



Beneficiary Designation

Mail or fax completed forms to:
Saturna Capital
 P.O. Box N
 Bellingham, WA 98227-0596
 Fax: (360) 734-0755

All changes must be accompanied by a signature. If you have any questions or concerns regarding this form, please call us at **800-728-8762**.

Customer Information

Mutual Fund Account Number

Brokerage Account Number

Account Owner

Social Security Number

Daytime Phone

Work/Cellular Phone

Evening Phone

Designation of Beneficiary(ies)

This beneficiary designation will cancel any previous designations on file. If you wish to update the beneficiary(ies) for multiple accounts, please use a separate form for each account. If you have additional primary or secondary beneficiaries, please use a second form as well.

Primary Beneficiary(ies):

First Name

Last Name

Relationship

Mailing Address

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

Share/Percentage

City

State

Zip Code

Date of Birth (MM-DD-YYYY)

Social Security Number

First Name

Last Name

Relationship

Mailing Address

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

Share/Percentage

City

State

Zip Code

Date of Birth (MM-DD-YYYY)

Social Security Number

continued

Primary Beneficiary(ies): *(continued)*

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Last Name	Relationship
Mailing Address		<input type="text"/>
<input type="text"/>	<input type="text"/>	Share/Percentage
City	State	Zip Code
<input type="text"/>	<input type="text"/>	
Date of Birth (MM-DD-YYYY)	Social Security Number	

Secondary Beneficiary(ies): (In the event there are no surviving Primary Beneficiaries)

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Last Name	Relationship
Mailing Address		<input type="text"/>
<input type="text"/>	<input type="text"/>	Share/Percentage
City	State	Zip Code
<input type="text"/>	<input type="text"/>	
Date of Birth (MM-DD-YYYY)	Social Security Number	

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Last Name	Relationship
Mailing Address		<input type="text"/>
<input type="text"/>	<input type="text"/>	Share/Percentage
City	State	Zip Code
<input type="text"/>	<input type="text"/>	
Date of Birth (MM-DD-YYYY)	Social Security Number	

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Last Name	Relationship
Mailing Address		<input type="text"/>
<input type="text"/>	<input type="text"/>	Share/Percentage
City	State	Zip Code
<input type="text"/>	<input type="text"/>	
Date of Birth (MM-DD-YYYY)	Social Security Number	

Signature required on next page

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 800/SATURNA.

If you name someone other than your spouse as Primary Beneficiary and reside in a community property or marital property state, including AZ, CA, ID, LA, NV, NM, TX, WA, or WI, your spouse must consent in writing to this designation by completing the Spouse's Consent section.

Spouse's Consent

Must be completed if designating someone other than your spouse as Primary Beneficiary and you reside in one of the states listed above.

I am the spouse of the Participant identified. I hereby consent to my spouse's designation of the beneficiary(ies) identified. I further acknowledge my understanding that:

1. My spouse's designation that all or part of his or her vested account balance be paid to one or more beneficiaries other than myself is not valid unless I consent to it;
2. I am waiving the right to be the sole Primary Beneficiary of my spouse's death benefit under the Plan; and
3. My consent is irrevocable (check one of the following):
 - until my spouse changes his or her designation of beneficiary(ies). At that time I must consent to any change in beneficiaries, or
 - even if my spouse changes his or her designation of beneficiary(ies). My spouse may change his or her beneficiary(ies) without my consent.

Signature of Participant's Spouse _____

Name of Participant's Spouse (print or type)

Dated at _____

City, State

this _____ day of _____

Date Month Year

Witnessed by: _____

Notary Public, State of _____

My Commission: is permanent expires: _____

OR

Authorized Representative of Plan Administrator

Name of Representative (print or type)

Signature

The undersigned warrants that I have full authority to make this change, am of legal age, and have received and read a current Prospectus and agree to be bound by its terms. *Unless this sentence is struck*, I certify, under penalties of perjury, that I am not subject to backup withholding under the provisions of section 3406(a)(1)(C) of the Internal Revenue Code. This application is not effective until it is received and accepted.

Signature: _____

Date: _____