



# AZZAD FUNDS

**Please make check payable to:**

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

**Investment Slip**

Use this form to add money to your existing Azzad Funds Account.

**Name(s) of primary account holder**

**Daytime Telephone Number**

**Account Number**

**Account Type**

**Amount to Deposit**

**Account Number**

**Account Type**

**Amount to Deposit**

**Account Number**

**Account Type**

**Amount to Deposit**

**Account Number**

**Account Type**

**Amount to Deposit**

**IRA Accounts Only:**

Tax year contribution(s) applies \_\_\_\_\_ (If unspecified, contribution will apply to current year.)

**Signature**

**Date**

*\*Please note that we cannot accept third party checks. Please make sure your check is payable to Azzad Funds. Otherwise, your check will be returned back to you. We thank you for your business.*