



Specific Lot Identification Redemption Form

All redemption requests must be accompanied by a signature. If there are joint registrants, the signature of at least one account owner must be present. Upon completion of any redemption, you will receive a confirmation notice. If you have any questions or concerns regarding this form, please call us at 800-728-8762. For information, please visit www.saturna.com/costbasis

Mail or fax completed forms to: **Saturna Capital**
P.O. Box N
Bellingham, WA 98227-0596
F: 360-734-0755

Customer Information

Account Owner / Custodian / Trustee:

Social Security Number (Tax ID Number):

□	□	□	-	□	□	-	□	□	□	□
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Joint Owner / Minor / Name of Trust:

Social Security Number (Tax ID Number):

□	□	□	-	□	□	-	□	□	□	□
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Daytime Phone:

(□	□	□)	□	□	□	-	□	□	□	□
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Work/Cellular Phone:

(□	□	□)	□	□	□	-	□	□	□	□
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Evening Phone:

(□	□	□)	□	□	□	-	□	□	□	□
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Email Address:

Please redeem the following shares:

Date of original purchase:

Number of shares to redeem:

Saturna account number(s):

Name or ticker of fund/security:

Date of original purchase:	Number of shares to redeem:	Saturna account number(s):	Name or ticker of fund/security:												
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Payment Instructions (please choose only one)

- Mail me a Check
- Deposit in my bank via Electronic Funds Transfer (requires prior ACH authorization)
- Wire Transfer (a Wire Transfer Request form MUST accompany this distribution form; \$5,000 minimum; fees apply)
- Invest my distribution(s) in the following Saturna Capital fund account:

Account Number

□	□	□	□	□	-	□	□	-	□	□
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Name or ticker of fund/security:

Signature: _____

Date: _____

Joint Signature: _____

Date: _____