Return this form to:
Azzad Asset Management
Attn: Operations
3141 Fairview Park Dr, Suite 460
Falls Church, VA 22042
Or by fax: 703-852-7478
Questions? 703-207-7005

Required Minimum Distribution Form

This form is for Qualified Plan Participants ONLY. For RMDs from IRAs, please use the IRA Distribution Form.

1 Account Owner / Participant

NAME OF ACCOUNT OWNER

SOCIAL SECURITY NUMBER

ADDRESS

ACCOUNT NAME

ACCOUNT NUMBER

CITY

DATE OF BIRTH

STATE

ZIP CODE

DAYTIME PHONE

I request my Required Minimum Distribution (RMD) from my retirement account. I understand that it is my responsibility to determine that amounts distributed from my account are made in compliance with all Internal Revenue Service (IRS) regulations.

2 First Time RMD Payout

Complete this section if this is your first RMD. If you have previously taken a RMD, please proceed to Section 3

• **Special first-year rule:**
You can delay taking the first distribution until April 1st of the year following the year in which you turn 70 ½. If you choose to delay your first distribution, please note that you will be responsible for taking two distributions the following year; one by April 1st and the other before December 31st.

☐ Please distribute my first RMD by April 1st.

☐ Please calculate my RMD and distribute immediately.

☐ Please calculate and distribute on ____________
MONTH / DAY / YEAR

3 Distribution Instructions

Choose ONLY one delivery method and provide any required information. The method you choose will be used for any payment(s) requested on this form. Transaction timings start from when your distribution request is approved, and are estimates, not guarantees.

Electronic Funds Transfer (EFT)

At least one owner's name must be exactly the same on both accounts.

If your request is received after December 1 (or March 1, if deadline is April 1) your payment, or first yearly payment, may be sent by regular mail.

☐ Please distribute $ ______ immediately upon receipt of this form.

☐ I would like to establish monthly distributions in the amount of $ ______

4 Delivery Instructions

☐ If EFT is already set up on account, allow 3 business working days for receipt by your bank.

☐ Set up EFT to bank account (*Allow up to 10 business days for set-up, and transaction processing*):

Bank Name	**Bank Routing Number**
Bank Account Owner(s) Name(s)	**Bank Account Number**

☐ Check sent by U.S. Mail. A check fee of $20 for first-class regular mail will be deducted from your account. An additional $30 is charged for overnight checks.

☐ Deposit into my Foliofn non-retirement Acct.: ______ **Account Name** ______ **Account Number**

5 Spouse's Consent

If not married, or if plan does not require spouse's consent, skip to Section 6

If your spouse's signature is required, then it must either be notarized OR, if allowed by your plan, be witnessed by a plan representative. A signature guarantee is NOT a notary seal.

By signing below, you, the spouse:

- Voluntarily consent to the distribution(s) indicated on this form.
- Acknowledge that you may be giving up your right to receive assets that would otherwise go to you upon your spouse's death.
- Acknowledge that you cannot take back your consent unless your spouse allows you to, and files a new form with Azzad.
- Acknowledge that your spouse's waiver of a qualified joint and survivor annuity, if applicable, is not valid without your consent.
- Agree that if the distribution described in this form is not processed within 180 days of the date you sign this form, your consent expires.
- Acknowledge that your spouse's request is not valid without your consent.

Print Spouse Name	**Spouse's Date of Birth**	**Date**

______

Spouse Signature

Notarization or Plan Representative Witness

State of ____________________, in the County of _____________________, subscribed and sworn to before me by the above-named individual who is personally known to me or who has produced _______________________________as identification, that the foregoing statements were true and accurate and made of his/her own free act and deed, on ________/________/________.

Print Notary / Plan Representative Name	**Notary / Plan Representative Signature**	**Date**

(Notary Only) My commission ends on ______/_______/_______

v PLACE NOTARY SEAL / STAMP HERE v

6 Signature and Date

Account owner / participant must sign and date

By signing below, you:

• Authorize Azzad Asset Management and Foliofn Institutional to act on all instructions given on this form.
• Accept all terms and conditions described in this form.
• Certify that all of the information you provided is correct to the best of your knowledge.

Print Participant Name	**Participant Signature**	**Date**