



# Third Party Account Access Authorization

Use this form when you wish to authorize a third party to have access to your account information. All requests must be accompanied by a signature. If there are joint account owners, the signatures of both parties must be present. If you have any questions or concerns regarding this form, please call us at **800-728-8762**.

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

## Customer Information

Mutual Fund Account Number(s)

Brokerage Account Number

Account Owner / Custodian

Daytime Phone (or best number to call)

Joint Owner / Minor / Name of Trust

## Authorized Third Party

I authorize the following named Third Party to access my account information:

Name

Social Security or Tax ID

Address

Date of Birth (MM-DD-YYYY)

City

State

Zip

Preferred Phone

Email

Relationship to Account Holder

Check here if third party is an Adviser; Name of Firm

## Signature

I (we) agree that the person named as the authorized person is authorized by me (us) to access my (our) account information.

The undersigned warrants that I (we) have full authority to make this change, am (are) of legal age, and have received and read a current Prospectus and agree to be bound by its terms. *Unless this sentence is struck*, I (we) certify, under penalties of perjury, that I (we) am (are) not subject to backup withholding under the provisions of section 3406(a)(1)(C) of the Internal Revenue Code. This application is not effective until it is received and accepted.

Signature: \_\_\_\_\_

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

Joint Signature: \_\_\_\_\_

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