



Health Savings Account Return of Distribution Form

If at anytime you have questions or need help filling out this form, please call us toll-free at 1-800-728-8762.

Saturna Registration Number:

Brokerage Account Number:

Account Owner:

First Name

M.I.

Last Name

Mailing Address:

City

State

Zip

Daytime Phone Number:

Social Security Number:

Details of Mistaken Distribution

Date of Mistaken Distribution:

(MM-DD-YYYY)

Amount of Mistaken Distribution:

Date of Check to Return Funds:

(MM-DD-YYYY)

Amount of Check to Return Funds:

Reinvest my returned funds as indicated below:

Amana Income *Investor*

Sextant Growth

Amana Income *Institutional*

Sextant International

Amana Growth *Investor*

Sextant Core

Amana Growth *Institutional*

Sextant Global High Income

Amana Developing World *Investor*

Sextant Short-Term Bond

Amana Developing World *Institutional*

Sextant Bond Income

Amana Participation *Investor*

Saturna Sustainable Equity

Amana Participation *Institutional*

Saturna Sustainable Bond

Saturna Brokerage Services*

* Requires brokerage account.

Make your check payable to:

Saturna Capital in the account of (your name)*

Please write your HSA account number in the memo portion of your check, along with the words "Return of Mistaken Distribution".

Mail your completed form and check to:

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

* If you have a brokerage HSA, please make your check payable to: Pershing, LLC in the account of (your name)

Account Holders Certification

The transaction described above was an unintentional distribution from my Health Savings Account. I am enclosing a check in the same amount, to remedy this mistake. Please do not count this deposit toward my annual HSA contribution limit.

Account Owner Signature: _____

Date: _____