



# Account Maintenance

All changes must be accompanied by a signature. Note: It is only necessary to complete those sections of the form in which you would like to make a change. If there are joint registrants, the signatures of both parties must be present. Upon completion of any requested change, you will receive a confirmation letter. 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**  
**F: 360-734-0755**

## Customer Information

Saturna Account Number(s) (if available):

□□□□□□ - □□ □□□□□□ - □□ □□□□□□ - □□□□

Account Owner / Custodian / Trustee:

\_\_\_\_\_

Social Security Number:

□□□□ - □□ - □□□□□□

Joint Owner / Minor / Name of Trust:

\_\_\_\_\_

Social Security Number:

□□□□ - □□ - □□□□□□

## Change of Address

New Physical / Street Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

City

State

Zip

New Mailing Address (optional):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

City

State

Zip

Daytime Phone:

(□□□□) □□□□ - □□□□□□

Evening Phone:

(□□□□) □□□□ - □□□□□□

Work/Cellular Phone:

(□□□□) □□□□ - □□□□□□

Email Address:

\_\_\_\_\_

- Transaction confirmations and shareowner reports may be sent to this email address:
  - Instead of paper mailings (save paper and postage)
  - In addition to paper mailings

Additional Email Address (optional):

\_\_\_\_\_

- Transaction confirmations and shareowner reports may be sent to this email address:
  - Instead of paper mailings (save paper and postage)
  - In addition to paper mailings

**To set up online access for your Saturna account and establish a PIN, please call 800/SATURNA**

## Check Writing Privilege

**\$500 per check minimum – \$10 charge per checkbook**

I (We) hereby request the Custodian to honor checks drawn by me (us) on my (our) account subject to acceptance by the Funds, with payment to be made by redeeming sufficient shares in my (our) account. None of the custodian bank, Saturna Capital Corporation, nor any Sextant Mutual Fund shall incur any liability to me (us) for honoring such checks, for redeeming shares to pay such checks, or for returning checks which are not accepted.

**Single Signature Authority – Joint Accounts only:** (Checks for joint accounts require both signatures unless this box is marked to authorize checks with a single signature). By our signatures below, we agree to permit check redemptions upon the single signature of a joint owner. The signature of one joint owner is on behalf of himself and as attorney in fact on behalf of each other joint owner by appointment. We hereby agree with each other, with the Funds and with Saturna Capital Corporation that all moneys now or hereafter invested in our account are and shall be owned as Joint Tenants with Right of Survivorship, and not as Tenants in Common.

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

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

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

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

