



# 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

## Coverdell Education Savings Account

Use this form to establish a new Coverdell Education Savings Account. You must complete a separate form for each child. For assistance completing this form, please call toll free 888-862-9923. **This application must be accompanied with a copy of one of the parent's driver's license or a similar picture identification card.** Pursuant to the USA Patriot Act Section 326, all financial institutions must obtain, verify and record information that identifies each person who opens an account.

All personal information requested below must be provided or we will not be able to open your account.

### 1. RESPONSIBLE INDIVIDUAL (PARENT OF THE DESIGNATED BENEFICIARY)

Name (First, Middle, Last)		Date of Birth	Social Security Number	
Street Address	Apt	City	State	Zip
Daytime Phone		Evening Phone	Email	

### 2. DESIGNATED BENEFICIARY (MUST BE UNDER AGE 18, UNLESS SPECIAL NEEDS BENEFICIARY)

Name (First, Middle, Last)		Date of Birth	Social Security Number	
Street Address (if different from above)	Apt	City	State	Zip

### 3. DEPOSITOR (INDIVIDUAL FUNDING THE ACCOUNT. COMPLETE IF DIFFERENT THAN RESPONSIBLE INDIVIDUAL IN SECTION 2).

Name (First, Middle, Last)		Date of Birth	Social Security Number	
Street Address	Apt	City	State	Zip
Daytime Phone		Evening Phone	Email	

### 4. INVESTMENT OPTIONS

Please refer to each Fund's prospectus for more information about its fees, investment strategy and risks. A copy is available for you to download from our website at: [www.azzadfunds.com](http://www.azzadfunds.com).

- Azzad Ethical Fund (ADJEX) for the amount of \$ \_\_\_\_\_ or \_\_\_\_\_%  
[Primary Objective: Capital Appreciation]
- Azzad Wise Capital Fund (WISEX) for the amount of \$ \_\_\_\_\_ or \_\_\_\_\_%  
[Primary Objective: Capital Preservation]

**Coverdell Education Savings Accounts:** Maximum contribution allowed is \$2,000; and can be deposited generally until April 15 or tax day.

## 5. FUNDING YOUR COVERDELL ACCOUNT

We generally require that you fund your account no more than 30 days after opening it. Funding options include:

- 1) Make your check payable to: **Azzad Funds** and mail to **Mutual Shareholder Services 8000 Town Centre Drive, Suite 400, Broadview Heights, OH 44147.**
- 2) Attach a recent copy of your account statement to transfer to your account with a completed transfer form.
- 3) Wire money into your account. Please call us for wiring instructions, or
- 4) You may complete this section to link a bank account to your account for automatic deposits or withdrawals. This is a free service. **Please attach a voided check and complete the below information** (Note: It is *your* responsibility, not the transfer agent, to ensure that the below information is accurate and that your electronic deposits are in good order):

**Check one:** Checking Account  Savings Account

**Bank Name:** \_\_\_\_\_ **Routing Number:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_ \$ \_\_\_\_\_

**Choose One:** Please withdraw funds on the \_\_\_\_\_ 10<sup>th</sup> OR \_\_\_\_\_ 20<sup>th</sup> of next month of \_\_\_\_\_.

## 6. DESIGNATED BENEFICIARY

I, the depositor, hereby designate the following family member (s) of the Designated Beneficiary (must be under age 30 upon the death of the Designated Beneficiary) to receive payment of the value of this Coverdell in the event of the death of the Designated Beneficiary. If the designated death beneficiary predeceases the Designated Beneficiary or the designated death beneficiary attains age 30 before the Designated Beneficiary's death, all assets will be paid to the estate of the Designated Beneficiary. Note: If you do not indicate a percentage and more than one person is designated, the funds will be equally distributed among the beneficiary(ies). You may change your beneficiary(ies) at any time by giving written notice to the custodian.

Percentage Share %	Name	Social Security Number	Relationship	Birth Date

## 7. SIGNATURE (REQUIRED)

By signing below, I hereby certify and affirm under penalties of perjury that I have the authority and legal capacity to establish this Coverdell ESA and to purchase shares of the Azzad Funds as indicated in this application. I have received and read the current applicable Azzad Funds prospectus and Disclosure Statement. I hereby establish a Coverdell Education Savings Account for the benefit of the named Designated Beneficiary under the terms and conditions contained in the accompanying Coverdell Education Savings Account Custodian Account Agreement, which is incorporated herein by reference. I understand and agree that I am responsible for all tax consequences associated with this account.



\_\_\_\_\_  
Signature of Responsible Individual

\_\_\_\_\_  
Date



\_\_\_\_\_  
Signature of Depositor

\_\_\_\_\_  
Date