



# Trading Authorization Form

All requests must be accompanied by a signature. If there are joint registrants, 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/Saturna Brokerage Services  
P.O. Box N  
Bellingham, WA 98227-0596  
F: 360-734-0755

## Account Information

Account Owner / Custodian

Mutual Fund Account Number(s) (if applicable)

Joint Owner / Minor / Name of Trust

Brokerage Account Number(s) (if applicable)

## Trade Authorization Type

Please select whether you would like your agent to have Limited Trading Authorization or Full Trading Authorization.

**Limited Trading Authorization**

Authorizes the person named as Agent in the following section of this form to buy, sell (including short sales), exercise, and trade in stocks, bonds, options contracts and any other securities and/or commodities and/or contracts relating to the same on margin or otherwise in accordance with your terms and conditions for the undersigned's account and risk and in the undersigned's name, or Saturna Capital account number.

**Full Trading Authorization**

Authorizes the person named as Agent in the following section of this form all capabilities of Limited Trading Authority. In addition, that person is authorized to request checks and stock certificates to be issued to the registered account name and address (no changes/authorizations will be accepted from the Agent). Asset transfers require written authorization from the account owner (excluding IRA distributions).

## Authorized Agent Information

Agent Name

Social Security Number or Tax ID Number

Physical Address

Date of Birth (MM-DD-YYYY)

City

State

Zip

Preferred Phone

Co-Agent Name

Social Security Number or Tax ID Number

Physical Address

Date of Birth (MM-DD-YYYY)

City

State

Zip

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## Signature

As the owner of the account listed, I understand that Saturna Capital does not monitor account activity for suitability, and all transactions conducted by the Agent are at my own risk. I hereby ratify and confirm all transactions heretofore or hereafter made by the Agent for this account. Accordingly, I agree to indemnify Saturna Capital, its affiliates, and its employees, holding them free and harmless from, and agreeing to promptly pay upon demand for, any and all losses, liabilities, claims, costs (including reasonable attorney fees) or financial obligations that may arise from the acts or omissions of the Agent with respect to this account. I understand that this authorization and indemnity is continuous and will remain in effect until revoked by Saturna Capital, or until Saturna Capital receives written notice of revocation or notice that all account owners have become disabled or incapacitated. I further understand that this authorization and indemnity shall inure to the benefit of Saturna Capital. Finally, I affirm that this authorization is in addition to any other agreements I have with Saturna Capital and the Agent, and in no way limits or restricts any rights or responsibilities granted by those agreements.

By signing below, all parties affirm that the information provided above is accurate and acknowledge that they have read and agree to the terms and conditions of this Trading Authorization.

**Account Owner Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Joint Owner Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Agent's Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Co-Agent's Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_