

# INVESTMENT APPLICATION

For assistance, please call:  
(800) SATURNA or (360) 594-9900  
Fax: (360) 734-0755



## Account Type and Name (select only one, except for Joint Ownership):

### Individual

First Name

Social Security Number

M.I.

Last Name

Date of Birth (MM/DD/YYYY)

### Citizenship

- U.S. Citizen
  - U.S. Resident Alien
  - Non-Resident Alien
- Country of Residence:

### Joint Owner

First Name

Social Security Number

M.I.

Last Name

Date of Birth (MM/DD/YYYY)

### Citizenship

- U.S. Citizen
  - U.S. Resident Alien
  - Non-Resident Alien
- Country of Residence:

### Gift To Minor

Custodian's First Name

Custodian's Social Security Number

M.I.

Last Name

Custodian's Date of Birth (MM/DD/YYYY)

under the  Uniform Transfer to Minors Act  
State

Minor's First Name

Minor's Social Security Number

M.I.

Last Name

Minor's Date of Birth (MM/DD/YYYY)

Relationship

### Other

Indicate name of corporation, organization or fiduciary capacity.  
If a trust, include name(s) of trustees and date of trust instruments (corporate resolution and/or trust documents with signatures).

Tax ID Number

Date of Trust (MM/DD/YYYY)

Persons authorized to transact business for the above entity.

## Residence Address (Required — Must be a street address — P.O. Boxes are not accepted.)

Physical /Street Address

City

State

Apartment, Suite, Etc.

Zip Code + 4

### Telephone

()-  
Daytime

()-  
Home

()-  
Other

### Mailing Address (Optional)

Mailing Address

City

State

Apartment, Suite, Etc.

Zip Code + 4

## Initial Investment (Minimum \$1,000; please make check payable to Idaho Tax-Exempt Fund.)

Be sure to fill out and sign the reverse side of this application.

**Internet Services**

When permitted by law, please send transaction confirmations and shareowner reports to me via email:

Instead of paper mailings (save paper & postage)  In addition to paper mailings

Email Please contact Saturna to establish a PIN for online access to your account.

**Telephone Redemption Privileges**

You automatically have telephone redemption by check and telephone exchange privileges unless you strike this line. Each Fund endeavors to confirm that instructions are genuine and it may be liable for losses if it does not. (Procedures may include requiring a form of personal identification. The Fund also provides written confirmation of transactions.)

**ACH Telephone Transfer Privilege** (Please attach a voided check or a copy of your latest account statement.)

To transfer funds by ACH at no charge to or from my (our) bank account, I (we) authorize electronic fund transfers through the Automated Clearing House (ACH) for my (our) designated US bank account.

ABA Routing Number:             Account Number:

**Automatic Investment Plan** (Please attach a voided check or a copy of your latest account statement.)

Invest \$ \_\_\_\_\_ into  Idaho Tax-Exempt Fund on the \_\_\_\_\_ day of each month (the 15th unless another date is chosen) by ACH transfer from my (our) US bank account. This plan may be canceled at any time.

ABA Routing Number:             Account Number:

**Check Writing Privilege** (\$500 per check minimum)

(\$10 charge per checkbook, \$25 charge per checkbook outside the US)

I (We) request the Custodian to honor checks drawn by me (us) on my (our)  Idaho Tax-Exempt Fund account subject to acceptance by the Trust, with payment to be made by redeeming sufficient shares in my (our) account. None of the custodian bank, Saturna Capital Corporation nor Saturna Investment Trust 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. I understand that although I may use checks sent to me by the Funds for any payment, for legal reasons the Funds cannot honor any other kind of check. If I use any other type of check, it will be returned unpaid.

Single Signature Authority (for checkbook only) -- 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 Trust 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.

**Identification** (attach clear photocopy)

Driver's License Number of Individual (or Custodian) State of Issuance  
(You may also establish identity with a copy of passport or other government document)



Driver's License Number of Joint Owner State of Issuance  
(You may also establish identity with a copy of passport or other government document)

**Signatures**

Unless this sentence is struck, I (we) certify, under penalty 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. The undersigned warrant(s) that I (we) have full authority to make this Application, am (are) of legal age, and have received and read a current Prospectus and agree to be bound by its terms. This application is not effective until it is received and accepted by the Trust. The Idaho Tax-Exempt Fund reserves the right to modify the conditions of purchases, redemptions, and services at any time.

Signature of Individual (or Custodian) \_\_\_\_\_ Date \_\_\_\_\_

Signature of Joint Owner (if any) \_\_\_\_\_ Date \_\_\_\_\_



Return completed applications to: Idaho Tax-Exempt Fund  
P.O. Box N  
Bellingham, WA 98227-0596