

INVESTMENT APPLICATION



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

Individual

First Name M.I. Last Name
--
 Social Security Number / /
 Date of Birth (MM/DD/YYYY)

Citizenship

- U.S. Citizen
- U.S. Resident Alien

Joint Owner

First Name M.I. Last Name
--
 Social Security Number / /
 Date of Birth (MM/DD/YYYY)

Citizenship

- U.S. Citizen
- U.S. Resident Alien

Gift To Minor

Custodian's First Name M.I. Last Name under the Uniform Transfer
 State to Minors Act
--
 Custodian's Social Security Number / /
 Custodian's Date of Birth (MM/DD/YYYY)

Minor's First Name M.I. Last Name
 Relationship
--
 Minor's Social Security Number / /
 Minor's Date of Birth (MM/DD/YYYY)

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)

Federal Tax classification:
 Individual/Sole Proprietor Partnership
 C Corporation Trustee/Estate
 S Corporation Other

Persons authorized to transact business for the above entity. (attach separate sheet if necessary)

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

Physical /Street Address Apartment, Suite, Etc.

 City State Zip Code + 4

Telephone

() -
 Daytime
 () -
 Home
 () -
 Other

Mailing Address (Optional)

Mailing Address Apartment, Suite, Etc.

 City State Zip Code + 4

Investment Selection (Minimum \$1,000 per Fund; please write separate checks payable to each Fund selected.)

- Sextant Growth Fund** \$ _____ **Sextant Short-Term Bond Fund** \$ _____
- Sextant International Fund** \$ _____ **Sextant Bond Income Fund** \$ _____
- Sextant Core Fund** \$ _____

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

Internet Services

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 internet access to your account.

Telephone Redemption Privileges

You automatically have telephone redemption by check and telephone exchange privileges unless you strike this line. (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 Growth Fund and/or \$ _____ into International Fund and/or \$ _____ into Core Fund and/or \$ _____ into Short-Term Bond Fund and/or \$ _____ into Bond Income 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) Growth Fund and/or International Fund and/or Core Fund and/or Short-Term Bond Fund and/or Bond Income 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 (Please attach clear photocopy)

Driver's License Number of Individual (or Custodian) State of Issuance 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

Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification number; and
- 2. I am not subject to backup withholding because:
 - a. I am exempt from backup withholding; or
 - b. I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest and dividends; or
 - c. The IRS has notified me that I am no longer subject to backup withholding (cross out this item 2 if you have been notified by the IRS that you are currently subject to backup withholding).
- 3. I am a U.S. citizen or other U.S. person (as defined in the IRS Form W-9 instructions).
- 4. I understand that my property may be transferred to the appropriate state if no activity occurs in the account within the time period specified by state law.

If I fail to give the correct number or fail to sign this form, Sextant Mutual Funds and/or Saturna Capital may reject, restrict, or redeem my account. I may also be subject to backup withholding, and I may be subject to an IRS penalty. The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature of Individual (or Custodian)

Date

Signature of Joint Owner (if any)

Date



Return completed applications to: Sextant Mutual Funds, P.O. Box N, Bellingham, WA 98227-0596