



# 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

## Coverdell Education Savings Account Application & Transfer form.

Use this form to establish a new Coverdell Education Savings Account or to authorize Azzad to request a transfer of an existing Education Savings Account (ESA) you have at another financial institution. You must complete a separate form for each child you wish to establish an ESA. For assistance completing this form, please call toll free 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. RESPONSIBLE INDIVIDUAL (Parent or Guardian of the Designated Beneficiary)

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

### 2. DESIGNATED BENEFICIARY (Must be under age 18, unless special needs Beneficiary)

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

### 3. DEPOSITOR (Individual funding the account. Complete, only, if different than Responsible Individual in Section 1).

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

### 4. FUNDING OPTIONS

Please check the applicable box:

- 1) I am opening a new Azzad Coverdell ESA.
- 2) Invest these assets in my existing Azzad Coverdell ESA.  Azzad Funds Account No. \_\_\_\_\_
- 3) Transfer (complete section 5)

**Fund Choice:**

Azzad Ethical Fund (ADJEX) for the amount of \$ \_\_\_\_\_ or \_\_\_\_\_ % (Required minimum: \$500)

Minimum investment to open a new Coverdell ESA is \$500. Accounts may be opened with \$50 when you set up an Automatic Investment Plan (AIP). You must complete Section 6 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. As of year 2012, you may contribute up to \$2,000, please check with your financial representative to confirm maximum contribution amounts.

[Make check payable to Azzad Funds.](#)

## 5. FUNDING YOUR COVERDELL WITH A TRANSFER

**I am funding this Coverdell with a transfer from another financial institution that currently holds my ESA assets:**

(Please attach a copy of a current statement from your existing account to initiate the transfer process. Your entire account will be liquidated and transferred to your Azzad ESA. As the responsible individual for this account, it is your responsibility to assure the prompt transfer of assets by the current custodian.)

Name of Current Custodian			Account Number
Street Address or Box Number			Apt, Floor, Room No.
City	State	Zip	Telephone Number

### To Resigning Firm:

Please transfer assets from the above account to the Coverdell Education Savings Account established with Azzad Funds and Huntington National Bank, as Custodian. Transfer should be in cash according to the following instructions:

Transfer total amount in this account

Transfer \$ \_\_\_\_\_ and retain the balance.

Make check payable to: Azzad Funds FBO Client Name

Mail to: Azzad Funds, C/O Mutual Shareholder Services, 8000 Town Centre Drive Suite 400 Broadview Heights, OH 44147

## 6. 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:  10<sup>th</sup>  20<sup>th</sup> of each month beginning in the month of \_\_\_\_\_ to purchase shares in the funds marked below:

Azzad Ethical Fund (ADJEX) for the amount of \$ \_\_\_\_\_ (\$50.00 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		

## 7. DESIGNATED DEATH BENEFICIARY

I, the depositor, hereby designate the following family member (s) of the Designated Beneficiary (must be under age 30 upon the death of the Designated Beneficiary) to receive payment of the value of this Coverdell in the event of the death of the Designated Beneficiary. If the designated death beneficiary predeceases the Designated 08082013MLFZ

Beneficiary or the designated death beneficiary attains age 30 before the Designated Beneficiary's death, all assets will be paid to the estate of the Designated Beneficiary. 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. Death Beneficiary(ies):**

Percentage Share %	Name	Social Security Number	Relationship	Birth Date

**8. SIGNATURE(S) (REQUIRED)**

By signing below, I hereby certify and affirm under penalties of perjury that I have the authority and legal capacity to establish this Coverdell ESA and to purchase shares of the Azzad Funds as indicated in this application. I have received and read the current applicable Azzad Funds prospectus and Disclosure Statement. 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, fees are subject to change. I hereby establish a Coverdell Education Savings Account for the benefit of the named Designated Beneficiary under the terms and conditions contained in the accompanying Coverdell Education Savings Account Custodian Account Agreement, which is incorporated herein by reference. I understand and agree that the Custodian is not responsible for any assets until received nor for determining the propriety of any contributions made to the Coverdell ESA Account. I understand and agree that I am responsible for all tax consequences associated with this account.



\_\_\_\_\_  
Signature of Responsible Individual

\_\_\_\_\_  
Date



\_\_\_\_\_  
Signature of Depositor

\_\_\_\_\_  
Date

Accepted by Mutual Shareholder Services, Inc. transfer agent on behalf of custodian:

X  
/S/ Greg Getts

\_\_\_\_\_  
Date