



Azzad Ethical Wrap Accounts

Withdrawal Request Form

Fax this Form to: (703) 852-7478 Attention: Operations

Complete this form to request a withdrawal from a taxable account such as a joint, corporate, trust or custodial account. Do *not* use this form to make a distribution from a retirement account such as a 401(K) or IRA. You must submit a separate form for each account you are requesting a withdrawal. Deposits made via check or EFT within the past 7 days may be delayed until our custodian receives the funds from your bank. If you submit this form within 10 days of changing your address, we will process your withdrawal on the appropriate trade date, but our custodian may hold the proceeds from the withdrawal for ten business days, for security purposes.

Before submitting this form, please contact us (703) 207-7005.

1. Your Account Information with Us:

Your Full Name	Phone Number	Your Account Number
Social Security Number (Required):		Account Type:

2. Amount of Withdrawal (Choose One):

Please choose one option below. Securities will be sold in the first available trade window (11 am or 2 pm ET). Most securities settle after the trade date plus 3 business days. Your account may be closed if it falls below the wrap program's minimum requirements.

- A. **Total account balance.** Liquidate and withdraw the entire amount held in all of the investment options in my account, cancel my recurring electronic funds transfer (if applicable), and close this account.
- B. **Partial amount of \$** **proportionately from among my current investment options. (Important: If the dollar amount you indicate exceeds the amount available for withdrawal from your account, we will liquidate the entire balance of your account.)**
- C. **Partial amount as follows.** To list more than five investment options, provide the information on a separate sheet.
Important: If the dollar amount you indicate for a particular investment option exceeds the amount available for withdrawal, we will liquidate the entire balance of that investment option. If your account is invested in an allocation, you may be unsubscribed from the allocation to complete the below request.

Name of Investment Option	Dollar Amount <small>(for partial amounts)</small>	OR	Total Balance <small>(Check if applicable.)</small>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

3. Payment Instructions (Choose One):

Please note: U.S. securities laws prevent us from processing third party payments.

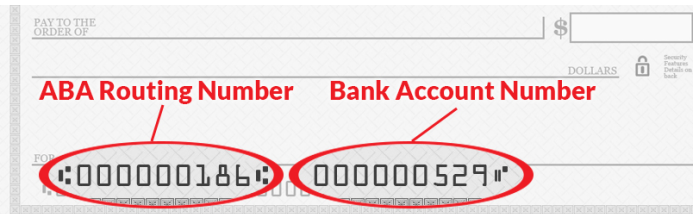
- Regular check payable to the account owner.** The check will be sent by regular mail to the address on record. Please note the custodian charges a \$20 check fee.
- Overnight check will be sent by express mail.** The check will be sent by express mail to the address on record. Please note in addition to the regular \$20 check fee, custodian charges an additional \$30.
- Electronic Funds Transfer.** Free of charge. If this is a new bank link: you must attach a void check and verify micro-deposits *before* the withdrawal can be processed. EFTs take 2-3 business days. You may withdraw up to \$100,000 via EFT in a 30 day rolling period.
- Wire.** Complete the bank instructions below. Please note the custodian charges \$30 for wires.

Bank Account Holder Name

Name of Financial Institution

*ABA Routing Number

Bank Account Number



For all new bank links, a copy of a voided check must accompany this form. If you do not have paper checks, please contact us: 703-207-7005 for further instructions.

4. Cost Basis Selection: *Optional*

Unless you instruct us otherwise at the time of sale, we will use our broker's default tax lot method (**Maximize Losses/Minimize Gains**) for the sale of your securities. To choose a different tax lot method, you must select an option below before the sale of your securities:

- First In, First Out (FIFO)- Sell shares beginning with the earliest acquisition date.
- Last In, First Out (LIFO)- Sell shares beginning with the most recent acquisition date.
- Maximize Long-term Gain
- Maximize Short-term Gain

5. Signature: You must sign below to authorize this withdrawal

By signing this form, I certify that I am the account owner indicated in section 1 and that the information contained on this withdrawal form is true, complete and correct. I authorize the Azzad representative to process this liquidation and/or withdrawal from my account as indicated. I assume sole responsibility for the tax consequences of the above request. I agree to indemnify and hold harmless Foliofn and Azzad Asset Management, Inc. for any loss, liability, or expense incurred from acting on the instructions contained herein.

Your Signature

Date