



AZZAD

Return your completed form to:
Azzad Asset Management, Inc.
3141 Fairview Park Dr. Suite 460
Falls Church, VA 22042

Ethical Wrap Program Account Change Request Form

Use this form to change your address, name or registered owners on your account. Changes made in section 4 must be accompanied by a Medallion Signature Guarantee for each signature on this form; it can be obtained from any domestic bank or credit union. Mail this completed form to the address above.

1. Current Account Information

Owner Full Name _____ Social Security Number _____

Joint Owner Full Name _____ Social Security Number _____

Street Address _____

Street Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Account Number(s) _____

Account Number(s) _____

2. To Make Address Changes

Please note that once you change your address, you will not be able to withdraw funds by check until after 10 business days.

Street Address _____

City _____ State _____ Zip _____

Daytime Phone Number _____

Evening Phone Number _____

3. To Change Name of Account Owner

I hereby certify that _____ (my former name) was changed to _____ (my new name) and is one and the same person. Please change my account registration to reflect my change of name.

4. To Change Registered Owner (Medallion Signature Guarantee Required)

New Account Registration: (Account Application required by all new signers)

Full Name _____

Social Security Number _____ Birth Date _____

Full Name _____

Social Security Number _____ Birth Date _____

4. Signatures

If you are changing the registration, all registered account holders must sign and have their signatures guaranteed with a Medallion Signature Guarantee, which is available from a bank, credit union, or member firm of a domestic stock exchange. Please note that a Notary Seal is not acceptable. If registration change is a name change, supporting documentation such as a copy of a marriage certificate or divorce decree should be included. Changes in registration may result in a new account number, and may require a New Account Application be completed.

Account Owner's Signature (as listed in Section 1) _____ Date _____

Joint Account Owner's Signature _____ Date _____

Signature Guaranteed By _____

Signature Guaranteed By _____

Title _____

Title _____

Name of Institution _____

Name of Institution _____

Medallion Signature Guarantee

Medallion Signature Guarantee