Section B. Account Holder Information

Primary Owner

Full Legal Name

Preferred Salutation (optional): ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr.

Citizenship

☐ US Citizen

☐ US Resident Alien

☐ Single ☐ Married ☐ Divorced ☐ Widowed

Social Security Number or Tax ID Number

Date of Birth (MM-DD-YYYY)

<input type="text"/>	<input type="text"/>
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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.

Custodian

Full Legal Name

Preferred Salutation (optional): ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr.

Citizenship

☐ US Citizen

☐ US Resident Alien

Social Security Number or Tax ID Number

Date of Birth (MM-DD-YYYY)

<input type="text"/>	<input type="text"/>
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ID Type: ☐ Driver's License ☐ Passport ☐ State ID ☐ Other Government ID

State/Country of Issuance

A legible photocopy of the Custodian's driver's license, passport, or other government-issued identity document is required.

Address

Physical / Street Address (Required - P.O. boxes are not accepted)

<input type="text"/>		
City	State	Zip

Mailing Address (optional)

<input type="text"/>		
City	State	Zip

Preferred Phone

Alternate Phone

<input type="text"/>	<input type="text"/>
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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"/>	

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"/>	

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"/>
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 percentage for each fund selection.

Step 3: Please make separate checks payable to each fund selection. If selecting Self-directed Brokerage, make check payable to "Pershing LLC" and continue to Section F. For all other selections, continue to Section G.

Investment Allocation

Affiliated Funds*

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

Non-affiliated Funds**

<input type="checkbox"/> Self-directed Brokerage	\$ <input type="text"/>	or	<input type="text"/> %
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100%

* To link a bank account and/or set up automatic investment, complete the Saturna Electronic Funds Transfer Form

** To link a bank account to your self-directed brokerage account, complete the Pershing ACH Authorization Agreement Form

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

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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:

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Are you maintaining any other brokerage accounts?

☐ Yes ☐ No

Name of firm(s):

Years of investment experience:

--	--

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

9. 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.

10. 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.

11. 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

Roth Individual Retirement Custodial Account
(Under section 408A of the Internal Revenue Code)

Do not file
with the Internal
Revenue Service

Name of depositor	Date of birth of depositor	Account number
Address of depositor		Check if amendment . . . <input type="checkbox"/>
Name of custodian	Address or principal place of business of custodian	
Saturna Trust Company	1300 N. State St., Bellingham, WA 98225	

The depositor named above is establishing a Roth individual retirement account (Roth IRA) under section 408A 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 depositor the disclosure statement required by Regulations section 1.408-6.

The depositor assigned the custodial account \$

The depositor and the custodian make the following agreement.

Article I

Except in the case of a qualified rollover contribution described in section 408A(e) or a recharacterized contribution described in section 408A(d)(6), the custodian will accept only cash contributions up to \$5,500 per year for 2013 through 2017. For individuals who have reached the age of 50 by the end of the year, the contribution limit is increased to \$6,500 per year for 2013 through 2017. For years after 2017, these limits will be increased to reflect a cost-of-living adjustment, if any.

Article II

1. The annual contribution limit described in Article I is gradually reduced to \$0 for higher income levels. For a grantor who is single or treated as single, the annual contribution is phased out between adjusted gross income (AGI) of \$118,000 and \$133,000; for a married grantor filing jointly, between AGI of \$186,000 and \$196,000; and for a married grantor filing separately, between AGI of \$0 and \$10,000. These phase-out ranges are for 2017. For years after 2017, the phase-out ranges, except for the \$0 to \$10,000 range, will be increased to reflect a cost-of-living adjustment, if any. Adjusted gross income is defined in section 408A(c)(3).

2. In the case of a joint return, the AGI limits in the preceding paragraph apply to the combined AGI of the depositor and his or her spouse.

Article III

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

Article IV

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 V

1. If the depositor dies before his or her entire interest is distributed to him or her and the depositor's surviving spouse is not the designated beneficiary, the remaining interest will be distributed in accordance with paragraph (a) below or, if elected or there is no designated beneficiary, in accordance with paragraph (b) below.

(a) The remaining interest will be distributed, starting by the end of the calendar year following the year of the depositor's death, over the designated beneficiary's remaining life expectancy as determined in the year following the death of the depositor.

(b) The remaining interest will be distributed by the end of the calendar year containing the fifth anniversary of the depositor's death.

2. The minimum amount that must be distributed each year under paragraph 1(a) above 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 designated beneficiary using the attained age of the beneficiary in the year following the year of the depositor's death and subtracting 1 from the divisor for each subsequent year.

3. If the depositor's surviving spouse is the designated beneficiary, such spouse will then be treated as the depositor.

Article VI

1. The depositor agrees to provide the custodian with all information necessary to prepare any reports required by sections 408(i) and 408A(d)(3)(E), Regulations sections 1.408-5 and 1.408-6, or other guidance published by the Internal Revenue Service (IRS).

2. The custodian agrees to submit to the IRS and depositor the reports prescribed by the IRS.

Article VII

Notwithstanding any other articles which may be added or incorporated, the provisions of Articles I through IV and this sentence will be controlling. Any additional articles inconsistent with section 408A, the related regulations, and other published guidance will be invalid.

Article VIII

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

Article IX

Article IX may be used for any additional provisions. If no other provisions will be added, draw a line through this space. If provisions are added, they must comply with applicable requirements of state law and the Internal Revenue Code and may not imply that they have been reviewed or pre-approved by the IRS.

Depositor's signature _____	Date _____
Custodian's signature _____	Date _____
Witness' signature _____	Date _____

(Use only if signature of the depositor 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-RA is a model custodial account agreement that meets the requirements of section 408A. However, only Articles I through VIII have been reviewed by the IRS. A Roth individual retirement account (Roth IRA) is established after the form is fully executed by both the individual (depositor) and the custodian. This account must be created in the United States for the exclusive benefit of the depositor and his or her beneficiaries.

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

Unlike contributions to traditional individual retirement arrangements, contributions to a Roth IRA are not deductible from the depositor's gross income; and distributions after 5 years that are made when the depositor is 59½ years of age or older or on account of death, disability, or the purchase of a home by a first-time homebuyer (limited to \$10,000), are not includible in gross

to \$10,000), are not includible in gross income. For more information on Roth IRAs, including the required disclosures the custodian must give the depositor, see **Pub. 590-A**, Contributions to Individual Retirement Arrangements (IRAs), and **Pub. 590-B**, Distributions from Individual Retirement Arrangements (IRAs).

Definitions

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.

Depositor. The depositor is the person who establishes the custodial account.

Specific Instructions

Article I. The depositor may be subject to a 6% tax on excess contributions if **(1)** contributions to other individual retirement arrangements of the depositor have been made for the same tax year, **(2)** the depositor's adjusted gross income exceeds the applicable limits in Article II for the tax year, or **(3)** the depositor's and spouse's

compensation is less than the amount contributed by or on behalf of them for the tax year.

Article V. This article describes how distributions will be made from the Roth IRA after the depositor's death. Elections made pursuant to this article should be reviewed periodically to ensure they correspond to the depositor's intent. Under paragraph 3 of Article V, the depositor's spouse is treated as the owner of the Roth IRA upon the death of the depositor, rather than as the beneficiary. If the spouse is to be treated as the beneficiary, and not the owner, an overriding provision should be added to Article IX.

Article IX. Article IX and any that follow it may incorporate additional provisions that are agreed to by the depositor 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 depositor, etc. Attach additional pages if necessary.



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

If a linked bank account already exists, please choose option below:

☐ Keep previously linked bank account and add additional bank account

☐ Remove existing bank account(s) and replace with new bank account

Bank Name

☐ Checking

☐ Savings

ABA / Routing number

Account number

Owner's Name(s) on Bank Account

Please allow at least three (3) business days for processing. Supporting bank documentation must be submitted with your request.


Acceptable supporting documentation for a bank account includes:

* MICR encoded check with the full account name imprinted (*temporary checks are not accepted*)

* Bank account statement including the full account name, full account number, and bank name

* Letter written by an employee of the bank providing the full account name, number and routing number. This letter must be on bank letterhead and signed by an authorized employee of your bank.

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

John A. Smith 1300 N. State Street Bellingham, WA 98225 (360) 594-9900	 Bank of YourTown	0306774 99-9/9999 xx 999
VOID		April 1 20 17
PAY TO THE ORDER OF		\$
MEMO: For Acct# PLR XXXXXX		
⑆ 123456789 ⑆ 000001234 ⑆ 0306774		

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	
<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	
<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 my 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 other financial institutions may charge transaction fees.

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

Establishing a standing authorization is required to transfer funds electronically between my Saturna account and my account at another United States financial institution. It is the policy of Saturna Capital to use consumer reports in connection with establishing an electronic fund transfer service and for any other authorized purpose outlined in the FCRA [15 U.S.C. § 1681b]. Such inquiries into a consumer report will be used for legitimate business purposes, where it is necessary for establishing electronic fund transfers in connection with a business transaction that is initiated by me or to review an

account to determine whether I continue to meet the terms of the account. Any other purposes will be in accordance with Saturna's privacy statement

By signing this form, I authorize Saturna to disclose information and receive information from a third-party consumer reporting agency, in connection with my request to establish electronic fund services.

In the event my request is denied, or the services are suspended or closed on the basis, in whole or in part, from the information in the consumer report, Saturna Capital will provide a notice of adverse action to me. Written and/or electronic notices will contain the following information:

- Summary of my rights under FCRA
- Adverse action was based on information in the consumer report;
- Consumer reporting agency did not make the decision.
- Consumer reporting agency name, address, and telephone number
- Consumer's right to obtain a free consumer report within 60 days; and
- Consumer's right to dispute the accuracy or completeness of information contained in the consumer report

Signature

Date

Joint Signature

Date