



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

SIMPLE IRA APPLICATION

Use this form to establish a new SIMPLE IRA. For 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. EMPLOYER & PLAN INFORMATION

Employer (Business) Name _____ Contact Person Name _____ EIN Number _____

Street Address _____ Apt, Floor, Room No. _____

City _____ State _____ Zip _____

Form of business: Sole Proprietor Corporation Partnership S corporation Other _____
 Daytime Phone _____

Please check one:

- New plan** (Must be accompanied by a copy of the employer's completed and signed IRS Form 5305-SIMPLE)
 Existing plan

2. EMPLOYEE INFORMATION

Name (First, Middle, Last) _____ Email Address _____

Home Street Address _____ Apt, Floor, Room No. _____

City _____ State _____ Zip _____

Daytime Phone Number _____ Social Security Number _____ Date of Birth _____ US Citizen? Yes No

3. 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

Spousal Consent (If you live in a marital or community property state and your spouse is not the sole primary beneficiary, your spouse must sign below.)

 Name (First, Middle, Last)

 Signature

4. INVESTMENT INSTRUCTIONS

Please invest the contributions made to my account as follows:

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

To be applied to Tax Year: _____

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.

- This is a Direct Transfer from a SIMPLE IRA (Funds will be transferred directly from another SIMPLE account. Please complete attached SIMPLE Transfer Request Form and include a copy of your account statement.)

5. 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: 10th 20th of each month beginning in the month of _____ to purchase shares in the funds marked below:

- Azzad Ethical Fund for the amount of \$ _____ (\$50.00 minimum)
- Azzad Wise Capital Fund for the amount of \$ _____ (\$400.00 minimum)

Total Automatic Investment \$ _____

B. Bank Information {This must be the Employer's 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

- Checking Account Savings Account

6. SIGNATURES (REQUIRED)

By signing below, I hereby certify and affirm under penalties of perjury that I have the authority and legal capacity to establish this SIMPLE IRA and to purchase shares of the Azzad Funds as indicated in this application. I have received and read the current applicable Azzad Funds prospectus, Custodial Agreement 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. I have not received any tax or legal advice from the custodian or its agent, and I will seek the advice of my own tax or legal professional to ensure my compliance with related laws.



Your Signature

Date

Spousal consent is required in certain States if you are married and designate a beneficiary other than, or in addition to, the spouse. I hereby consent to and join in the designation of beneficiary (ies) above.



Signature of Spouse

Date

Accepted by Mutual Shareholder Services:

X _____
/S/ Greg Getts Date



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C/O Mutual Shareholder Services
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Suite 400
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Make checks payable to: Azzad Funds

SIMPLE IRA Transfer Request Form

Use this form to transfer assets from an existing SIMPLE IRA to a SIMPLE IRA with Azzad. For assistance completing this form, please call us at 888-862-9923. This form must be accompanied with a copy of your most recent account statement and, if a new account, a SIMPLE IRA Application Form. Upon receipt of this form, we will contact your current custodian to arrange the transfer. Make additional copies for each employee; if needed. The prompt transfer of assets is your responsibility. Please contact your resigning firm to ensure that the transfer proceeds smoothly. If you are directly rolling over a distribution from an employer-sponsored retirement plan, please do not use this form. *You must be a U.S. resident with a U.S. mailing address. If your mailing address is a post office box, you must also provide a U.S. residential address to invest in the Azzad Funds.

1. TRANSFER ACCOUNT REGISTRATION

To transfer your SIMPLE IRA, we need to know how it is registered with your current custodian. Complete a separate form for each account being transferred. Please print clearly.

Full Name (First, middle, last) Social Security Number Date of Birth (MM-DD-YYYY)

Street Address Apt, Floor, Room No.

City State Zip

Mailing Address (If different from street address) Apt, Floor, Room No. City State Zip Code

Daytime Phone Evening Telephone Number Email Address

2. CURRENT TRUSTEE OR CUSTODIAN INFORMATION

Please attach a copy of a recent account statement. If you are age 70 1/2 or older, please contact your current custodian to satisfy this year's required minimum distribution before your transfer is made.

Current Custodian

Trustee, custodian or Insurance Company

Street Address Apt, Floor, Room No.

City State Zip

Business Phone

Account Information

Name of Account Owner (First, Middle, Last) Account Number

Name of Mutual Fund, brokerage firm, or bank in which your Simple IRA is invested

Type of Account (Circle one): **Traditional IRA** **SEP IRA** **SIMPLE IRA** **Rollover IRA** (check only if you are transferring an IRA that contains solely the assets of a previous rollover from an employer sponsored retirement plan) **Qualified employer plan** (other than a Roth account)
Other, please specify: _____

3. TRANSFER INSTRUCTIONS & AUTHORIZATION

To Resigning Trustee/Custodian: Please transfer my account in accordance with the instructions on this application.

Please check one:

I wish to liquidate/surrender my entire balance in the account indicated in Section 2. **OR**

I wish to liquidate/surrender a portion of my IRA balance. \$ _____ in the account indicated in Section 2.
Send redemption proceeds by check made payable to: Azzad Funds FBO Shareholder's Name. Mail to: **Mutual Shareholder Services c/o
Azzad Funds 8000 Town Centre Dr. Ste 400 Broadview Heights, OH 44147.**

Please transfer: (check one below)

Immediately *Note: Some institutions may charge a penalty for early withdrawal.* **OR**

At maturity date (specify date, if applicable _____). *Note: A penalty may apply for early withdrawals from certain investments, such as
Cds and annuities.*

4. AZZAD FUNDS INSTRUCTIONS

I am opening a new account and have attached a SIMPLE IRA application.

Deposit Proceeds in my existing Azzad Funds SIMPLE IRA, account number _____.

Total Transfer Amount \$ _____

5. SIGNATURES (REQUIRED)

I certify that I have established a Traditional SIMPLE IRA with the Azzad Funds, of which Huntington National Bank is the transferee custodian/trustee. I certify that the information contained on this form is true and correct. I direct the transferor custodian/trustee to transfer my IRA assets as set forth in this form. I understand that I should seek the guidance of a tax or legal professional with regard to this decision. I understand that if I establish a separate conduit account, it is my responsibility to keep my conduit account separate from my other accounts. I understand that my custodian/trustee cannot provide legal advice. I indemnify and agree to hold the Azzad Funds and its agents harmless against any liabilities. I assume full responsibility for the consequences of this transfer decision.

I certify that I have received and read the custodial and disclosure agreements for SIMPLE IRAs, which are incorporate herein by reference. I understand that SIMPLE IRA funds cannot be transferred to a traditional IRA within a 2 year period that begins on the date of the initial contribution to my SIMPLE IRA. SIMPLE IRA funds transferred or rolled over during the two-year period are subject to an additional 25% excise tax (however, you may roll over or transfer a SIMPLE IRA to a SIMPLE IRA within the 2 year period.) I acknowledge that I have sole responsibility for my investment choices and that I have received a current prospectus for each Fund I select.

Signature of IRA Owner

Date

The custodian/trustee agrees to accept these funds as a transfer. Mutual Shareholder Services on behalf of Huntington National Bank agrees to accept the transfer described herein to an Azzad Funds IRA.

X _____
/S/ Greg Getts

Date

MEDALLION SIGNATURE GUARANTEE: Your current custodian may require a medallion signature guarantee in order to process the transfer. Please check with your custodian and obtain a medallion signature guarantee if necessary. A Medallion Signature Guarantee may be obtained from a bank, credit union, or brokerage firm (called the guarantor). A notary public cannot provide a Medallion Signature Guarantee. The guarantor assumes financial liability for the authenticity of the signature. Note: A Notary Public stamp or seal is different from a medallion signature guarantee and is not sufficient.

Name of Bank or Firm Providing Signature Guarantee

Authorized Signature and Stamp

Date