



AZZAD FUNDS

Please return form to:
Mutual Shareholder Services
C/O Azzad Funds
8000 Town Centre Dr. Ste 400
Broadview Heights, OH 44147
Make checks payable to: Azzad Funds

Traditional or Roth Custodial IRA & Transfer Form

Use this form to establish a new Traditional or Roth Custodial IRA. This form cannot be used to establish more than one type of Custodial IRA. You must complete a separate form for each different type of Custodial IRA account to be established. To transfer an existing Custodial Roth or Traditional IRA from another firm, please complete the Azzad Funds **Transfer Form**. For assistance completing this form, please call 888-862-9923.

This application must be accompanied with a copy of your driver's license or a similar picture identification card (for the Responsible Individual). 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 Information (Parent or guardian of the Designated Minor; this is the Custodian)

Name (First, Middle, Last)	Social Security Number	Birth Date
Permanent Street Address		Apt, Floor, Room No.
City	State	Zip
Daytime Phone	Evening Phone	Email (optional)

2. Minor Information (Must be under age 18)

Name (First, Middle, Last)	Social Security Number	Birth Date
Permanent Street Address		Apt, Floor, Room No.
City	State	Zip
Daytime Phone		Email (optional)

3. Funding Your IRA

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

- Traditional Custodial IRA Roth Custodial 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 is \$500 for ADJEX & \$4000 for WISEX. Accounts may be opened with \$50 when you set up an Automatic Investment Plan (AIP). You may complete Section 4 if you wish to add money into your account on a monthly basis. Note: Accounts with less than the minimum balance will be subject to balance fees and may be closed. Please consult the prospectus for detailed information.

C. This type of transaction is a (If you do not indicate the year, then we will code your contribution for the same year we receive it in):

- Contribution to a Traditional Custodial IRA or Roth Custodial IRA for year _____.
- Transfer to a Traditional Custodial IRA or Roth Custodial IRA (**complete attached Transfer Form**)

4. 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.

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 Fund marked below:

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

Azzad Wise Capital Fund for the amount of \$ _____ (\$400.00 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
<input type="checkbox"/> Checking Account	<input type="checkbox"/> Savings Account		

5. Beneficiary Designation

The minor account holder of the Custodial IRA may not designate his/her own beneficiaries until he/she reaches the age of majority (usually 18 or 21, depending upon the state in which the minor lives). Upon the minor attaining the age of termination, the custodian must terminate custodianship of this account, at which time the account holder may assume control of the IRA assets by completing a standard Azzad Funds Individual Retirement Application. The account holder may designate his/her beneficiaries at that time.

6. 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 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. 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.



Responsible Individual Signature

Date

Accepted by Mutual Shareholder Services:

/S/ Greg Getts

Date