



Azzad Funds

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

B. Conversion (Check one only)

I am converting my Traditional IRA with another financial institution to an Azzad Roth IRA
(Complete and Return Azzad IRA Conversion Form)

I am converting my Azzad Traditional IRA to an Azzad Roth IRA
(Complete and Return Azzad IRA Conversion Form)

3. Information Required for ACH Transfer & Automatic Investment Plan

Complete this section if you wish to practice dollar cost averaging. Please allow 30 days for the plan to begin and attach a voided check (or complete the information below). There is no charge for this service and you may cancel upon 30 days written notice. To take advantage of this service your financial institution must be able to accept ACH transactions.

I authorize electronic funds transfers through the Automated Clearing House (ACH) for this account as indicated below. I also understand that if the automatic purchase cannot be made due to insufficient funds or stop payment a \$30.00 fee will be assessed and the Azzad Funds may discontinue this service to my account.

A. Automatic Investment Plan

I would like to automatically contribute from my bank account to my Azzad Fund Account on the: 10th 20th of each month beginning in the month of _____ to purchase shares in the funds marked below:

Azzad Ethical Mid Cap Fund for the amount of \$ _____ (\$50.00 minimum)

Azzad Ethical Income Fund for the amount of \$ _____ (\$50.00 minimum)

Total Automatic Investment \$ _____

B. Bank Information

You may simply attach a voided check. Otherwise, please complete:

Name of Financial Institution Account Number Name in which Account is Established Institution's Routing Number

Street Address City State Zip

Checking Account Savings Account

4. Beneficiary Designation

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

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:

Signature

Date



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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: _____

