



# Azzad Funds

**Please return form to:**  
Azzad Funds  
3141 Fairview Park Dr.  
Suite 460  
Falls Church, VA 22042

## 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 may 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: \_\_\_\_\_





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**Make checks payable to:**  
Azzad Funds

## Individual Retirement Application

Use this form to establish a new Traditional, Roth, SEP or Rollover IRA. This form cannot be used to establish more than one type of IRA. You must complete a separate form for each different type of IRA account to be established. You cannot use this form to convert or recharacterize Traditional and Roth IRAs. For assistance completing this form, please call toll free 1-703-207-7005. **This application must be accompanied with a copy of your driver's license or a similar picture identification card.** Pursuant to the USA Patriot Act Section 326, all financial institutions must obtain, verify and record information that identifies each person who opens an account. All personal information requested below must be provided or we will not be able to open your account. If you are transferring an IRA from another firm to an IRA with us, please complete this form as well as the **Retirement Transfer/Direct Rollover Form.**

### 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. FUNDING YOUR IRA

**A. I'm establishing this type of IRA:** (Check One only)

- Traditional IRA     
  Roth IRA     
  SEP IRA\*     
  Rollover IRA

**B. I've enclosed a check for:** (Make Checks payable to Azzad Funds)

- Azzad Ethical Mid Cap Fund for the amount of \$ \_\_\_\_\_ or \_\_\_\_\_%  
 Azzad Ethical Income Fund for the amount of \$ \_\_\_\_\_ or \_\_\_\_\_%

Minimum investment to open a new IRA is \$500. Accounts may be opened with \$50 when you set up an Automatic Investment Plan (AIP). You must complete Section 3 for AIP Accounts. Note: Accounts with less than the minimum balance will be subject to balance fees and may be closed. Please consult the applicable prospectus for detailed information. You may contribute up to \$4,000 in 2006 & 2007, \$5,000 if you are over age 50.

**C. This type of transaction is a:**

- Contribution to a Traditional IRA  
 Contribution to a Roth IRA  
 Contribution to a SEP-IRA  
 60-day Rollover Check  
 Roth Conversion IRA Check from another custodian  
 Other \_\_\_\_\_

**D. I'm funding my IRA with a transfer or conversion:**

*Note: Taxpayers (and their spouses, if married) with annual adjusted gross income of \$100,000 or more are NOT eligible to rollover or transfer from a Traditional IRA to a Roth IRA.*

**A. Transfer**

I am establishing this type of IRA:

- Traditional IRA     
  Roth IRA     
  SEP IRA     
  Rollover IRA

- I am transferring assets in my IRA with another financial institution to an Azzad IRA  
 (Complete and Return Azzad IRA Transfer Form)



## 5. Signatures (Required)

By signing below, I hereby certify and affirm under penalties of perjury that I have the authority and legal capacity to establish this IRA and to purchase shares of the Azzad Funds as indicated in this application. I have received and read the current applicable Azzad Funds prospectus, Custodial Agreement (IRS Form 5305-A) and Disclosure Statement. 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. All dividends and distributions will be reinvested in shares of the fund from which received. I understand, agree, and will abide to the fees, risks, and charges involved in setting up 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**

Accepted by Mutual Shareholder Services:

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**Signature**

**Date**