



## Designation of Beneficiary(ies)

If you designate more than one primary beneficiary, but do not specify the percentages to which such beneficiary or beneficiaries are entitled, payment will be made to the surviving beneficiary or beneficiaries in equal shares. To list more beneficiaries, please use Saturna's Account Maintenance Form.

### Primary Beneficiary(ies)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	M.I.	Last Name	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth (MM-DD-YYYY)		Social Security Number	Share/Percentage

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	M.I.	Last Name	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth (MM-DD-YYYY)		Social Security Number	Share/Percentage

### Secondary Beneficiary(ies)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	M.I.	Last Name	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth (MM-DD-YYYY)		Social Security Number	Share/Percentage

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	M.I.	Last Name	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth (MM-DD-YYYY)		Social Security Number	Share/Percentage

You may wish to consult your legal adviser to ensure that this form complies with your will and with your state's laws of testamentary disposition.

**If you have any questions about this form, please contact Saturna Capital Corporation at 800/SATURNA.**

If you name someone other than your spouse as Primary Beneficiary and reside in a community property or marital property state, including AZ, CA, ID, LA, NV, NM, TX, WA, or WI, your spouse must consent in writing to this designation by completing the Spouse's Consent section.

### Spouse's Consent

Must be completed if designating someone other than your spouse as Primary Beneficiary and you reside in one of the states listed above.

I am the spouse of the Participant identified. I hereby consent to my spouse's designation of the beneficiary(ies) identified. I further acknowledge my understanding that:

1. My spouse's designation that all or part of his or her vested account balance be paid to one or more beneficiaries other than myself is not valid unless I consent to it;
2. I am waiving the right to be the sole Primary Beneficiary of my spouse's death benefit under the Plan; and
3. My consent is irrevocable (check one of the following):
  - until my spouse changes his or her designation of beneficiary(ies). At that time I must consent to any change in beneficiaries, or
  - even if my spouse changes his or her designation of beneficiary(ies). My spouse may change his or her beneficiary(ies) without my consent.

\_\_\_\_\_  
Signature of Participant's Spouse

Dated at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
City, State Date Month Year

\_\_\_\_\_  
Name of Participant's Spouse (print or type)

Witnessed by: \_\_\_\_\_

Authorized Representative of  
Plan Administrator: \_\_\_\_\_

Notary Public, State of \_\_\_\_\_

OR

My Commission (is permanent/expires) \_\_\_\_\_

Name of Representative: \_\_\_\_\_

(print or type)

## Investment Allocation

### \$100 Minimum per fund.

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

### \$100,000 Minimum per fund.

<input type="checkbox"/> Amana Income <i>Institutional</i>	\$ <input type="text"/>	or	<input type="text"/> %
<input type="checkbox"/> Amana Growth <i>Institutional</i>	\$ <input type="text"/>	or	<input type="text"/> %
<input type="checkbox"/> Amana Developing World <i>Institutional</i>	\$ <input type="text"/>	or	<input type="text"/> %
<input type="checkbox"/> Amana Participation <i>Institutional</i>	\$ <input type="text"/>	or	<input type="text"/> %
<input type="checkbox"/> Saturna Brokerage Services*	\$ <input type="text"/>	or	<input type="text"/> %

\* Requires brokerage account.

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



**Identification.** Please attach a legible photocopy of the **Grantor's** driver's license, passport, or other government-issued identity document.



**Form 5305.** Be sure to sign and return the appropriate Form 5305 (for Traditional IRAs) or Form 5305-R (for Roth IRAs). Your account will not be opened without proper documentation.

## Signature

By signing this document, I certify that:

- I have full right, power, authority and legal capacity to establish an Individual Retirement Account and to make the investments selected.
- I understand and agree to all terms and conditions set forth in this Saturna Capital Individual Retirement Account Application and Custodial Agreement.
- I have read and understood the IRA Brochure (Disclosure Statement) at least seven days prior to my signing this document.
- I authorize Saturna Capital and/or its affiliates (Saturna Trust Company, Saturna Brokerage Services, Saturna Investment Trust, and/or Amana Mutual Funds Trust, together "Saturna") to verify my identity through an identity verification service and to use information provided by that service to determine whether to establish my account, or, once my account is opened, whether to maintain my account or limit services. If, after making reasonable efforts, Saturna is unable to verify my identity, I understand Saturna is authorized to take any action permitted by law, including closing my account and redeeming my account at the net asset value calculated the day the account is closed.
- I authorize telephone and/or internet exchange and redemption services to be automatically activated when my account is opened. I will contact Saturna in writing to terminate these services.
- I authorize Saturna and its employees to act on any instructions believed to be genuine for any service authorized on this form. Saturna has reasonable procedures to verify the identity of the shareowner and when these procedures are followed, Saturna and its employees are not liable for losses that may occur from acting on such instructions.
- I have read and agree to be bound by the terms of the Prospectus(es) or Summary Prospectus(es) of the mutual fund(s) I have selected.
- 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.
- I understand no share certificates will be issued.
- I certify, under penalties of perjury, that my Social Security Number is correct and that I am not subject to backup withholding under the provisions of § 3406(a)(1)(C) of the Internal Revenue Code.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_