



Change of Address Form

All changes must be accompanied by a signature. 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

Account Owner / Custodian

Social Security Number

--

Joint Owner / Minor / Name of Trust

Social Security Number

--

Mutual Fund Account Number(s)

- -- -

Brokerage Account Number

-

Change of Address

New Physical / Street Address

City

State

Zip

New Mailing Address (if different than above)

City

State

Zip

Daytime Phone

 () -

Work/Cellular Phone

 () -

Evening Phone

 () -

Email Address

Please check all that apply:

- 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)

Please check all that apply:

- 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

Signature

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: _____