



If you need assistance completing this application or have any questions, please call us at 703-207-7005. This form must be accompanied by a signed copy of your Investment Advisory Agreement, Account Certification Form (or Corporate Account Certification Form if opening a business account) and a copy of your driver's id (or similar picture identification). The application must be completed in full for this application to be processed.

Mail your completed application to:
Azzad Asset Management Attn: Operations
3141 Fairview Park Dr. Suite 460 Falls Church, VA 22041

1. Primary Account Owner Information/Representative/Trustee/Custodian

This section must be completed in full. Any missing information will delay the processing of your account.

Legal Name (First, Middle and Last) Social Security Number Birth Date

Home Address (No P.O. BOXES ALLOWED) Apt City State Zip Code

Cell Phone Number Home Phone Email Address (Required)

Are you a U.S. Citizen? If resident alien, you must attach a copy of your green card.

Marital Status: Married; Spouse Name: Number of Dependents: Single

Employment & Financial Information

Your Occupation: Employer Name:

Company Address Floor, Room No. City State Zip Code

Are you self-employed? Your estimated gross annual Income: \$

Are you employed by, or related to an employee of, any financial institution?

YES NO If yes, which institution? (Additional Paperwork may be Needed)

Are you a director, 10% shareholder, or executive who makes policy at a public company?

YES NO If yes, which institution? (Additional Paperwork may be Needed)

2. Joint Account Owner Information/Representative/Trustee (if applicable)

Relationship to primary account owner in Section 2: _____

Legal Name (First, Middle and Last)

Social Security Number

Birth Date

Home Address (if different from above)

Apt

City

State

Zip Code

Cell Phone Number

Home Phone

Email Address (Required)

Are you a U.S. Citizen? _____ If resident alien, you must attach a copy of your green card.

Marital Status: Married; Spouse Name: _____ Number of Dependents: _____ Single

Employment & Financial Information

Your Occupation: _____ Employer Name: _____

Company Address

Floor, Room No.

City

State

Zip Code

Are you self-employed? _____ Your estimated gross annual Income: \$ _____

Are you employed by, or related to an employee of, any financial institution?

YES NO If yes, which institution? _____ (Additional Paperwork may be Needed)

Are you a director, 10% shareholder, or executive who makes policy at a public company?

YES NO If yes, which institution? _____ (Additional Paperwork may be Needed)

3. Trusted Contact (REQUIRED if age 65 or older)

Effective February 5, 2018, an amendment to FINRA Rule 4512 requires that brokers obtain the contact information for a trusted contact person upon the opening of a customer account. We require this information for anyone 65 and older and will contact this person in the event that we suspect financial exploitation. Please designate an individual (18 or over) that we may contact. You may designate a spouse, family member, lawyer, guardian, etc. but you may not designate your financial advisor.

Full Name _____ Relationship: _____ Telephone: _____

Email: _____

By providing this information, you authorize us to contact your trusted contact person(s) and disclose to your trusted contact person(s) information about your account in the following circumstances: to address possible financial exploitation, to confirm the specifics of your current contact information, health status, or the identity of any legal guardian, executor, trustee or other holder of a power of attorney, or as otherwise permitted.

4. Account Type

Please mark the account type(s) you are opening. You may use this form to open more than one type of account. For qualified retirement accounts such as defined benefit and profit sharing accounts, please contact us for the appropriate form 703-207-7005.

Personal Accounts

- Individual
- Joint –Rights of Survivorship
- Joint- Tenants in Common
- Joint- Community Property
- Joint- Tenants by Entirety
- Custodial (UGMA/UTMA). {Please Complete Section 5}

Living Trust {Must attach copy of Trust Documents} Trust Name: _____

Retirement Accounts

- SEP IRA {if new, attach IRS Form 5305}
- IRA Rollover {if with former employer 401K, contact employer}
- Traditional IRA
- Roth IRA
- SIMPLE IRA {if new, attach IRS Form 5305}

Business Accounts [Complete Section 6 below]

- Corporation Type: **S or C:** _____
- General Partnership
- Limited Liability Company Type: **S or C:** _____
- Sole Proprietorship
- Unincorp organization (Nonprofit)
- Limited Partnership
- Other: _____

5. For UGMA/UTMA Accounts Only (if applicable) Attach additional minors to this form.

Minor's Name (First, Middle, Last) Minor's Birth Date Minor's Social Security Number

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6. For Business Accounts Only (if applicable)

Business Name Tax Payer Identification Number

Street Address Suite (if any) City State Zip

Business Telephone Number Email Address (For Sending Statements, **REQUIRED**)

7. Beneficiary Information for IRA Accounts (if applicable)

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). You may change your beneficiary (ies) at any time by giving written notice to us.

A. Primary Beneficiary (ies):

Percentage Share %	Name	SSN	Relationship	Birth Date
=100%				

B. Contingent Beneficiary (ies):

Percentage Share %	Name	SSN	Relationship	Birth Date
=100%				

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.



Spouse Signature

Print Name

Date

8. Funding your Account

We generally require that you fund your account no more than 30 days after opening it. Funding options include: 1) You may make your check payable to: **Folio Investments**. Mail to: Folio Investments Attn: Cash Management 8180 8th flr Greensboro, Drive, Mclean, VA 22102. 2) Attach a recent copy of your account statement to transfer to your account with a completed transfer form. 3) Wire money into your account. Please call us for wiring instructions, or 4) You may complete this section to link a bank account to your brokerage account for automatic deposits or withdrawals. This is a free service.

Is this a savings account? _____

Name of Financial Institution

ABA Routing Number

Bank Account Number

To use this bank link, please log into your brokerage account, approve the bank link and verify the micro-deposits that will be made into your bank account in the next 2-3 business days. The bank account must be registered in your name.

Please deposit \$ _____ starting on ____/____/____ (allow at least 5 business days)

Choose frequency: One-Time Weekly Bi-weekly Monthly Yearly

End Date: Until canceled After this many transfers: _____ On this date: _____

9. Signatures and Authorizations

I/We certify, under penalty of perjury, that: The numbers shown on this form are our correct social security/taxpayer identification numbers. I am not subject to backup withholding as a result of a failure to report all interest and dividends, or the Internal Revenue Services has notified me that I am no longer subject to backup withholding. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

X _____
Signature: Account Owner/Trustee/Executor/Custodian

Date

X _____
Signature: Additional Account Owner/Co-Trustee/Executor

Date