
 P.O. Box Address (if applicable) City State Zip

 Daytime Phone Evening Phone U.S. Citizen: ____ Yes ____ No

 Email address Title (if officer of trust or business)

3) 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.

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]

Azzad Ethical Fund account minimum is \$1,000. Azzad Wise Capital Fund minimum is \$4,000. We will automatically reinvest dividend and capital gains distributions. For other options, call 888-350-3369. We will use the default method of **Average Cost** in reporting cost basis for redemptions of your shares purchased after January 1, 2012. For other options, call us.

4) FUNDING YOUR 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**. We cannot accept third-party checks.
- 2) Wire money into your account. Please call us for wiring instructions, or
- 3) You may complete this section to link a bank account to your account for automatic deposits. 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: _____ Please deposit \$ _____ (Minimum \$50) to my account.

Choose One: Please withdraw funds on the _____ 10th OR _____ 20th of next month of _____.

5) RESOLUTION (REQUIRED FOR CORPORATIONS AND OTHER ORGANIZATIONS)

I hereby certify and affirm that I am the duly elected

_____ of _____
 Officer or Title Name of Organization

This organization functions under the laws of the State of _____. I certify and affirm that all necessary actions by directors, trustees, partners, and/or other applicable people have been taken to allow me to open an account with Azzad Funds ("the Trust") in the name of the organization, and to deposit/redeem funds in this account, that all officers with signatures below are authorized to sign checks and other orders issuable by the organization redeeming the shares of the Trust and that this authority shall be honored until voided by written notice to the Trust; that the Trust, its Adviser, Azzad Funds and its Transfer Agent, herein selected as redemption agent for the organization for shares of the Trust, shall be held harmless for any loss, damage, cost or claim arising out of any authorized or unauthorized use of the checks or assets of the organization invested in the Trust. For additional Trustees, please include copies of the first and last pages of your Trust Agreement.

 Print Name (First, Middle, Last) Signature of Certifying Officer Corporate Seal (if any)

Print Name (First, Middle, Last)

Signature of Certifying Officer

Print Name (First, Middle, Last)

Signature of Certifying Officer

6) SIGNATURE (REQUIRED)

I certify that I have read and agree to be bound by the provisions of the prospectus for the fund(s) in which I am investing. I agree to hold harmless and indemnify Azzad and its agents, employees and affiliates from liability for any loss, claim or expense that I may sustain as a result of their acting on transaction instructions they believe to be genuine. I understand that it is my responsibility to follow up on any funding instructions and to ensure that any bank information provided is accurate.

I understand that Azzad and its transfer agent will use reasonable procedures to confirm that instructions submitted by any authorized signer online, by telephone, fax, in writing, or by any other means acceptable to Azzad, are genuine, including personal identification, recording of telephone conversations and providing written or electronic confirmation of each transaction.



Signature and date of Individual/Trustee/Custodian/Officer

Printed Name



Signature and date of Individual/Trustee/Custodian/Officer

Printed Name