



# AZZAD FUNDS

**Please return form to:**

Azzad Funds  
C/O Mutual Shareholder Services  
8000 Town Centre Dr.  
Suite 400  
Broadview Heights, OH 44147

**Make checks payable to:** Azzad Funds

Do NOT use this form to add a beneficiary to your individual or joint investment account. You may want to complete the **Azzad Funds Transfer on Death Account Form**. This form is to change or add a beneficiary to your IRA accounts. We encourage you to consult with an adviser who understands both the tax-law and related estate planning implications of this form. This form will void all previous beneficiary designations to the accounts listed below. **To process this form, we require original signatures.**

## 1. Client Information

Full Name

Daytime Contact Telephone Number

Social Security Number or ITIN of Owner

Date of Birth (Month, Day, Year)

The beneficiary designation below applies to the following existing Azzad Funds Retirement Account(s):

List account numbers: \_\_\_\_\_

## 2. Beneficiary Information

I hereby revoke all previous designations and direct my Azzad Funds account be distributed upon my death to the designated beneficiary(ies) below. If the percentages below do not add up to 100%, each beneficiary's share will be based proportionally on the stated percentages. If you wish to customize your designation or need more space, place attach a separate sheet.

### A. Primary Beneficiary(ies):

Percentage Share %	Name	Social Security Number	Relationship	Birth Date

**B. Contingent Beneficiary(ies):** Complete only if naming a primary beneficiary above. If no primary beneficiary survives me, pay my benefits to the following contingent beneficiary(ies).

Percentage Share %	Name	Social Security Number	Relationship	Birth Date

## 3. Signatures

I have expressly selected my new beneficiary designations for the retirement accounts listed above. I understand that neither the custodian nor any affiliate of the Custodian shall be liable for any claims, losses, damages, expenses or taxes (including penalties and interest) arising out of or in any manner, directly or indirectly, connected with this Beneficiary Change form.



\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

Spousal consent is required in certain States if you are married and designate a beneficiary other than, or in addition to, the spouse. I hereby consent to and join in the designation of beneficiary (ies) above.



\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Date