

Request to Move Non-retirement/Nonqualified Assets

- **Do NOT return this form to Azzad Funds.**
- Use this form to move non-retirement/nonqualified assets to Azzad Funds or to facilitate a transfer in kind of non-retirement assets.
- Do NOT use this form to move or transfer in kind any retirement assets.

Checklist:

- Establish an account with the Azzad Funds **PRIOR** to completing this form.
- Before completing this form, contact the sending company to ensure that all requirements have been met.
- If you intend to move assets into an existing account, contact us with investment instructions prior to submitting this form to the sending firm.
- When delivering this form to the sending company, include a **current statement** for the account holding the funds being moved. The sending company is the entity where the funds are currently being held.

1. Information about the sending company

Please type or print clearly.

A. General information — Mail this form to the sending company listed below.

 Name of sending company

 Account number at sending company

 Address of sending company

 City

 State

 ZIP

 Full name of shareholder (custodian, trustee, etc.) (include middle initial)

 Date of birth (mm/dd/yyyy)

 Full name of co-shareholder, minor, etc., if applicable (include middle initial)

B. Information about the sending account type

Select one of the options below:

Individual, joint, custodial or trust account

- Individual account
- Individual account — Transfer on Death
- Joint Tenants With Right of Survivorship (N/A in LA or PR)
- Joint Tenants With Right of Survivorship — Transfer on Death
- Tenants in Common
- Gift/Transfer to a minor (UGMA/UTMA)
- Trust account
- Conservatorship/Guardianship
- Other _____

OR

Organizations

- Organizations (partnerships, etc.)
- Governmental agencies
- C corporations
- S corporations
- Labor unions/associations
- Nonprofit 501(c)(3) (select one of the following):
 - Charitable organizations (060)
 - Educational institutions (062)
 - Community foundations (063)

2. Azzad Funds account information

Please type or print clearly.

A. List the account number of the existing Azzad Funds account that will receive the assets:

Note: Be sure that investment instructions have already been provided to Azzad Funds. Call transfer agent at 888-350-3369.

B. Information about the receiving account type

Select one of the options below:

Individual, joint, custodial or trust account

- Individual account
- Individual account — Transfer on Death
- Joint Tenants With Right of Survivorship (N/A in LA or PR)
- Joint Tenants With Right of Survivorship — Transfer on Death
- Tenants in Common
- Gift/Transfer to a minor (UGMA/UTMA)
- Trust account
- Conservatorship/Guardianship

OR Organizations

- Organizations (partnerships, etc.)
- Governmental agencies
- C corporations
- S corporations
- Labor unions/associations
- Nonprofit 501(c)(3) (select one of the following):
 - Charitable organizations (060)
 - Educational institutions (062)
 - Community foundations (063)

3. Instructions to the sending company

Liquidate and send a check — Any assets other than shares of the Azzad Funds must be liquidated and sent via check.

Transfer shares of the Azzad Funds in kind — Azzad Funds shares not currently held directly with Azzad Funds will be transferred in the same funds and percentages.

Liquidate (send check)	Transfer in kind	Account number (REQUIRED)	Fund name and share class	Ticker symbol	Full	OR	Partial: \$ or %
<input type="checkbox"/>	OR	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	OR	_____
<input type="checkbox"/>	OR	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	OR	_____
<input type="checkbox"/>	OR	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	OR	_____
<input type="checkbox"/>	OR	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	OR	_____
<input type="checkbox"/>	OR	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	OR	_____
<input type="checkbox"/>	OR	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	OR	_____
<input type="checkbox"/>	OR	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	OR	_____

4. Authorization

To sending company: I have established an account with Azzad Funds. Please liquidate and disburse/transfer my account(s) as indicated in Section 3. Please note that if specific funds/accounts are not listed in Section 3, this request is for a liquidation and disbursement/transfer of **ALL** assets to Azzad Funds.

Make checks payable to “**Azzad Funds.**” Include the account number listed in Section 2, and mail the check to: **Mutual Shareholder Services C/O Azzad Funds 8000 Town Centre Dr, Suite 400 Broadview Heights, OH 44147.**

X _____ / /
Signature of shareholder Date (mm/dd/yyyy)

X _____ / /
Signature of co-shareholder (if applicable) Date (mm/dd/yyyy)

If required by the sending company, signatures must be guaranteed by a bank, savings association, credit union or member firm of a domestic stock exchange or the Financial Industry Regulatory Authority that is an eligible guarantor institution. **A notary public is NOT an acceptable guarantor.** The guarantee must be in the form of a stamp or a typewritten or handwritten guarantee that is accompanied by a raised corporate seal.

GUARANTOR:
Stamp signature guarantee here.

GUARANTOR:
Stamp signature guarantee here.

To avoid delays, DO NOT send this form to Azzad Funds

If you have any questions or require more information, contact your financial advisor or call Azzad Funds at (888) 350-3369.