



# SEP-IRA Application - Employee

## Saturna Capital Simplified Employee Pension (SEP) 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:  
(Email or fax is not accepted)

**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*
- 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

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Mailing Address (optional)

City

State

Zip

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Preferred Phone

Alternate Phone

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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"/>	

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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 (optional): <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Dr.	SSN or Tax ID (optional)
<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 percentage 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"/> Amana Growth Institutional	\$ <input type="text"/>	or	<input type="text"/> %
<input type="checkbox"/> Amana Developing World Institutional	\$ <input type="text"/>	or	<input type="text"/> %
<input type="checkbox"/> Amana Income Institutional	\$ <input type="text"/>	or	<input type="text"/> %
<input type="checkbox"/> Amana Participation Institutional	\$ <input type="text"/>	or	<input type="text"/> %
<input type="checkbox"/> Saturna Growth Z Shares	\$ <input type="text"/>	or	<input type="text"/> %
<input type="checkbox"/> Saturna International Z Shares	\$ <input type="text"/>	or	<input type="text"/> %
<input type="checkbox"/> Saturna Core	\$ <input type="text"/>	or	<input type="text"/> %
<input type="checkbox"/> Saturna Global High Income	\$ <input type="text"/>	or	<input type="text"/> %
<input type="checkbox"/> Saturna Short-Term Bond	\$ <input type="text"/>	or	<input type="text"/> %
<input type="checkbox"/> Saturna 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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\* 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

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Are you an employee at another broker-dealer?

Yes  No

Broker-Dealer Name:

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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:

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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:*

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Are you a 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 SEP-Individual Retirement Account and to make the investments selected.
- I understand and agree to all terms and conditions set forth in this Saturna Capital SEP-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

# Traditional Individual Retirement Trust Account

(Under section 408(a) of the Internal Revenue Code)

Do not file  
with the Internal  
Revenue Service

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

The grantor named above is establishing a traditional individual retirement account under section 408(a) to provide for his or her retirement and for the support of his or her beneficiaries after death.

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

The grantor has assigned the trust \_\_\_\_\_ dollars (\$ \_\_\_\_\_) in cash.

The grantor and the trustee make the following agreement.

## Article I

Except in the case of a rollover contribution described in section 402(c), 403(a)(4), 403(b)(8), 408(d)(3), or 457(e)(16), an employer contribution to a simplified employee pension plan as described in section 408(k) or a recharacterized contribution described in section 408A(d)(6), the trustee 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

The grantor's interest in the balance in the trust account is nonforfeitable.

## Article III

1. No part of the trust account funds may be invested in life insurance contracts, nor may the assets of the trust 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 trust 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 grantor's interest in the trust 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 grantor's entire interest in the trust account must be, or begin to be, distributed not later than the grantor's required beginning date, April 1 following the calendar year in which the grantor reaches age 70½. By that date, the grantor may elect, in a manner acceptable to the trustee, to have the balance in the trust account distributed in:
  - (a) A single sum or
  - (b) Payments over a period not longer than the life of the grantor or the joint lives of the grantor and his or her designated beneficiary.
3. If the grantor dies before his or her entire interest is distributed to him or her, the remaining interest will be distributed as follows:
  - (a) If the grantor dies on or after the required beginning date and:
    - (i) The designated beneficiary is the grantor'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 grantor'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 grantor 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 grantor as determined in the year of the grantor's death and reduced by 1 for each subsequent year.
  - (b) If the grantor 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:
4. If the grantor dies before his or her entire interest has been distributed and if the designated beneficiary is not the grantor's surviving spouse, no additional contributions may be accepted in the account.
  - (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 grantor's death. If, however, the designated beneficiary is the grantor's surviving spouse, then this distribution is not required to begin before the end of the calendar year in which the grantor would have reached age 70½. But, in such case, if the grantor'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 grantor's death.
5. The minimum amount that must be distributed each year, beginning with the year containing the grantor'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 grantor reaches age 70½, is the grantor'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 grantor's designated beneficiary is his or her surviving spouse, the required minimum distribution for a year shall not be more than the grantor'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 grantor's (or, if applicable, the grantor 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 grantor's death (or the year the grantor would have reached age 70½, 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 grantor reaches age 70½ 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 traditional IRAs may satisfy the minimum distribution requirements described above by taking from one traditional IRA the amount required to satisfy the requirement for another in accordance with the regulations under section 408(a)(6).

Article V

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

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

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 section 408(a) 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

Article VIII 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.

Grantor's signature \_\_\_\_\_ Date \_\_\_\_\_
Trustee's signature \_\_\_\_\_ Date \_\_\_\_\_
Witness' signature \_\_\_\_\_ Date \_\_\_\_\_
(Use only if signature of the grantor or the trustee is required to be witnessed.)

General Instructions

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

Purpose of Form

Form 5305 is a model trust account agreement that meets the requirements of section 408(a). However, only Articles I through VII have been reviewed by the IRS. A traditional individual retirement account (traditional IRA) is established after the form is fully executed by both the individual (grantor) and the trustee. To make a regular contribution to a traditional IRA for a year, the IRA must be established no later than the due date (excluding extensions) of the individual's income tax return for the year. This account must be created in the United States for the exclusive benefit of the grantor and his or her beneficiaries.

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

For more information on IRAs, including the required disclosures the trustee must give the grantor, see Pub. 590-A, Contributions to Individual Retirement Arrangements (IRAs), and Pub. 590-B, Distributions from Individual Retirement Arrangements (IRAs).

Definitions

Trustee. The trustee 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 trustee.

Grantor. The grantor is the person who establishes the trust account.

Traditional IRA for Nonworking Spouse

Form 5305 may be used to establish the IRA trust for a nonworking spouse.

Contributions to an IRA trust account for a nonworking spouse must be made to a

separate IRA trust account established by the nonworking spouse.

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 grantor reaches age 70½ 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 grantor and trustee to complete the agreement. They may include, for example, definitions, investment powers, voting rights, exculpatory provisions, amendment and termination, removal of the trustee, trustee's fees, state law requirements, beginning date of distributions, accepting only cash, treatment of excess contributions, prohibited transactions with the grantor, etc. Attach additional pages if necessary.





# Online Access and E-Delivery

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

Use this form to create and update online access and e-delivery preferences, and to link multiple Saturna mutual fund accounts. All changes must be accompanied by a signature. If you have any questions or concerns about this form, please call us at **1-800-728-8762**.

## Customer Information

Account Owner / Custodian / Agent

Existing Username (if applicable)

Account Owner's Date of Birth

(MM-DD-YYYY)

If you are requesting a new Username, please indicate your first and second choices below. Usernames are NOT case sensitive, and should consist of letters and numbers only.

Email Address (Required):

*A unique email address is required for each user linked to the account.*

Requested Username (first choice)

Security Phrase (Required):

Requested Username (second choice)

*A Security Phrase can be anything you want it to be. We will use your input for future logins to help you determine the authenticity of the site where you are logging in. If the Security Phrase doesn't match what you input here, it is likely a phishing site.*

Establish New

Add Additional Accounts

## Account Information and Household Linking

Please provide information regarding the accounts you wish to view online and/or link via householding. If you wish to enroll in electronic delivery, you must consent by checking the box on page 2. Please be sure to read our e-delivery policies on page 3.

### E-Delivery Preferences (Please check all that apply)

	Statements, Confirmations, and Account Notifications	Reports and Prospectuses <sup>1</sup>	Proxy Materials <sup>2</sup>	Newsletters <sup>3</sup>
Primary Account Number (Registration) <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Account Number (Registration) <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Account Number (Registration) <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Account Number (Registration) <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Account Number (Registration) <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<sup>1</sup> Reports and Prospectuses includes annual and semi-annual reports, prospectuses, and quarterly performance and commentary.

<sup>2</sup> Proxy Materials includes proxy statements and voting information related to Saturna-affiliated mutual funds only.

<sup>3</sup> Newsletters includes From The Yardarm and may include other periodic non-account specific announcements such as holiday greetings and other marketing/promotional materials.

**Important Note:** The Social Security or Tax ID Number of the primary account owner listed in Customer Information above must be affiliated, either as an account owner or authorized individual on the account numbers provided for household linking. If the primary account owner above is not an owner or authorized individual on all accounts listed, or is not authorized to act individually on behalf of all account owners for an account listed, then each account owner or authorized individual must sign on page two (i.e., for joint accounts). A **Trading Authorization Form** is required to enable trading in accounts where the primary account owner above is not an owner or authorized individual. Failure to provide all necessary authorizations will result in this form being rejected.

## Online Access Agreement

By checking the box and signing below, you agree to abide by the Online Access and E-Delivery terms and conditions as they may be amended from time to time; amended terms and conditions will be posted on [www.saturna.com/terms-conditions](http://www.saturna.com/terms-conditions). Your continued use of the website will constitute your acceptance of the then-current terms and conditions. The terms and conditions of this agreement set forth the entire understanding and agreement between you and Saturna Capital concerning your online account access and electronic delivery of Fund documents and communications.

I agree to abide by the online account access terms and conditions. Please enroll all the accounts listed on Page 1.

## E-Delivery Consent

By checking the box and signing below, you consent to receiving your Fund documents and communications by electronic delivery. After registration, you will receive e-mail notification that your Fund documents are available to view with instructions for accessing them online. You may revoke e-delivery and revert to paper mailings at any time by calling Saturna's customer service department.

Please note that no confidential information will be sent via e-mail.

I elect to receive electronic delivery of certain account documents and communications, as outlined in this agreement, for the accounts listed on Page 1 that have affirmatively enrolled in e-delivery by checking the box associated with each specific document and/or communication type.

## Signatures

**Primary Account Owner / Custodian:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Signature)

**Additional Account Owner:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Signature)

**Additional Account Owner / Agent:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Signature)

**Additional Account Owner / Co-agent:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Signature)

**At this time, we cannot accept electronic signatures.**

**For additional signatures, please print multiple copies of this page.**

## Online Account Access Terms and Conditions

Accessing, transacting, or requesting account information through Saturna.com requires accepting the following terms and conditions.

Account owners and authorized individuals of the account must consent to the electronic transmission of their personal financial information.

Authorized individuals are persons that you have authorized with full access to your account and that have been granted a username.

Saturna takes safeguarding customer information very seriously. Online account access is available only through a password protected login. Accessing certain features may require users to re-authenticate by answering security questions or other security prompts.

You agree to take reasonable measures to safeguard and keep confidential any passwords, usernames, answers to security questions, and security phrases related your online account access. You understand that by sharing your login information with anyone that you are waiving any and all claims you may have against Saturna. You agree that Saturna will not be liable for any activities occurring in your accounts that result from your negligence or failure to use or maintain reasonable security measures. You agree that Saturna will not be liable for acting on instructions received through the website if Saturna used reasonable procedures to ensure the authenticity of the instructions. You agree to promptly notify Saturna if you suspect that your passwords, usernames, answers to security questions, or security phrases may have been compromised.

Users who elect to combine accounts under one username must submit an **Online Access and E-Delivery** form that has been signed by all account owners for each account listed on the form. Each authorized individual must agree to the terms and conditions set forth in this policy.

For joint accounts, each joint owner irrevocably appoints the other joint owner(s) as attorney-in-fact to take all action on behalf of and to represent in all respects each other joint owner(s). Each joint owner shall be liable, jointly and individually, for any amounts due to Saturna, incurred by any other joint owner(s).

Any messages that display the status of an order or other online transaction are being provided solely for the purpose of informing you that transactional information entered by you or an authorized individual has been transmitted or failed to transmit to Saturna. You understand that any and all transactions entered on Saturna.com will not be deemed accepted until you have received written confirmation from Saturna, as required by applicable law.

Purchase and sale of Fund shares are subject to all requirements and restrictions as set forth in each Fund's prospectus.

Access to the site and certain features on the site are not available for every account ownership type.

Saturna endeavors to provide timely and accurate details concerning your account. However, you are responsible for reviewing all account statements and transaction related communications sent to you by Saturna, and you agree to promptly notify Saturna of any errors or inaccuracies related to these statements and communications.

Saturna does not warrant that access to your account will be uninterrupted or error free. Saturna does not warrant the timeliness, accuracy, completeness, or reliability of any information with respect to accessing electronic information. The service is provided as is and without warranties.

## E-Delivery Terms and Conditions

### What documents are included in e-delivery?

By enrolling in e-delivery, you may consent to receive any or all of the following account documents electronically, in place of paper mailings, for each account that you register:

- Account Statements
- Trade Confirmations
- Prospectuses, Supplements, and Proxy Materials
- Shareowner Reports

### What are the technical requirements and fees for e-delivery?

Saturna does not charge fees for sending your account documents and communications electronically, but your internet service provider or mobile data provider may charge for accessing information online. To register and use e-delivery, you will need:

- A valid email address associated with each Registration
- Internet access that is capable of Secure Socket Layer (SSL) encryption
- A valid username and password associated with your Saturna accounts (usernames and passwords can be created by you online, or issued by Saturna's customer service team)
- Access to a PDF viewer such as Adobe Acrobat Reader.

If you do not currently have a PDF viewer, Adobe Acrobat Reader can be downloaded for free at [www.adobe.com/reader](http://www.adobe.com/reader)

### What is the process for e-delivery notification?

You will receive an e-mail from Saturna with instructions for accessing new documents once they are posted to your Saturna account online. You will be required to log into your account to view any documents that contain personal information.

By registering for e-delivery, you agree that your online documents are deemed accepted, regardless of whether a particular document is accessed or viewed. You are responsible for maintaining the confidentiality of your account numbers, username, password, security questions, and security phrase. You are responsible for all activities that occur under your username and password.

### Who can make changes to account delivery preferences?

Any authorized individual on the account may change e-delivery preferences. We will send a confirmation to verify preference changes. The last instructions received for the account will be recorded and followed.

### How can I stop e-delivery and return to paper mailings?

You may discontinue e-delivery and revert to paper mailings at any time by calling Saturna's customer service department at 1-800-728-8762 or changing your preferences online at [www.saturna.com](http://www.saturna.com).

Additionally, if Saturna determines that a notification e-mail has not been received by you (i.e., it "bounces back"), Saturna will terminate the electronic delivery registration for the affected accounts and revert to paper mailings.