



**CONFIDENTIAL
FINANCIAL ASSESSMENT
QUESTIONNAIRE**

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INTRODUCTION This questionnaire is designed to make it easy for you to provide us with the data necessary to complete an initial financial assessment. Please answer this questionnaire as accurately as possible. Don't worry if you aren't sure of all your answers. *All information will be kept strictly confidential.*

Do *not* spend more than 15 minutes to finish this! The information provided will be used to develop an *initial financial assessment*. This should not be used as a comprehensive financial plan but rather serve as a starting place to identify strengths, weaknesses and opportunities.

NAME _____ Date of Birth _____
 SPOUSE _____ Date of Birth _____
 Address _____ Today's Date _____

FINANCIAL PICTURE

Annual Income

Individual 1	Individual 2

Lifestyle Assets

Current Value

Residence	
Other homes & properties <i>including foreign assets</i>	
Personal use property (ie: car, boat, etc)	
Other personal Assets (ie: collectibles, jewelry)	

Liabilities

	Outstanding Amount	Interest Rate	Monthly Payments
Mortgage			
Car Loans			
Personal Loans			
Other Debt			

Expenses

Monthly

Annual

Housing		
Food		
Transportation (ie gas, insurance)		
Entertainment		
Personal		
Other (Charity, Childcare, etc)		

RETIREMENT ANALYSIS

	Individual 1	Individual 2
Retirement Age		

Desired Annual Income in Retirement (in today's dollar after tax):

Amount \$ _____ or _____% of current income

Retirement Social Security Benefits:

	Individual 1	Individual 2
Are you qualified to receive SS benefits? (Yes/No)		

Retirement Savings other than Azzad Accounts:

	Individual 1	Individual 2	Joint
Nonqualified Accounts (current value)	\$	\$	
Nonqualified Accounts (monthly savings)	\$	\$	
Qualified Accounts (current value)			
Qualified Accounts (personal monthly savings)			
Qualified Accounts (employer monthly savings)			
Assumed Return Rate on Accounts	%	%	%

EDUCATION FUNDING — include secondary and/or post secondary educational funding

Child's Name	Date of Birth	# of Years of School	Type of School**	Amount saved	Monthly Savings
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$

**Public, Private, Secondary, College, Graduate, etc

MAJOR PURCHASE

Description	Year	Amount	Amount	Monthly
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	Needed	Needed (in today's \$)	saved	savings
		\$		
		\$		
		\$		
		\$		

LIFE INSURANCE INFORMATION

	Individual 1	Individual 2
Existing Coverage		
Monthly Premium		

DISABILITY INSURANCE POLICIES:

Short term coverage	Individual 1	Individual 2
Monthly Benefits		
Duration (months)		
Monthly Premium		

Long term coverage	Individual 1	Individual 2
Monthly Benefits		
Benefits end at Age:		
Monthly Premium		

DISCLOSURE

This material is not intended as an offer or solicitation for the purchase or sale of any security or financial instrument. It is intended to gather important information designed to better assist with your financial planning process. It is distributed with the understanding that it is not intended to render accounting, legal or tax advice. Please consult your legal or tax advisor concerning such matters, as needed, to answer the questionnaire. Investment and insurance products are not insured by the FDIC or other governmental agency and are subject to investment risk, including possible loss of the principal amount invested.