IRA Required Minimum Distribution Form

Account Owner (Grantor) ❒ Mr. ❒ Mrs./Ms. ❒ Dr.

First Name M.I. Last Name

Date of Birth (MM-DD-YYYY)

Saturna Registration Number

Social Security Number

Daytime Phone (or best number to call)

Mail or fax complete forms to:

Saturna Capital
P.O. Box N
Bellingham, WA 98227-0596

Fax: (360) 734-0755

❒ Amana Income	$	or	%
❒ Amana Growth	$	or	%
❒ Amana Developing World	$	or	%
❒ Sextant Growth	$	or	%
❒ Sextant International	$	or	%
❒ Sextant Core	$	or	%
❒ Sextant Short-Term Bond	$	or	%
❒ Sextant Bond Income	$	or	%
❒ Saturna Brokerage Services	$	or	%

Payment Instructions

Send payment by: ❍ Check
❍ Directly to my bank via ACH (requires prior ACH authorization)
❍ Wire Transfer (Instructions MUST be included, $5,000 minimum)
❍ Deposit into my Saturna Account:

❑ The required minimum distribution (RMD) for calendar year: $

❑ Amount: $

❑ Entire account balance

❑ Establish systematic withdrawal plan: $ every ❑ month ❑ quarter ❑ year Beginning (MM-DD-YYYY)

❑ I will take my RMD from other sources

Notice of Withholding

The distributions you receive are subject to income tax withholding which will automatically be deducted at a rate of 10%, unless you check one of the boxes below. By checking one of the boxes below, you may elect not to have withholding apply to your distribution, or you may elect to determine the amount of your withholding. If you elect not to have withholding apply or if not enough federal income tax is withheld, you may be responsible for payment of estimated tax. If estimated tax payments and withholding are insufficient, you may incur penalties. Please refer to IRS Form W-4P for more information.

Please note: *if you live in Michigan or Washington, DC, we are required to withhold state income tax for some or all of your distribution.*

❑ Do not withhold federal income tax; I will make any tax payments required.

❑ Withhold % (to request an amount other than 10%).

❑ Withhold $

Signature

I certify under penalty of perjury that I am authorized to receive distribution(s) from this IRA; that all information provided by me is true and accurate; that I assume all responsibility for any adverse consequences which may arise as a result of said distribution; that Saturna Capital Corporation has not provided any tax advice; that Saturna Capital Corporation has no responsibility for adverse consequences of my said distribution; that Saturna Capital Corporation can rely on my selections herein; that I have read the above Notice of Withholding; and that I am aware of the tax liability and possible penalty on a distribution.

Signature Date