



Azzad Funds

Please return form to:

Azzad Funds
C/O Mutual Shareholder Services
8000 Town Centre Dr. Ste 400
Broadview Heights, OH 44147

Make checks payable to: Azzad Funds

Account Application

Use this form only for individual, custodial (UGMA/UTMA), trust, and corporate accounts. For an IRA application or assistance completing this form, please call 1-703-207-7005. **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. ACCOUNT INFORMATION

Individual or Joint Owner

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

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

Custodian (for UGMA/UTMA) (Complete a separate form for each child)

Custodian's Name (Only one allowed) Birth Date, as Custodian for:

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

Under the _____ Uniform Gifts/Transfer to Minor's Act (UGMA/UTMA).
State of Minor's Residence

Trust, Corporation or Other Account

_____, as Trustee(s) of _____
Name of Trustee, Corporation, Organization Name of Trust Agreement Date of Trust Agreement

U.S. Tax ID Number Date Applied for Tax ID

2. ADDRESS

Permanent Street Address Apt, Floor, Room No.

City State Zip

Daytime Phone Evening Phone Email

3. INVESTMENT CHOICES (Make Checks Payable to Azzad Funds)

Azzad Ethical Mid Cap Fund for the amount of \$ _____

Wise Capital Fund for the amount of \$ _____

By wire or overnight courier, please call 1-703-207-7005 for instructions.

Minimum investment \$1,000 per fund, \$500 for UGMA/UTMA. Accounts may be opened with \$50 when you set up an Automatic Investment Plan (AIP). You must complete Section 6 for AIP Accounts. Note: Accounts with less than the minimum balance will be subject to balance fees and may be closed. Please consult the fund prospectus for detailed information.

4. SELECT YOUR DIVIDENDS/CAPITAL GAINS OPTIONS

Dividends and distributions will be reinvested *unless* a box is checked:

Dividends in cash; capital gain distributions reinvested

Dividends and capital gain distributions in cash

5. REDEMPTION BY TELEPHONE

- I (We) authorize Azzad Funds and its Agent to honor redemptions made by telephone to this account. I (We) agree that this service is offered as a convenience and that neither the Fund nor its Agent will be liable for any loss, expense, or cost arising from acting on this request.
- I (We) do not authorize Azzad Funds and its Agent to honor telephone redemptions for this account.

If you do not indicate a choice, your account will automatically accept telephone redemptions. Your Social Security Number will be used for identification purposes.

6. 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 Mid Cap Fund for the amount of \$ _____ (\$50.00 minimum)

Wise Capital Fund for the amount of \$ _____ (\$50.00 minimum)

Total Automatic Investment \$ _____

B. 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

7. RESOLUTION (FOR CORPORATIONS & OTHER ORGANIZATIONS)

I hereby certify and affirm that I am the duly elected

_____ of _____
Officer or Title Name of Organization

This organization functions under the laws of the State of _____. I certify and affirm that all necessary actions by directors, trustees, partners, and/or other applicable people have been taken to allow me to open an account with Azzad Funds ("the Trust") in the name of the organization, and to deposit/redeem funds in this account, that all officers with signatures below are authorized to sign checks and other orders issuable by the organization redeeming the shares of the Trust and that this authority shall be honored until voided by written notice to the Trust; that the Trust, its Adviser, Azzad Funds and its Transfer Agent, herein selected as redemption agent for the organization for shares of the Trust, shall be held harmless for any loss, damage, cost or claim arising out of any authorized or unauthorized use of the checks or assets of the organization invested in the Trust. For additional Trustees, please include copies of the first and last pages of your Trust Agreement.

Print Name (First, Middle, Last) Signature of Certifying Officer Corporate Seal (if any)

Print Name (First, Middle, Last) Signature of Certifying Officer

Print Name (First, Middle, Last) Signature of Certifying Officer

8. Signatures (Required)

By signing below, I/We hereby certify and affirm under penalties of perjury that:

- The information I/We have entered in this application is correct including the taxpayer identification number entered above.

- I/We are not subject to backup withholding. If notified by the IRS that you are subject to backup withholding, check box:

- I am a U.S. person (including a U.S. resident alien). If not, check box and indicate country of residence: _____
- I/We have received and read a current prospectus of the Fund, agree to be bound by its terms, and understand the risks associated with investing in the Fund that I/we have selected on this application.
- I/We have full authority to purchase such shares indicated above and to exercise the options selected on this application.
- I/We hereby release the Fund, its Advisers, Administrator, Transfer Agent, Distributor, Custodian and other respective officers, employees, agents and affiliates from any and all liability in the performance of the acts instructed herein.



Signature of Individual, Trustee, Custodian or Certifying Officer

Date



Signature of Joint Tenant

Date

Accepted by Mutual Shareholder Services: -----

Signature

Date

