



We're delighted you have chosen to open an Ethical Wrap Account with us!
Please complete the attached applications and mail to us at:

Azzad Asset Management, Inc.
Attn: Operations
3141 Fairview Park Dr. Ste 460
Falls Church, VA 22042

All checks should be made payable to: **Foliofn Investments**

Please note:

This application must be accompanied by the Azzad Investment Advisory Agreement. To obtain this form, you must call us at 888-862-9923.

If you are a new client, please complete the **New Account Application** located on the website in addition to this form. If you are an existing client and you would like to open a new custodial (UGMA/UTMA) account for a child, please complete the attached form.

If you need assistance completing the applications, please contact us at 888-862-9923.

Thank you!

Azzad Asset Management Operations Team

Uniform Gift or Transfer to Minor Application

Use this form only for establishing an UGMA/UTMA account in the Ethical Wrap Program. For assistance completing this form or to open a retirement account, please call us at 866-862-9923. This form must be accompanied by the Azzad New Account Form (if custodian has not previously established an account in the wrap program prior to establishing this account). Attach additional copies for each child.

1. ACCOUNT INFORMATION

Custodian (for UGMA/UTMA)

_____, as Custodian for:
Adult Custodian's Full Name (Only one allowed) Social Security Number Birth Date

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

Under the _____ Uniform Gifts/Transfer to Minor's Act (UGMA/UTMA). If a Social Security Number has been applied for; please provide
State of Minor's Residence
a copy of the application.

2. ADDRESS

If mailing address is a post office box, a street address is also required by the Patriot Act. APO and FPO addresses will be accepted.

Permanent Street Address Apt, Floor, Room No.

City State Zip

Daytime Phone Evening Phone Email

3. INVESTMENT CHOICES

I am opening this UGMA/UTMA account to be invested in the Ethical Wrap Program.

4. 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 full authority to make the investment decisions and to exercise the options selected on this application.
- I/We hereby release Azzad, its Representatives, 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 Adult Custodian

Date