



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

UGMA/UTMA Account Application

Use this form to establish a new Uniform Gifts to Minors Act and Uniform Transfers to Minors Act accounts available only to U.S. citizens and U.S. resident aliens. For assistance completing this form, please call toll free 888-862-9923.

This application must be accompanied with a copy of one of the parent's 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. PROVIDE INFORMATION ABOUT THE MINOR (Child)

Name of Minor (First, Middle, Last)		Date of Birth	Social Security Number	
Home Address	Apt	City	State	Zip
U.S. Citizen: _____ Yes _____ No (U.S. resident alien)				

2. PROVIDE INFORMATION ABOUT THE CUSTODIAN (PARENT)

Name (First, Middle, Last)		Date of Birth	Social Security Number	
Home Address (if different from above)	Apt	City	State	Zip
P.O. Box Address (if applicable)		City	State	Zip
Daytime Phone	Evening Phone		U.S. Citizen: _____ Yes _____ No	
Email address				

3. INVESTMENT OPTIONS

Please refer to each Fund's prospectus for more information about its fees, investment strategy and risks. A copy is available for you to download from our website at: www.azzadfunds.com.

- Azzad Ethical Fund (ADJEX) for the amount of \$ _____ or _____%
[Primary Objective: Capital Appreciation]
- Azzad Wise Capital Fund (WISEX) for the amount of \$ _____ or _____%
[Primary Objective: Capital Preservation]

Uniform Gifts to Minors Act and Uniform Transfers to Minors Act accounts: Maximum contribution allowed for gift exclusion, per parent, is \$14,000 subject to IRS changes. We will automatically reinvest dividend and capital gains distributions. For other options, call us. We will use the default method of Average Cost in reporting cost basis for redemptions of your shares purchased after January 1, 2012. For other options, call us.

4. FUNDING YOUR UTMA/UGMA

We generally require that you fund your account no more than 30 days after opening it. Funding options include:

- 1) Make your check payable to: **Azzad Funds** and mail to **Mutual Shareholder Services 8000 Town Centre Drive, Suite 400, Broadview Heights, OH 44147**. We cannot accept third-party checks.
- 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 account for automatic deposits or withdrawals. This is a free service. **Please attach a voided check and complete the below information** (Note: It is *your* responsibility, not the transfer agent, to ensure that the below information is accurate and that your electronic deposits are in good order):

Check one: Checking Account Savings Account

Bank Name: _____ **Routing Number:** _____

Account Number: _____ **Amount to deposit:** \$ _____ (minimum \$50 for Azzad Ethical Fund/\$400 Azzad Wise Capital Fund).

Choose One: Please withdraw funds on the _____ 10th OR _____ 20th of next month of _____.

5. LETTER OF INSTRUCTIONS TO FUND COVERDELL

Complete this section if your household income makes you ineligible to directly contribute to a Coverdell Education Savings Account and you wish to have your child contribute on his/her behalf from assets deposited into his/her UTMA.

Dear Transfer Agent: After establishing this UTMA/UGMA account, please transfer \$ _____ (up to \$2,000 per tax year) to minor's Coverdell Account. I have attached a Coverdell Education Savings Account Application with this UTMA/UGMA application OR the minor already has a Coverdell Education Savings Account Investor Number: _____. Please code this for tax year: _____.

Note: You can make annual contributions in this matter, by calling the transfer agent at 888-350-3369 or submitting a letter of instruction with the above information including your minor's name, social security number, investor number and tax year. Please call us for more information: (703) 207-7005.

6. SIGNATURE (REQUIRED)

I certify that I have read and agree to be bound by the provisions of the prospectus for the fund(s) in which I am investing. I agree to hold harmless and indemnify Azzad and its agents, employees and affiliates from liability for any loss, claim or expense that I may sustain as a result of their acting on transaction instructions they believe to be genuine. I understand that it is my responsibility to follow up on any funding instructions and to ensure that any bank information provided is accurate. I understand that Azzad and its transfer agent will use reasonable procedures to confirm that instructions submitted by any authorized signer online, by telephone, fax, in writing, or by any other means acceptable to Azzad, are genuine, including personal identification, recording of telephone conversations and providing written or electronic confirmation of each transaction.



Signature and date of Custodian

Printed Name