Specific Lot Identification Redemption Form

All redemption requests must be accompanied by a signature. If there are joint registrants, the signature of at least one account owner must be present. Upon completion of any redemption, you will receive a confirmation notice. If you have any questions or concerns regarding this form, please call us at 800-728-8762. For information, please visit www.saturna.com/costbasis

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 / Trustee:

Social Security Number (Tax ID Number):

Joint Owner / Minor / Name of Trust:

Social Security Number (Tax ID Number):

Daytime Phone:

Work/Cellular Phone:

Evening Phone:

Email Address:

Please redeem the following shares:

Date of original purchase:	Number of shares to redeem:	Saturna account number(s):	Name or ticker of fund/security:

Payment Instructions (please choose only one)

- ❍ Mail me a Check
- ❍ Deposit in my bank via Electronic Funds Transfer (requires prior ACH authorization)
- ❍ Wire Transfer (a Wire Transfer Request form MUST accompany this distribution form; $5,000 minimum; fees apply)
- ❍ Invest my distribution(s) in the following Saturna Capital fund account:

Account Number

Name or ticker of fund/security:

Signature: _____ **Date:** _____

Joint Signature: _____ **Date:** _____