



# Health Savings Account Cash Transfers

Complete this form to request a liquidation of securities and transfer of cash from an existing HSA to Saturna Capital.

To transfer Amana or Sextant shares from another custodian to Saturna, please use Saturna's Non-ACAT Transfer Form.

To transfer other securities in-kind, please use Pershing's Account Transfer Form.

**Mail original completed forms (email or fax is not acceptable), copy of your photo ID, and copy of the most recent statement from your existing HSA to:**

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

## Description of HSA to be Transferred

### Account Owner

Full Legal Name

Preferred Salutation (optional):  Mr.  Mrs.  Ms.  Dr.

- Single
- Married
- Divorced
- Widowed

Social Security Number

Address

City	State	Zip
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Preferred Phone

Custodian Firm currently holding your account:

Custodian Firm's Address

City	State	Zip
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Custodian Firm's Phone Number

Account Number (at current Custodial Firm):

## To Current Custodian

I authorize you to (choose only one option):

- Liquidate (sell) ALL Assets
- Liquidate (sell) PART \$

and send proceeds to the Saturna Capital IRA I have established with Saturna Trust Company (EIN 26-3918998), a qualified Trustee under IRS Regulation 1.401-12(n).

**Note: Liquidation for transfer is a non-taxable event.**

**Signature:**

Account Owner

Date



**HSA Transfers** (continued)

**Investment Selection Instructions**

- Open a new Saturna Capital HSA for me. I have completed the Saturna HSA Application and enclosed a copy of a recent statement of the account to be transferred.
- Consolidate my HSAs by depositing proceeds from this transfer to my existing Saturna Capital HSA

**Saturna Registration Number <sup>†</sup>**

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**Saturna Brokerage Account Number <sup>†</sup>**

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<sup>†</sup> If available

**Investment Allocation**

**Affiliated Funds\***

<input type="checkbox"/>	<b>Amana Growth</b> <i>Institutional</i>	\$	or			%
<input type="checkbox"/>	<b>Amana Developing World</b> <i>Institutional</i>	\$	or			%
<input type="checkbox"/>	<b>Amana Income</b> <i>Institutional</i>	\$	or			%
<input type="checkbox"/>	<b>Amana Participation</b> <i>Institutional</i>	\$	or			%
<input type="checkbox"/>	<b>Sextant Growth</b> <i>Z Shares</i>	\$	or			%
<input type="checkbox"/>	<b>Sextant International</b> <i>Z Shares</i>	\$	or			%
<input type="checkbox"/>	<b>Sextant Core</b>	\$	or			%
<input type="checkbox"/>	<b>Sextant Global High Income</b>	\$	or			%
<input type="checkbox"/>	<b>Sextant Short-Term Bond</b>	\$	or			%
<input type="checkbox"/>	<b>Sextant Bond Income</b>	\$	or			%
<input type="checkbox"/>	<b>Saturna Sustainable Equity</b>	\$	or			%
<input type="checkbox"/>	<b>Saturna Sustainable Bond</b>	\$	or			%

**Non-affiliated Funds\*\***

<input type="checkbox"/>	<b>Self-directed Brokerage</b>	\$	or			%
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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))

**Custodian Acceptance**

Saturna Trust Company will accept the assets described herein and credit them to the selected Saturna Capital HSA for which we are Trustee/Custodian. Please liquidate and transfer from fiduciary to fiduciary as authorized above.

**Signatures:**

\_\_\_\_\_  
Custodian / Trustee Signature

\_\_\_\_\_  
Date

**Checklist of Items for Your HSA Transfer**

To help avoid any processing delays, please be sure the following actions have been completed prior to mailing this request:

- Contact current custodian for any exit paperwork or other required steps to complete the transfer.
- Fill out this form in its entirety and sign it. **Digital signatures are not accepted.**
- Enclose a copy of your government-issued photo ID with signature.
- Enclose a copy of your most recent statement from current custodian.

Mail original completed forms:

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

If at any time you have questions or need help filling out this form, please call us toll-free at **1-800-SATURNA (1-800-728-8762)**.