AZZAD FUNDS

Mail Completed Form To:
Azzad Funds
C/O Mutual Shareholder Services
8000 Town Centre Dr. Ste 400
Broadview Heights, OH 44147
Make checks payable to: Azzad Funds

Individual Retirement Application

Use this form to establish a new Traditional, Roth, SEP or Rollover IRA. This form cannot be used to establish more than one type of IRA. You must complete a separate form for each different type of IRA account to be established. For assistance completing this form, please call us at 888-862-9923. **This application must be accompanied with a copy of your 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. If you are transferring an IRA from another firm to an IRA with us, please complete this form as well as the attached **Transfer Form.**

1. ACCOUNT INFORMATION

_____

Name (First, Middle, Last)   Social Security Number   Birth Date

_____

Permanent Street Address   Apt, Floor, Room No.   City   State   Zip

_____

Daytime Phone   Evening Phone   Email

_____

Mailing Address: May be a PO BOX Address

2. FUNDING YOUR IRA

A. I'm establishing this type of IRA: (Check One only)

☐ Traditional IRA   ☐ Roth IRA   ☐ SEP IRA*   ☐ Rollover IRA

B. I've enclosed a check for: (Make Checks payable to Azzad Funds)

☐ Azzad Ethical Fund (ADJEX) for the amount of $_____ or _____%

☐ Azzad Wise Capital Fund (WISEX) for the amount of $_____ or _____%

Minimum investment is $1,000 for ADJEX & $4,000 for WISEX. Accounts may be opened with $50.00 (ADJEX) or $300.00 (WISEX) when you set up an Automatic Investment Plan (AIP). You must complete Section 3 for AIP Accounts. Note: Accounts with less than the minimum balance will be subject to balance fees and may be closed. Please consult the applicable prospectus for detailed information.
*If a new SEP IRA, please attach a copy of your completed IRS Form 5305-SEP (download from www.irs.gov)

C. This type of transaction is a:

☐ Contribution to a Traditional IRA for tax year:_____ (if left blank, your contribution will be applied to the current year)

☐ Contribution to a Roth IRA: _____ (if left blank, your contribution will be applied to the current year)

☐ Contribution to a SEP-IRA

☐ 60-day Rollover Check

☐ Roth Conversion IRA Check from another custodian (complete & return Azzad IRA Conversion Form)

☐ Transfer (complete & return Azzad IRA Transfer Form)

3. INFORMATION REQUIRED FOR ACH TRANSFER & AUTOMATIC INVESTMENT PLAN

Complete this section if you wish to practice dollar cost averaging. Please allow 30 days for the plan to begin and attach a voided check (or complete the   information below). There is no charge for this service and you may cancel upon 30 days written notice. To take advantage of this service your financial institution must be able to accept ACH transactions.

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☐ I authorize electronic funds transfers through the Automated Clearing House (ACH) for this account as indicated below. I also understand that if the automatic purchase cannot be made due to insufficient funds or stop payment a $30.00 fee will be assessed and the Azzad Funds may discontinue this service to my account.

A. Automatic Investment Plan

I would like to automatically contribute from my bank account to my Azzad Fund Account on the: ☐ **10th** ☐ **20th of each month** beginning in the month of _____ to purchase shares in the funds marked below:

☐ Azzad Ethical Fund for the amount of $_____ ($50.00 minimum)

☐ Azzad Wise Capital Fund for the amount of $_____ ($300.00 minimum)

Total Automatic Investment $_____

B. Bank Information

You may simply attach a voided check. Otherwise, please complete:

Name of Financial Institution	Account Number	Name in which Account is Established	Institution's Routing Number

Street Address	City	State	Zip

☐ Checking Account ☐ Savings Account

4. BENEFICIARY DESIGNATION

I hereby designate the following primary beneficiary(ies) to receive payment of the value of my IRA upon my death. In the event that my primary beneficiary(ies) do not survive me, the funds are to be designated to my contingent beneficiary(ies). 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.

A. Primary Beneficiary(ies):

Percentage Share %	Name	Social Security Number	Relationship	Birth Date

B. Contingent Beneficiary(ies):

Percentage Share %	Name	Social Security Number	Relationship	Birth Date

5. SIGNATURES (REQUIRED)

By signing below, I hereby certify and affirm under penalties of perjury that I have the authority and legal capacity to establish this IRA and to purchase shares of the Azzad Funds as indicated in this application. I have received and read the current applicable Azzad Funds prospectus, Custodial Agreement (IRS Form 5305-A) and Disclosure Statement. I certify and affirm under penalties of perjury that the social security on this form is true and correct and I have not been notified by the IRS that I am subject to back-up withholding. All dividends and distributions will be reinvested in shares of the fund from which received. I understand, agree, and will abide to the fees, risks, and charges involved in setting up this account.

_____
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**

Accepted by Mutual Shareholder Services:

/S/ Greg Getts   **Date**

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