



AZZAD

Return your completed form to:
Azzad Funds
C/O Mutual Shareholder Services
8000 Town Centre Drive, Suite 400
Broadview Heights, OH 44147

Azzad Funds Transfer on Death Agreement

Transfer on Death Agreements are only available in some states. Please call us to find out if you live in a state that has adopted this portion of the terms and provisions of the Uniform Transfer on Death Security Registration Act. Only one beneficiary may be designated for each account. All persons registered on the account must sign this form. This form must be accompanied by an Investment Application. Please call us at 703-207-7005 if you have any questions.

1. Account Information as it appears on your account statement

Owner Full Name

Social Security Number

Birth Date

Joint Owner Full Name

Social Security Number

Birth Date

Street Address

City

State

Zip

Daytime Phone Number

Evening Phone Number

Account Number

Type of Account: Joint Individual

2. Beneficiary Information

By signing below, I/we request that the accounts referenced above be registered "transfer on death." The account shall pass to the following beneficiary(ies) upon my/our death. You may copy this form if you wish to change more than one account. To add additional beneficiaries, please include them on a separate sheet, and sign and date the second sheet.

Full Name of Beneficiary

Social Security Number

Birth Date

Full Name of Beneficiary

Social Security Number

Birth Date

Full Name of Beneficiary

Social Security Number

Birth Date

Full Name of Beneficiary

Social Security Number

Birth Date

3. Signatures

By signing below, I/we also make the following warranties, representations, and agreements:

1. The Azzad Funds are not required to re-register the account in the name of the beneficiary unless you have received such document as you may require to establish that I/we are deceased.
2. The Azzad Funds may re-register the account in the name of the beneficiary upon receipt of such documents, even if the beneficiary is deceased. For a beneficiary who is a minor, you may require the appointment of a guardian or conservator as a condition of any distribution.
3. The Azzad Funds are not responsible for determining the tax consequences of the decision to register this account as requested above.
4. I/we agree to hold harmless, indemnify and defend Azzad Funds against any claim, loss or liability resulting from (a) any breach of any warranty or representation in the agreement, and (b) any action taken by Azzad Funds in the registration, re-registration in the name of the beneficiary, and from any distribution thereafter to the beneficiary or for the benefit of the beneficiary, made as requested or authorized under this agreement.

Sign on Back of Form>>>

5. If this agreement is established under joint tenants with rights of survivorship, upon the death of one of the joint owners, ownership shall pass to the surviving owner and the Azzad Funds may follow the instructions of the survivor with regards to the account, including, without limitation, instructions to a) terminate transfer on death registration, b) change owner or beneficiary or c) redeem all or any part of the account.
6. The Azzad Funds have not provided any legal advice to me/us, and I/we agree to obtain the advice of an attorney with regard to the enforceability of this form of registration in my/our state, and its effect on my/our tax and estate planning.

Account Owner's Signature

Date

Joint Account Owner's Signature

Date