



# 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

## Direct Rollover or Transfer Form for Traditional, Roth and SEP-IRAs

Use this form to initiate a direct rollover from your employer's retirement plan (including 403(b) and 401(k) plans), to either a Traditional, SEP or Rollover IRA. Use this form also to transfer from an existing IRA with another firm to an IRA with the Azzad Funds. Please send with your IRA application and a recent copy of the account statement you are transferring to us. This form cannot be used to roll over into more than one type of IRA. **If this is a roll over from an employer plan, you must also want to contact your current plan administrator to ensure that you have completed any documents they may require.** For assistance completing this form, please call toll free 1-703-207-7005.

### 1. Account Information

Name (First, Middle, Last)	Social Security Number	Birth Date
Permanent Street Address		Apt, Floor, Room No.
City	State	Zip
Daytime Phone	Evening Phone	Email (optional)

### 2. Source of Assets

You MUST attach a copy of your most recent statement for the account you are transferring. If this is an employer sponsored plan, you MUST attach a distribution form. The employer administering the plan should be able to provide you with the distribution form. Your entire account will be liquidated and transferred to your Azzad IRA. You should discontinue any electronic funds transfer (EFT) instructions that you have set up for the account. It is your responsibility to assure the prompt transfer of assets by the current custodian.

#### A. From type of investment:

Mutual Fund     
  Brokerage     
  CD ----- maturity date\*     
  Other \_\_\_\_\_

*\*Please send us this transfer form six weeks prior to the maturity date of your CD.*

#### B. From plan type:

IRA     
  ROTH IRA     
  401(k)     
  403(b)     
  SEP IRA     
  Profit Sharing Plan     
  Other \_\_\_\_\_

Name of Employer, Trustee, Custodian or Insurance Carrier				Contact Person's Full Name	
Street Address	Apt, Floor, Room No.	City	State	Zip	
City	State	Zip			
Phone Number			Account or Policy Number		

### 3. Investment Instructions

#### A. Check one:

I am opening a new account and have attached an Azzad Funds IRA application.  
 Deposit the proceeds into my existing Azzad Funds IRA, please indicate your Account Number: \_\_\_\_\_

