

# Azzad Funds IRA Beneficiary Form

Use this form to update the beneficiary information on your Ethical Wrap Account's Traditional IRA, Roth IRA, or SEP IRA.  
Please mail to: Azzad Funds C/O Mutual Shareholder Services 8000 Town Centre Drive, Suite 400 Broadview Heights, OH 44147.

## 1. Client Information

Full Name

Existing IRA Account Number(s)

## 2. Beneficiary Designation for my IRA

I hereby designate the following primary beneficiary (ies) to receive payment of the value of my IRA upon my death. In the event that my primary beneficiary (ies) do not survive me, the funds are to be designated to my contingent beneficiary (ies). Note: If you do not indicate a percentage and more than one person is designated, the funds will be equally distributed among the beneficiary (ies). You may change your beneficiary (ies) at any time by giving written notice to the custodian.

### A. Primary Beneficiary (ies):

Percentage Share %	Name	Social Security Number	Relationship	Birth Date

### B. Contingent Beneficiary (ies):

Percentage Share %	Name	Social Security Number	Relationship	Birth Date

## 3. Signatures for IRA Accounts(Required)

By signing below, I hereby certify and affirm under penalties of perjury that I have the authority and legal capacity to make changes to this IRA. I certify and affirm under penalties of perjury that the social security on this form is true and correct and I have not been notified by the IRS that I am subject to back-up withholding. I understand and agree that I am responsible for all tax consequences associated with this account.



Your Signature

Date

Spousal consent is required in certain States if you are married and designate a beneficiary other than, or in addition to, the spouse. I hereby consent to and join in the designation of beneficiary (ies) above.



Signature of Spouse

Date