

# INVESTMENT APPLICATION

For assistance, please call:  
(800) SATURNA or (360) 594-9900  
Fax: (360) 734-0755



## Account Type and Name (select only one, except for Joint Ownership):

**Individual**

First Name

Social Security Number

M.I.

Last Name

Date of Birth (MM/DD/YYYY)

**Citizenship**

- U.S. Citizen
- U.S. Resident Alien

**Joint Owner**

First Name

Social Security Number

M.I.

Last Name

Date of Birth (MM/DD/YYYY)

**Citizenship**

- U.S. Citizen
- U.S. Resident Alien

**Gift To Minor**

Custodian's First Name

Custodian's Social Security Number

M.I.

Last Name

Custodian's Date of Birth (MM/DD/YYYY)

under the  State Uniform Transfer to Minors Act

Minor's First Name

Minor's Social Security Number

M.I.

Last Name

Minor's Date of Birth (MM/DD/YYYY)

Relationship

**Other**

Indicate name of corporation, organization or fiduciary capacity. If a trust, include name(s) of trustees and date of trust instruments (corporate resolution and/or trust documents with signatures). W-9 Forms are required for corporate accounts.

Tax ID Number

Date of Trust (MM/DD/YYYY)

**Federal Tax classification:**

- Individual/Sole Proprietor
- Partnership
- C Corporation
- Trustee/Estate
- S Corporation
- Other

Persons authorized to transact business for the above entity. (attach separate sheet if necessary)

## Residence Address (Required — Must be a street address — P.O. Boxes are not accepted.)

Physical /Street Address

City

State

Apartment, Suite, Etc.

Zip Code + 4

## Telephone

Daytime

Home

Other

## Mailing Address (Optional)

Mailing Address

City

State

Apartment, Suite, Etc.

Zip Code + 4

Email

## Initial Investment (Minimum \$1,000; please make check payable to Idaho Tax-Exempt Fund.)

**Be sure to fill out and sign the reverse side of this application.**

## Cost Basis Accounting Method: First In, First Out

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).

For more information and a separate form to select a cost basis accounting method other than FIFO, please visit [www.saturna.com/costbasis](http://www.saturna.com/costbasis) or call us toll free at 1-800/SATURNA.

## 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 Fund also provides written confirmation of transactions.)

## EFT Telephone Transfer Privilege (Please attach a voided check or a copy of your latest account statement.)

To transfer funds by EFT at no charge to or from my (our) bank account, I (we) authorize Electronic Fund Transfers through the Automated Clearing House (ACH) for my (our) designated US bank account.

ABA Routing Number:

Account Number:

## Automatic Investment Plan (Please attach a voided check or a copy of your latest account statement.)

Invest \$\_\_\_\_\_ (minimum of \$25) into  Idaho Tax-Exempt Fund on the \_\_\_\_\_ day of each month (the 15th unless another date is chosen) by EFT from my (our) US bank account. This plan may be canceled at any time.

ABA Routing Number:

Account Number:

## Identification

(Please attach clear photocopy)

Driver's License Number of Individual (or Custodian)

State of Issuance

Driver's License Number of Joint Owner

State of Issuance

(You may also establish identity with a copy of passport or other government document)

## 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 U.S. citizen or other U.S. person (as defined in the IRS Form W-9 instructions).
4. 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.

If I fail to give the correct number or fail to sign this form, Sextant Mutual Funds and/or Saturna Capital 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.

\_\_\_\_\_  
Signature of Individual (or Custodian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Joint Owner (if any)

\_\_\_\_\_  
Date



Please return completed applications to: **Idaho Tax-Exempt Fund, P.O. Box N, Bellingham, WA 98227-0596**