



Investment Application

For Trusts

For Saturna use only:

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**.

Return completed applications to:

Saturna Capital Corporation
P.O. Box N
Bellingham, WA 98227-0596

Overnight address: Saturna Capital Corporation
1300 N. State St.
Bellingham, WA 98225

SECTION A - TRUST INFORMATION

Title of Trust

Tax ID Number

Required Documentation

1. This Investment Application Form
2. Trustee Certification of Investment Powers
3. Page(s) of the trust instrument showing its formal name and trustee(s), the notarized signature page
4. Government issued photo identification of all trustees

SECTION B - ADDRESS AND CONTACT INFO

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

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

State

Zip

Mailing Address (Optional)

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

State

Zip

Preferred Phone

Alternate Phone

E-mail

E-mail is required to establish online access to the account.

You may use the Online Access and E-Delivery form to setup online access and e-delivery preferences, and to link multiple accounts together.

For more information about Saturna's electronic delivery policies, please visit www.saturna.com/edelivery

SECTION C – INVESTMENT SELECTION INSTRUCTIONS

Please note: for initial funding we accept personal or corporate checks pre-printed with your name payable to fund(s) selected. We cannot accept third party checks, starter checks, EFT/ACH transfers, cashier’s checks, cash, or credit card checks.

Saturna Brokerage Services accounts require a different, additional application.

To initiate a bank account link for subsequent ad hoc investments and/or automatic investment plan, please complete the Electronic Funds Transfer (EFT via ACH) Form.

\$100 Minimum per fund

<input type="checkbox"/> Amana Income Investor Shares	AMANX	\$	or	%
<input type="checkbox"/> Amana Growth Investor Shares	AMAGX	\$	or	%
<input type="checkbox"/> Amana Developing World Investor Shares	AMDWX	\$	or	%
<input type="checkbox"/> Amana Participation Investor Shares	AMAPX	\$	or	%

\$100,000 Minimum per fund

<input type="checkbox"/> Amana Income Institutional Shares	AMINX	\$	or	%
<input type="checkbox"/> Amana Growth Institutional Shares	AMIGX	\$	or	%
<input type="checkbox"/> Amana Developing World Institutional Shares	AMIDX	\$	or	%
<input type="checkbox"/> Amana Participation Institutional Shares	AMIPX	\$	or	%

\$1,000 Minimum per fund

<input type="checkbox"/> Saturna Growth Investor Shares	SSGFX	\$	or	%
<input type="checkbox"/> Saturna Growth Z Shares	SGZFX	\$	or	%
<input type="checkbox"/> Saturna International Investor Shares	SSIFX	\$	or	%
<input type="checkbox"/> Saturna International Z Shares	SIFZX	\$	or	%
<input type="checkbox"/> Saturna Core	SCORX	\$	or	%
<input type="checkbox"/> Saturna Global High Income	SGHIX	\$	or	%
<input type="checkbox"/> Saturna Short-Term Bond	STBFX	\$	or	%
<input type="checkbox"/> Saturna Bond Income	SBIFX	\$	or	%

\$1,000 Minimum per fund

<input type="checkbox"/> Saturna Sustainable Equity	SEEFX	\$	or	%
<input type="checkbox"/> Saturna Sustainable Bond	SEBFX	\$	or	%

100%

Be sure to read the prospectus or summary prospectus of any mutual fund you select.

SECTION D – OTHER INFORMATION

Cost Basis Accounting Method: First In, First Out (FIFO)

IRS Regulations require mutual fund companies to report shareowner cost basis information on shares acquired in taxable accounts on or after January 1, 2012.

Saturna’s default cost basis accounting method is First In, First Out (FIFO). A Cost Basis form is required to change cost basis accounting method.

For more information, please visit www.saturna.com/costbasis or call us toll free at 1-800-728-8762.

Telephone Redemption Privileges

You automatically have telephone redemption by check and telephone exchange privileges unless you strike this line. (Procedures may include requiring a form of personal identification. The Funds also provide written confirmation of transactions.)

SECTION E – DIVIDEND ELECTION

All dividends under \$10 will be reinvested. Dividends will be reinvested if nothing is selected.

- Re-invest all dividends
- Remit all dividends of \$10 or more
 - by Check
 - by EFT (must set up EFT Instructions)

SECTION F – SIGNATURES

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number; and
2. I am not subject to backup withholding because:
 - a. I am exempt from backup withholding; or
 - b. I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest and dividends; or
 - c. The IRS has notified me that I am no longer subject to backup withholding (cross out this item 2 if you have been notified by the IRS that you are currently subject to backup withholding).
3. I am a US citizen or other US person. For federal tax purposes, you are considered a US person if you are:
 - d. An individual who is a US citizen or US resident alien; or
 - e. A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; or
 - f. An estate (other than a foreign estate); or
 - g. A domestic trust (as defined in Treasury Regulation 301.7701-7).

4. I am exempt from FATCA reporting.
5. 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.
6. I have read and understood the prospectus and/or summary prospectus of each fund selected.
7. 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).

If I fail to give the correct number or fail to sign this form, Saturna Capital and/or its affiliates may reject, restrict, or redeem my account. I may also be subject to backup withholding, and I may be subject to an IRS penalty. The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Trustee

Print Name

Date (MM-DD-YYYY):

Signature

Trustee

Print Name

Date (MM-DD-YYYY):

Signature

Trustee

Print Name

Date (MM-DD-YYYY):

Signature

Trustees signing this form must match the Trustees listed on the Trustee Certification of Investment Powers Form.

For assistance, please call:
1-800-728-8762

Only original applications with original signatures will be accepted. To prevent delays in account opening, sign using a blue or black pen and mail to the address listed below.

We cannot accept digital signatures of any kind.

Return completed applications to:

Saturna Capital Corporation
P.O. Box N
Bellingham, WA 98227-0596

Overnight address: Saturna Capital Corporation
1300 N. State St.
Bellingham, WA 98225

For Saturna use only:

Opened by: _____ Date: _____

Approved by: _____ Date: _____