



AZZAD FUNDS

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

403(b)(7) Custodial Account Application

Use this form only to establish an Azzad Funds 403(b)(7) Custodial Account. To transfer your existing 403(b) account to the Azzad Funds, please use an Azzad Funds 403(b) Transfer Form. For a 403(b) Transfer Form or assistance completing this form, please call us at 888-862-9923. **This application must be accompanied with a copy of your driver's license or a similar picture identification card.** 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. PARTICIPANT INFORMATION

Name (First, Middle, Last)	Social Security Number	Birth Date
Permanent Street Address		Apt, Floor, Room No.
City	State	Zip
Daytime Phone	Evening Phone	Email
<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien		

Mailing Address (Only if different from Residential Address)

City	State	Zip
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2. EMPLOYER INFORMATION

Current Employer's Name	Contact Person	Telephone Number
Street Address		Apt, Floor, Room No.
City	State	Zip

3. FUNDING YOUR 403(B) (ALL Checks Payable to Azzad Funds)

A. Mutual Fund Investment Choices:

Please invest my 403(b) assets as follows. If no allocation is specified, we will split your money 50/50 among the funds:

- Azzad Ethical Fund (ADJEX) for the amount of \$ _____ or _____ %
- Azzad Wise Capital Fund (WISEX) for the amount of \$ _____ or _____ %
- Total Investment \$ _____ OR 100%

Minimum investment is \$1,000 for ADJEX & \$4,000 for WISEX. Accounts may be opened with \$50.00 (ADJEX) or \$400.00 (WISEX) when you set up an Automatic Investment Plan (AIP). You must complete Section 5 for AIP Accounts. Note: Accounts with less than the minimum balance will be subject to balance fees and may be closed. Please consult the applicable prospectus for detailed information. Please consult the applicable prospectus for detailed information before investing.

B. Funding Method:

I am funding my 403(b) with a:

- Contribution through salary reduction.
- Transfer from another 403(b) arrangement*. Please complete the Azzad Funds 403(b)(7) Asset Transfer form and include with this application and a copy of your most recent account statement.
- A Rollover of Funds from a 403(b)(7) arrangement. I have enclosed the rollover funds, \$_____.
- Transfer from another 403(b) arrangement and no ongoing contributions will be made to this account.

4. BENEFICIARY DESIGNATION

I hereby designate the following primary beneficiary(ies) to receive payment of the value of my IRA upon my death. In the event that my primary beneficiary(ies) do not survive me, the funds are to be designated to my contingent beneficiary(ies). Note: If you do not indicate a percentage and more than one person is designated, the funds will be equally distributed among the beneficiary(ies). You may change your beneficiary(ies) at any time by giving written notice to the custodian.

A. Primary Beneficiary(ies):

Percentage Share %	Name	Social Security Number	Relationship	Birth Date

B. Contingent Beneficiary(ies):

Percentage Share %	Name	Social Security Number	Relationship	Birth Date

NOTE: If your plan includes employer contributions, your plan administrator must acknowledge a copy of this Beneficiary Designation.

5. SIGNATURES

By signing below, I/We hereby certify and affirm under penalties of perjury that:

- The information I have entered on this application is correct including the taxpayer identification number entered above.
- I am an employee of the Employer above.
- I have received and read a current prospectus of the Fund, agree to be bound by its terms, and understand the risks associated with investing in the Fund that I have selected on this application.
- I accept responsibility for computing the annual Exclusion Allowance and the limitations on Elective Deferrals under the Internal Revenue Code. I hereby agree to participate in the 403(b)(7) Custodial Account offered by the Custodian. I acknowledge receipt of a copy of the custodial account document under which this 403(b)(7) Custodial Account is established, and a copy of this Adoption Agreement, and agree with the terms of each. I direct that my contribution be invested as indicated above, and I direct that all benefits upon my death be paid as indicated above. In the event that this is a rollover contribution, the undersigned hereby irrevocably elects, pursuant to the requirements of Section 1.402(a)(5)-1T of the IRS regulations, to treat this contribution as a rollover contribution.
- I/We hereby release the Fund, its Advisers, Administrator, Transfer Agent, Distributor, Custodian and other respective officers, employees, agents and affiliates from any and all liability in the performance of the acts instructed herein.
- IF MAKING CHANGES TO AN EXISTING ACCOUNT: I have indicated changes on this application, and understand that any changes will be made to my account within a reasonable amount of time after the Azzad Funds receives this form.



Participant Signature

Date

Accepted by Mutual Shareholder Services:

X
/S/ Greg Getts

Date