



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.

These forms are for opening a corporate retirement plan such as a 401k, defined benefit or profit sharing plan. If you are interested in opening an IRA including an IRA Rollover or other individual investment account, please download the **New Account Application**. If you do not see the account type you are interested in, please call us.

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

Thank you!

Azzad Asset Management Operations Team



For use with defined benefit plans, 401(K) Plans, Profit Sharing Accounts and other third party administered qualified plans.

Ethical Wrap Account (EWA) New Corporate Account Form

In compliance with the USA Patriot Act, all financial institutions are required to obtain the following information for all registered owners and all authorized individuals: **full name, date of birth, social security number, and permanent street address**. This information will be used to certify your true identity. **This application MUST be accompanied with a copy of the participant's picture id. Please also attach First & Signature Page of Plan Document(s) if existing plan and copy of recent form 5500.**

- a. Investment Advisors should complete Section 1
- b. Clients should complete Sections 2-6
- c. Clients must read the attached Agreement and sign Section 7
- d. Mail this completed application with your signed check payable to **Foliofn** to:

Azzad Asset Management, Inc.
Attn: Operations Department
3141 Fairview Park Drive, Suite 460
Falls Church, VA 22042

If you need assistance or have any questions, please call us at 703-207-7005.

1. Financial Advisor Information & Account Information

Name (First, Last) _____ Registered Rep # _____

Account Type _____ Account Number _____ How was this account acquired? _____

2. Sponsor Information (company and plan information)

This section must be completed in full in order for this application to be processed.

Plan Registration: provide the official name of business or qualified plan (ie. XYZ profit sharing plan). This name will appear on account documents exactly as you indicate here.

Sponsor Name- Please indicate the corporate entity that is sponsoring this plan. _____ Sponsor Tax ID Number _____

Sponsor Street Address _____ Suite _____ City _____ State _____ Zip Code _____

Sponsor Telephone Number _____ Email Address (For Sending Statements, Saves you Money) _____

3. Participant Information (complete for employer if also a participant, then attach additional participant info)

Attach additional papers to this form if needed.

Full Name (first, middle, last) _____ Social Security Number _____ Birth Date _____

Home Street Address _____ Apt (if any) _____ City _____ State _____ Zip _____

Home Telephone Number _____ Email Address (For Sending Statements) _____

Are any beneficial owners of this account employed by a stock market, the NASD, or a firm that is a member of either one? If so, you will be given instructions later about how to open an account. If any member is associated with only one of these entities, select "No" below.

No: _____ Yes: _____

Are any beneficial owners of this account a director, 10% shareholder, or executive who makes policy at a public company?

No: _____ Yes: _____

COMPLETE ON BACK SIDE

4. Trustee Information (if different from section 3)

The following Trustees will be granted access to this account. *Attach additional papers to this form if needed.*

Full Name (first, middle, last)	Birth Date	Social Security/Tax ID Number		
Home Street Address	Apt (if any)	City	State	Zip
Telephone Number	Email Address (For Sending Statements)		Country(ies) of Citizenship?	

I am employed by a stock market, the NASD, or a firm that is a member of either one. If so, you will be given instructions later about how to open an account. If you are associated with only one of these entities, select "No" below.

No: Yes:

I am a director, 10% shareholder, or executive who makes policy at a public company?

No: Yes:

Co-Trustee (if applicable). Attach additional papers to this form if needed.

Full Name (first, middle, last)	Birth Date	Social Security/Tax ID Number		
Home Street Address	Apt (if any)	City	State	Zip
Telephone Number	Email Address (For Sending Statements)		Country(ies) of Citizenship?	

I am employed by a stock market, the NASD, or a firm that is a member of either one. If so, you will be given instructions later about how to open an account. If you are associated with only one of these entities, select "No" below.

No: Yes:

I am a director, 10% shareholder, or executive who makes policy at a public company?

No: Yes:

5. Third Party Representative Information (complete for qualified plans)

Third party Firm:

Firm Name				
Street Address	Suite (if any)	City	State	Zip

Third party Representative:

Full Name (first, middle, last)	Email Address (For Sending Statements)
Date of Birth	

6. Type of Account

- 401k plan Profit sharing plan Solo 401k Plan Defined Benefit Plan
- Other (please specify): _____

7. Signatures and Authorizations

I/We certify, under penalty of perjury, that:

- 1) The numbers shown on this form are our correct social security/taxpayer identification numbers, and
- 2) I (participant) am not subject to backup withholding as a result of a failure to report all interest and dividends, or the Internal Revenue Services has notified me that I am no longer subject to backup withholding. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.
- 3) I (participant) have read, I understand and I agree to the terms, conditions, and disclosures set forth in the Ethical Wrap Agreement.
- 4) I (participant) acknowledge that the information contained in the attached Investor Profile Questionnaire is correct and accurate.
- 5) By signing this Agreement, I (participant) acknowledge receipt of a copy of Part II of Azzad's Form ADV, at least forty-eight (48) hours prior to execution of this Agreement, as required by Rule 204-3 under the Act.
- 6) If a third-party administrator is administering this plan: I (participant) understand and agree that my relationship with the third party administrator is independent of my relationship with Azzad Asset Management, Inc.
- 7) If this plan is for the purposes of incorporating Azzad's Ethical Wrap Account Program with Foliofn Investments, Inc. in an existing 401(k) plan, I (sponsor) acknowledge that I am granting permission for participant to have his/her plan contributions invested in the program. I also acknowledge that this is NOT a new retirement plan. Third party administrator will continue administration services for this account and will have online access to this account.

X _____
Signature: Employer Date

X _____
Signature: Trustee Date

X _____
Signature: Co-Trustee (if applicable) Date

X _____
Signature: Co-Trustee (if applicable) Date

X _____
Signature: Investment Advisor/Azzad Asset Management, Inc. Date

Azzad internal use only. Do not write below:

Account Number: _____
Employer Sponsored Retirement Plan for Asset Management & Brokerage Services Only? Yes No
Special Instructions: _____

Account Access Level: _____

Complete to set up accounts for additional participants in your qualified retirement plan.

Additional Participant Information

Attach to corporate account opening form.

Full Name (first, middle, last)		Social Security Number	Birth Date	
Home Street Address	Apt (if any)	City	State	Zip
Home Telephone Number		Email Address (For Sending Statements)		

Additional Participant Information

Attach to corporate account opening form.

Full Name (first, middle, last)		Social Security Number	Birth Date	
Home Street Address	Apt (if any)	City	State	Zip
Home Telephone Number		Email Address (For Sending Statements)		

Additional Participant Information

Attach to corporate account opening form.

Full Name (first, middle, last)		Social Security Number	Birth Date	
Home Street Address	Apt (if any)	City	State	Zip
Home Telephone Number		Email Address (For Sending Statements)		

Additional Participant Information

Attach to corporate account opening form.

Full Name (first, middle, last)		Social Security Number	Birth Date	
Home Street Address	Apt (if any)	City	State	Zip
Home Telephone Number		Email Address (For Sending Statements)		

Additional Participant Information

Attach to corporate account opening form.

Full Name (first, middle, last)		Social Security Number	Birth Date	
Home Street Address	Apt (if any)	City	State	Zip
Home Telephone Number		Email Address (For Sending Statements)		



Corporate and Other Account Opening Form

Instructions:

1. The advisor should complete Section A.
2. The advisor *or* the client's authorized representative should complete Section B.
3. The authorized representative must read the attached Customer Agreement and sign Section C.
4. Please have your client's authorized representative send this form back to you, so you can make a copy.
5. You may want to ask your client's authorized representative to also send a signed check to fund this account.
6. Please send this signed two-page form (and the signed check) to:

FOLIO Institutional
P.O. Box 3068
Merrifield, Va.
22116-3068

7. If you need assistance, please call 1-888-485-3456, 24 hours a day, seven days a week.

A. Advisor Information		
Advisor's First Name	Middle Initial	Last Name
Advisor's Firm Name		

B. Account Owner Information	
Account Owner's Name	
<input type="checkbox"/> Social Security Number _ _ - _ - _ - _ - _ - _ - _ - _ -	Name of Account
<input type="checkbox"/> Tax ID No. _ _ - _ - _ - _ - _ - _ - _ - _ -	

C. Authorized Representative Signature

Account Authorization

I have been authorized to open an account for the Account Owner specified in Section B of this application at FOLIO*fn*. I am authorized to open and control this account until an authorized representative of the Account Owner revokes my authorization.

The Account Owner is incorporated, organized, or formed under the laws of _____.
(state)

On behalf of the Account Owner, I certify that:

The following resolutions are full, true, and correct copies of resolutions adopted by the Account Owner's board of directors, general partners, managing members, or other governing body of the Account Owner. The resolutions have not been changed and are currently in effect. The resolutions are permitted by the Account Owner's underlying charter, bylaws, partnership agreement, or other organizational documents. The resolutions do not violate any laws or regulations pertaining to the Account Owner. The Account Owner is properly organized and exists.

Resolutions

The authorized representative is authorized to open an account with FOLIO*fn*. The authorized representative and authorized investment advisor may:

Purchase, sell, and deal in any and all forms of securities and financial instruments of every kind or nature whatsoever. Deliver to FOLIO*fn* on behalf of the Account Owner any and all agreements, documents, contracts, and other writings that FOLIO*fn* may require.

FOLIO*fn* may rely on any certification provided by the authorized representative in connection with these resolutions until FOLIO*fn* receives written notice that the resolutions have been changed.

PLEASE TURN TO THE NEXT PAGE TO COMPLETE SECTION C

C. Authorized Representative Signature (Continued)

Signature

I certify, under the penalty of perjury, that

- 1. The tax identification number on this application is the Account Owner's true tax identification number.**
- 2. The Account Owner is not subject to backup withholding as a result of a failure to report all interest and dividends, or the Internal Revenue Service (IRS) has notified the Account Owner that it is no longer subject to backup withholding. The IRS does not require consent to any provision of this document other than the certifications required to avoid backup withholding.**
- 3. On behalf of the Account Owner, I have read, I understand, and I agree to the terms and conditions set forth in the attached Customer Agreement.**
- 4. The Account Owner agrees to resolve all disputes through arbitration and not the courts as required on the last page of the Customer Agreement. The Account Owner agrees that FOLIO*fn* does not recommend any securities or investments.**

The Account Owner agrees to the terms and conditions of the Customer Agreement

▶ _____ Date _____
signature: Authorized Representative

July 31, 2002

CUSTODIAL AGREEMENT

This Agreement is made by, between, and among the employer identified in Section 12 of this Agreement (the "Employer"), the trustee(s) identified in Section 12 of this Agreement and any substitutes for or successors to such trustee(s) (the "Trustees"), and FOLIO*fn* Investments, Inc. ("FOLIO*fn*").

The Employer, the Trustees, and FOLIO*fn* mutually agree as follows:

SECTION 1 – THE PLAN AND THE TRUST.

The Employer has adopted an employee benefit plan (the "Plan") for benefit of its employees. Any change in the name of the Plan, and any merger of the Plan with any other employee benefit plan, shall not affect this Agreement

The Trustees are the trustees of some or all of the assets of the Plan.

Folio*fn* has been engaged to provide brokerage services with respect to some or all of the assets of the Plan pursuant to a Folio *Advisor* Institutional Agreement and related Customer Agreement(s) (such Institutional Agreement and related Customer Agreements to be referred to hereinafter collectively as the "Related Agreements").

SECTION 2 – THE CUSTODIAN.

The Trustees hereby appoint FOLIO*fn* as the custodian of the property delivered to FOLIO*fn* hereunder for deposit to the Custodial Account established pursuant to this Agreement (the "Account") and as the custodian of any property that is attributable thereto and actually received by Folio*fn*, such as any gains or income thereon and any property in which such gains or income are reinvested.

SECTION 3 – MANNER OF CUSTODY.

All right, title, and interest in and to the property held in the Account shall at all times be vested in the Trustees. All property held in the Account shall be kept with the same care as Folio*fn* exercises in respect of its own assets. Folio*fn* shall be authorized to hold or permit the holding of such property (i) in its vaults, (ii) with a clearing and/or depository corporation, or (iii) in bearer form so that title may pass by delivery. Folio*fn* shall promptly, upon receiving the Trustees' written direction, cause any securities held hereunder to be reissued in its own name as Custodian for the Account or in the name of the Trustees, but Folio*fn* shall be entitled to deduct any costs and taxes associated with the foregoing from the property in the Account. **Folio*fn* shall make distributions from the Account only in accordance with written or mutually agreed upon electronic directions it receives from the Trustees or their designee(s).**

SECTION 4 – DUTIES OF THE CUSTODIAN.

Folio*fn*'s sole duty under this Agreement is to maintain custody of the property held in the Account and to carry out directions given to it in accordance with this Agreement and the Related Agreements.

FOLIO*fn* will deliver all trade confirmations, monthly statements and other required regulatory notices electronically. Pursuant to the Related

Agreements, FOLIOfn will deliver trade confirmations only to your advisor. The Trustees will receive email notices that the account statements and all other required regulatory notices are available for viewing or printing from the account's filing cabinet on our Web site. You agree that these email notices constitute delivery of these statements and notices; and that email notice to the adviser satisfies our confirmation delivery obligation.

Foliofn shall have no responsibility for the management and control of the Account, it being contemplated that all property held in the Account shall be under the control or direction of a third party in accordance with this Agreement and the Related Agreements. Foliofn shall not be responsible for reviewing reports provided by any investment manager or investment adviser engaged under the Plan.

Foliofn shall have no duty to demand or require that contributions be made to the Plan, nor shall Foliofn be liable to determine the amount of any contributions to the Plan or the adequacy of such contributions to meet or discharge any liabilities under the Plan.

Foliofn shall not be responsible for the adequacy of the Account to discharge the Plan's liabilities.

Foliofn shall not be responsible for managing or investing the assets in the Account, shall be under no duty under this Agreement to, and shall not, supervise, recommend, or advise the Trustees or any investment manager or any participant or beneficiary with respect to the investment, purchase, sale, retention, or other disposition of any property held hereunder and shall not be liable for any losses to the Account as a result of the acts or omissions the Trustees or any investment manager or participant or beneficiary. Foliofn shall not be liable for interest on any cash balances it holds uninvested in the Account pending receipt of instructions. In the absence of instructions in accordance with the Related Agreements, Foliofn shall have no power, duty, or authority to invest property held in the Account.

Foliofn shall have no power or duty to recommend, select, or approve investments for the Account or otherwise to furnish advice with respect thereto. Foliofn shall have no power or duty to review any investment or reinvestment made in accordance with the Related Agreements. In acting upon any instruction of the Trustees, Foliofn shall not be required to ascertain whether the Trustees properly gave such instruction or whether such instruction was lawful or otherwise permissible. Foliofn shall not be responsible for property paid or delivered to any person upon the written direction of the Trustees. Foliofn shall have no power or duty to prepare income tax returns or financial or other reports for the Plan and no power or duty to determine the rights of participants, beneficiaries, or other persons under the Plan. Without limiting the generality of the foregoing, in the case of any transaction in accordance with this Agreement or the Related Agreements, the party giving the instructions to Foliofn shall have the entire responsibility for assuring that the transaction does not violate the prohibitions of any applicable federal or state law or court order or judgment affecting the administration of the Account.

SECTION 5 – PLAN ADMINISTRATION.

Foliofn shall not be the administrator or a fiduciary of the Plan, and shall not be responsible for any aspect of the administration of the Plan. Foliofn shall not be required to look into any action taken by the Employer or the Trustees and shall be fully protected in taking, permitting, or omitting any action on the basis of any instructions that it receives in accordance with this Agreement and the Related Agreements.

SECTION 6 – AMENDMENT.

The Employer, the Trustees, and Foliofn jointly reserve the right to amend this Agreement by written instrument executed by all three parties at any time upon mutually acceptable terms.

SECTION 7 – TERMINATION.

This Agreement shall automatically terminate upon the expiration or termination of the Related Agreements.

Upon the termination of this Agreement, Foliofn shall deliver the property then in the Account to the Trustees in accordance with such written directions as it receives from the Trustees; provided that Foliofn shall have the right to deduct from such property any costs (including taxes) incurred delivering such property.

SECTION 8 – LIMITATION OF FOLIOfn's LIABILITY.

Foliofn may rely upon any and all directions or instructions reasonably believed by it to be genuine and shall be fully protected in acting in accordance therewith. The Employer shall indemnify and hold Foliofn harmless against any loss, cost, claim damage, expense, and liability (including attorney's fees) and other costs it may incur in acting upon such directions or instructions. Except for gross negligence or willful misconduct, Foliofn shall incur no liability for any act or failure to act pursuant to this Agreement.

SECTION 9 – CUSTODIAL FEES.

The fees due to Foliofn shall be solely those specified by the Related Agreements.

SECTION 10 – ARBITRATION.

All controversies between or among the parties hereto shall be settled through arbitration as provided for by the National Association of Securities Dealers, Inc. Any judgment resulting from arbitration may be entered by any court of competent jurisdiction.

SECTION 11 – MISCELLANEOUS.

- a) No Liability for Actions of Others. Foliofn shall not be responsible for any act or omission of the Employer, the Trustees, or any other party under the Plan. Foliofn shall be under no duty to inquire into any rule, regulation, instruction, direction, or order purporting to have been issued by the Employer or the Trustees, or any other party that the Related Agreements authorize to instruct Foliofn.
- b) Assignment. This Agreement is not assignable without the prior written consent of all of the parties hereto, except that Foliofn may assign its rights and obligations under this Agreement to an affiliate that it controls or to an affiliate that is controlled by or under common control with Foliofn.
- c) No Implied Duties. The duties and obligations of Foliofn shall be determined solely by the express provisions of this Agreement, and no implied duties, obligations, or covenants shall be implied or read into this Agreement with respect to Foliofn.
- d) Property. As used in this Agreement, "property" means cash, bonds, stocks, options, warrants, rights, notes, certificates of deposit, commercial paper, property (real, personal, or mixed), or any other investments for any kind or nature, and any interest, beneficial or otherwise, in a common, collective, or commingled trust or fund of any kind.
- e) Survival. The provisions of Sections 8 and 10 and this Section 11 shall survive the termination, amendment, or restatement of this Agreement.
- f) Governing Law. The internal laws of the Commonwealth of Virginia, without regard to its choice of law

provisions, shall govern this Agreement and its enforcement.

- g) Entire Agreement. This Agreement constitutes the entire agreement among the parties concerning the subjects covered herein and supersede any previous agreements concerning such subjects.

SECTION 12 – EXECUTION.

This Agreement shall be executed in counterparts, each of which shall be deemed an original.

IN WITNESS WHEREOF, the Employer, acting through its duly authorized representative, agrees to be bound by the terms of this Agreement.

Employer's Name _____

Employer's Address _____

By _____
(Signature)

Business Title _____

Print Name _____

Date _____, _____

IN WITNESS WHEREOF, the Trustees, acting through their duly authorized representative, agree to be bound by the terms of this Agreement.

Trustees' Title _____

Trustees' Address _____

By _____
(Signature)

Business Title _____

Print Name _____

Date _____, _____

IN WITNESS WHEREOF, FOLIOfn Investments, Inc., acting through its duly authorized representative, agrees to be bound by this Agreement.

Foliofn Investments, Inc.
8000 Towers Crescent Drive, 15th Floor
Vienna, VA 22182

By _____
(Signature)

Business Title _____

Print Name _____

Date _____, _____

This form should be accompanied by a recent statement. You may also need to write a letter informing your resigning firm that you wish to transfer your plan's assets to our firm. Call us for assistance 888-862-9923.

Account Transfer Form

Please review the accompanying instructions for important information on completing this form. If you have any questions, please contact us at 1-888-973-7890.

A. Information About Your FOLIOfn Account

Account Number:

Primary Account Owner Name _____ Social Security Number or Tax Identification Number _____

Joint Account Owner Name _____ Social Security Number or Tax Identification Number _____

Joint Account Owner Name _____ Social Security Number or Tax Identification Number _____

B. Information About the Account You Are Transferring

Before you transfer this account, you should wait for any checks that you have written against the account to clear. You should also discontinue any electronic funds transfer (EFT) instructions that you have set up for the account, including recurring investments and distributions.

Firm, Fund or Distributing Employer Name _____ Your Account Number _____

Firm, Fund or Distributing Employer Address _____ Telephone Number _____

Account Type:

- | | | | | |
|-------------------------------------|------------------------------------------|----------------------------------|----------------------------------------------|------------------------------------------|
| <u>Personal</u> | <u>Retirement</u> | <u>Employer Sponsored*</u> | <u>Business**</u> | <u>Other**</u> |
| <input type="checkbox"/> Individual | <input type="checkbox"/> IRA Rollover | <input type="checkbox"/> 401(k) | <input type="checkbox"/> Corporate | <input type="checkbox"/> Investment Club |
| <input type="checkbox"/> Joint | <input type="checkbox"/> Traditional IRA | <input type="checkbox"/> 403(b) | <input type="checkbox"/> LLC | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Custodial | <input type="checkbox"/> Roth IRA | <input type="checkbox"/> Pension | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Other: _____ |
| | For a Roth IRA, | | | |
| | Please provide the 5 year aging year: | | <input type="checkbox"/> Sole Proprietorship | |
| | _____ | | | |
| | <input type="checkbox"/> SEP IRA | | | |

*Please attach a distribution form when transferring employer-sponsored accounts. The employer administering the plan should be able to provide you with the distribution form.

**Please attach documentation that authorizes you to transfer the account, such as a corporate resolution or certification of investment powers.

C. Account Transfer Instructions

The firm currently holding your assets will transfer stock and cash using the following rules.

Stock

Whole shares will transfer to your FOLIO*fn* account. Fractional shares will be sold and the cash proceeds will transfer to your FOLIO*fn* account. **(You cannot transfer bulletin board stocks, also known as penny stocks, to your FOLIO*fn* account).**

Cash

Cash will transfer to your FOLIO*fn* account.

Certificates of Deposit

You will need to specify when the cash proceeds of your CD will transfer to your FOLIO*fn* account.

Other Assets

The firm currently holding your assets will sell other assets and transfer the cash proceeds to your FOLIO*fn* account.

Transfer the Following Assets to the FOLIO*fn* Account Described in Section A:

Transfer My Entire Account

Stock

Number of Shares or "All"	Description of Stock (including Stock Symbol)	Sell and Transfer Cash Proceeds to my FOLIO <i>fn</i> Account	Transfer Shares to my FOLIO <i>fn</i> Account
		<input type="checkbox"/> OR	<input type="checkbox"/>
		<input type="checkbox"/> OR	<input type="checkbox"/>
		<input type="checkbox"/> OR	<input type="checkbox"/>
		<input type="checkbox"/> OR	<input type="checkbox"/>
		<input type="checkbox"/> OR	<input type="checkbox"/>
		<input type="checkbox"/> OR	<input type="checkbox"/>

I have listed additional stock on the attached *Additional Assets to Transfer Form*.

Cash

- Full Transfer. Transfer my entire cash balance.
- Partial Transfer. Transfer the following amount: \$ _____

Certificate of Deposit

- Redeem my CD immediately. Transfer the cash proceeds to my FOLIO*fn* account. I am aware of and acknowledge any penalty I may incur from an early redemption.
- Redeem my CD at maturity. Then transfer the cash proceeds to my FOLIO*fn* account.
Maturity Date: _____/_____/_____ (MM/DD/YYYY)

Other Assets (Not Including CDS and Stock)

Number of Shares or "All"	Description of Asset	Sell and Transfer Cash Proceeds to my FOLIO <i>fn</i> Account
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

I have listed additional assets on the attached *Additional Assets to Transfer Form*.

D. Authorization and Signature

To the financial institution named in Section B: I authorize you to liquidate any non-transferable proprietary money market fund assets that are part of my account and transfer the resulting credit balance. I authorize you to deduct any outstanding fees due you from the credit balance in my account. If my account does not contain a credit balance, or if the credit balance in the account is insufficient to satisfy any outstanding fees due you, I authorize you to liquidate the assets in my account to the extent necessary to satisfy that obligation. If certificates or other instruments in my account are in your physical possession, I instruct you to transfer them in good deliverable form, including affixing any necessary tax waivers, to enable the successor custodian to transfer them in its name for the purpose of sale, when and as directed by me. I understand that upon receiving a copy of these transfer instructions; you will cancel all open orders for my account on your books. I affirm that I have destroyed or returned to you credit/debit cards and/or unused checks issued to me in connection with my securities account. I understand that you will contact me with respect to the disposition of any assets in my securities account that are non-transferable.

I am aware that if I sell any investments in the account specified in Section B and Section C that the cash proceeds will not accrue interest while the sale is being processed.

Letter of Authorization (LOA) for Joint Account Transfers
We are aware of and acknowledge that the account described in Section B will be transferred into the FOLIOfn account described in Section A as specified in this document.

Age 70 1/2 Restrictions- The following restrictions apply to a retirement account transfer:

If I am over 70 1/2, I attest that the securities and funds transferring to FOLIOfn does not include the required minimum distribution for the current year pursuant to Section 401(a) (9) of the Internal Revenue Code.

Agree to Arbitration to Resolve Disputes

I agree to resolve all controversies and disputes through arbitration and not the courts as required on the last page of FOLIOfn's customer agreement. I agree that FOLIOfn does not recommend any securities or investments to me.

YOU MUST ATTACH A COPY OF YOUR MOST RECENT STATEMENT FOR THE ACCOUNT YOU ARE TRANSFERRING

BUSINESS, INVESTMENT CLUB AND TRUST ACCOUNTS MUST ATTACH AUTHORIZING DOCUMENTATION

EMPLOYER SPONSORED ACCOUNTS MUST ATTACH A DISTRIBUTION FORM

Primary Account Owner Signature _____ Date (MM/DD/YYYY) _____

Joint Account Owner Signature _____ Date (MM/DD/YYYY) _____

Joint Account Owner Signature _____ Date (MM/DD/YYYY) _____

FIRM USE ONLY		
RECEIVING FIRM: FOLIOfn CLEARING NO.: 0728		
CUSTODIAL ACCEPTANCE PLEASE BE ADVISED THAT FIRSTAR BANK, NA ACCEPTS APPOINTMENT AS SUCCESSOR CUSTODIAN		MEDALLION SIGNATURE GUARANTEE PROGRAM
SUCCESSOR CUSTODIAN SIGNATURE	DATE	

Sign this form, attach the most recent account statement for the account you are transferring and any other required documentation (an *Additional Assets to Transfer Form*, authorizing documentation or a distribution form) and mail to:

FOLIOfn Investments, Inc.
PO Box 3068
Merrifield, VA 22116-3068
Attn: ACATS