



Health Savings Account (HSA) Transfer Form

If you wish to transfer an existing HSA to Saturna Capital, please complete this form. Attach a copy of your most recent statement from your existing HSA custodian. To transfer an HSA held by a brokerage firm to Saturna Brokerage Services, please also complete the Transfer of Assets form (in the brokerage brochure) as well as the Saturna Brokerage Account Application.

Mail completed form(s) and other documents to: Saturna Capital, P.O. Box N, Bellingham, WA 98227-0596

Description of account to be transferred:

Account Name:

Address:

Primary Social Security or Tax ID Number:

Account Number:

Name of Custodian Firm currently holding your account:

Custodian Firm's Address:

Custodian Firm's Phone Number:

One-time transfer from IRA to HSA.

To Current Custodian:

I authorize you to (choose only one option):

Liquidate (sell) ALL Assets

Liquidate (sell) PART \$

to the HSA I have established with Saturna Trust Company (EIN 26-3918998), a qualified Trustee under IRS Regulation 1.401-12(n). Please make check payable to Saturna Trust Company FBO Account Holder.

Note: Liquidation for rollover/transfer is a non-taxable event.

Proceeds should be mailed to Saturna Trust Company as Trustee.

Signature:

Account Owner

Date

MEDALLION SIGNATURE GUARANTEE

Investment Instructions:

Open a new Saturna Capital HSA for me. I have completed the Saturna HSA Application and enclosed a copy of a recent statement of the account to be transferred.

Deposit proceeds from this transfer to my existing Saturna Capital HSA.

Saturna Account Number (if available):

Allocation:

Amana Income \$ or %

Amana Growth \$ or %

Amana Developing World \$ or %

Sextant Growth \$ or %

Sextant International \$ or %

Sextant Core \$ or %

Sextant Global High Income \$ or %

Sextant Short-Term Bond \$ or %

Sextant Bond Income \$ or %

Saturna Brokerage* \$ or %

*Requires brokerage account.

Custodian Acceptance:

Saturna Trust Co. is willing to accept the assets described herein and credit them to the selected Saturna Capital HSA for which we are Trustee/Custodian. Please liquidate and transfer from fiduciary to fiduciary as authorized above.

Mail check to: Retirement Plans, Saturna Capital, Box N, Bellingham WA 98227-0596.

Saturna Use Only

Accepted by

Date