

Questions? Call your financial adviser at (888) 862-9923. Fax this form to: (703) 852-7478 and your request will be processed as soon as administratively possible.

Qualified Plan Investment Selection Form

Date: _____ Your Full Name: _____

Account No: _____

Participants may change their investment selections once a quarter by submitting this form. Please choose from A, B or C below.

A. Invest my plan deposits in accordance with the below allocation. May require an Investment Policy Statement. Requires \$50,000 minimum account size:

1. _____ **Global Conservative:** 85% Fixed / 15% Equity
2. _____ **Global Moderate Conservative:** 65% Fixed / 35% Equity
3. _____ **Global Moderate:** 35% Fixed / 65% Equity
4. _____ **Global Moderate Aggressive:** 15% Fixed / 85% Equity
5. _____ **Global Aggressive:** 100% Equity

B. Invest my plan deposits in the below model(s) or mutual fund(s). Requires \$10,000 minimum per model:

Azzad Ethical Fund:

____%

REITs: ____%

Large Cap Growth:

____%

Small Cap Growth:

____%

Wise Capital Fund (Fixed Income): ____%

Large Cap Value: ____%

Small Cap Value: ____%

Dividends: ____%

International: ____%

Mid Cap Value: ____%

Total: 100%

C. Invest my plan deposits in the below mutual fund(s). Requires \$50 per fund:

Azzad Ethical Fund: ____%

Wise Capital Fund (Fixed Income): ____%

Sign here:

If you have any questions regarding these investment options including their risks, fees and investment strategy, please contact your financial adviser. Before investing, please request and read the Fund's prospectus and the wrap program's disclosure brochure. A copy can be downloaded from our website at: www.azzadfunds.com or call (888) 862-9923.