



Electronic Funds Transfer (EFT via ACH) & Automatic Investing

This form must be accompanied by a signature. If there are joint registrants on either the investment account or the bank account, the signatures of both parties must be present.

If you have any questions or concerns regarding this form, please call us at **1-800-728-8762**.

When we use information from your check to make an electronic funds transfer, money may be withdrawn from your account as soon as the same day we receive your request. The check attached to this application will not be returned.

Transactions may be made on any business day (typically Monday through Friday, not including holidays). You may use EFT to transfer funds from your bank account to your selected mutual funds, or from your selected mutual funds to your bank account.

We will disclose information to third parties about your account or the transfers you make only when it is necessary to complete a requested transfer, to verify the existence and condition of your account for a third party (i.e., your bank), or in order to comply with government agency or court orders.

If you have told us in advance to make regular payments out of your account, you can stop any of these payments. Please call us at 1-800-728-8762 in time for us to receive your request 3 business days or more before the payment is scheduled to be made. If you call, we may also require you to put your request in writing and get it to us within 14 days after you call. If you order us to stop one of these payments 3 business days or more before the transfer is scheduled, and we do not do so, we will be liable for your losses or damages.

SECTION 1 – CUSTOMER INFORMATION

Registration Number

Please note: This form is for mutual Fund accounts. Brokerage accounts require a different form.

Account Owner / Custodian

Joint Owner / Minor / Name of Trust

Preferred Phone Number

SECTION 2 – BANK INFORMATION

You MUST enclose a voided check imprinted with your name & address.

Update & Replace Existing Bank Information Add an Additional Bank Account

Name of Bank

ABA Routing Number

Account Number

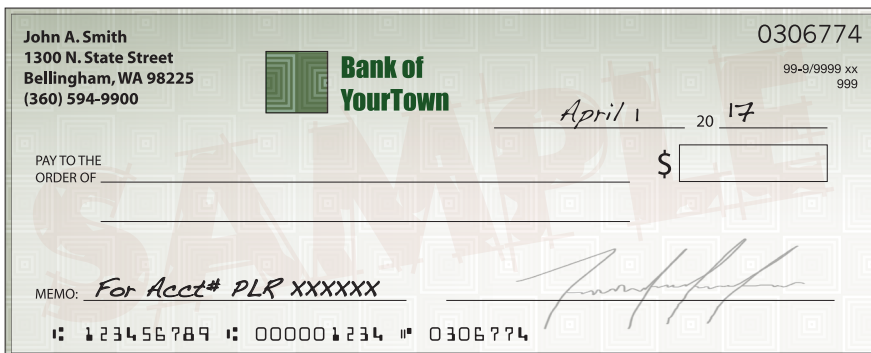
Please allow 10 business days for bank account link to activate.

Type of Account: Checking Savings

Account Ownership: Individual Joint

Bank Account Joint Owner's Name (if applicable):

Bank Account Joint Owner's Email (if applicable):



ABA Routing Number

Account Number

SECTION 3 – REQUEST TYPE

Standing Instructions Only

Skip to **Section 5 - Signatures**

Automatic Investment Plan

Please complete **Section 4 - Investment Instructions**

Continued on next page.

EFT_ACH-20170927

SECTION 4 – INVESTMENT INSTRUCTIONS

		\$25 Minimum per fund after initial minimum	Specify period	Start date
<input type="checkbox"/> Amana Income <i>Investor</i>	AMANX	\$	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	
<input type="checkbox"/> Amana Growth <i>Investor</i>	AMAGX	\$	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	
<input type="checkbox"/> Amana Developing World <i>Investor</i>	AMDWX	\$	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	
<input type="checkbox"/> Amana Participation <i>Investor</i>	AMAPX	\$	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	
<input type="checkbox"/> Amana Income <i>Institutional</i>	AMINX	\$	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	
<input type="checkbox"/> Amana Growth <i>Institutional</i>	AMIGX	\$	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	
<input type="checkbox"/> Amana Developing World <i>Institutional</i>	AMIDX	\$	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	
<input type="checkbox"/> Amana Participation <i>Institutional</i>	AMIPX	\$	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	
<input type="checkbox"/> Sextant Growth <i>Investor Shares</i>	SSGFX	\$	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	
<input type="checkbox"/> Sextant Growth <i>Z Shares</i>	SGZFX	\$	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	
<input type="checkbox"/> Sextant International <i>Investor Shares</i>	SSIFX	\$	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	
<input type="checkbox"/> Sextant International <i>Z Shares</i>	SIFZX	\$	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	
<input type="checkbox"/> Sextant Core	SCORX	\$	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	
<input type="checkbox"/> Sextant Global High Income	SGHIX	\$	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	
<input type="checkbox"/> Sextant Short-Term Bond	STBFX	\$	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	
<input type="checkbox"/> Sextant Bond Income	SBIFX	\$	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	
<input type="checkbox"/> Idaho Tax-Exempt Fund	NITEX	\$	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	
<input type="checkbox"/> Saturna Sustainable Equity	SEEFX	\$	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	
<input type="checkbox"/> Saturna Sustainable Bond	SEBFX	\$	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	

Signature(s)

The undersigned warrants that I (we) have full authority to make this change, am (are) 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 (we) certify, under penalties of perjury, that I (we) am (are) not subject to backup withholding under the provisions of section 3406(a)(1)(C) of the Internal Revenue Code.

The signatures of all investment account and bank account owners are required.

Signature: _____

Date: _____

Joint Signature: _____

Date: _____

Mail or fax completed forms to:

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

Fax: 360-734-0755

Overnight address:

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

Only original applications with original signatures will be accepted. To prevent delays in processing, sign using a blue or black pen and mail to the address listed below. We cannot accept digital signatures of any kind.

For Saturna use only:

Entered: _____ Reviewed: _____ Prenote: _____