

Return your completed form to:

Azzad Funds C/O Mutual Shareholder Services 8000 Town Centre Drive Suite 400 Broadview Heights, OH 44147

Automatic Investment Plan

For assistance completing this form, please call (888) 862-9923. This plan will help you practice dollar cost averaging, a technique that can help you build your account by:

- Investing the same amount of money, every month, automatically lets you to take advantage of market fluctuations. When fund shares are low, more shares 1. are purchased. When fund shares are high, fewer shares are purchased. Therefore, your average price per share will be lower.

 By signing up for this plan, you ensure that you are paying yourself first. This type of disciplined investing helps you put your money to work right away.

Applicant's Information	on			
First Name	Middle Name	Last Name	Account Number	
Date of Birth				Social Security Numb
Street Address	Apartment, Floor or Suite Number	City	State	Zip
Daytime Phone	Evening Phone		Email Address	
ACH Transfer Inform	ation for required Automatic Investmen	t Plans		
30 days written notice. To tak I authorize electro automatic purchas	plan to begin and attach a voided check (or complete the advantage of this service your financial institution runic funds transfers through the Automated Clearing He cannot be made due to insufficient funds or stop payount. Shares of the Fund will be purchased on the day	nust be able to accept Account (ACH) for this according to the same as \$30.00 fee will be	CH transactions. ount as indicated below. I also	o understand that if the
A. Automatic Investmen	t Plan			
I would like to automatica	ally contribute from my bank account to my Azzad Fu	nd Account on the:	10 th 20 th of each n	nonth beginning in the
month of	to purchase shares in the funds r	narked below:		
Azzad Ethical Fund (ADJEX) for the amount of \$	(\$50.00 minimum	n)	
Azzad Wise Capital	Fund (WISEX) for the amount of \$	(\$400.00	minimum)	
Total Automatic Investme	ent \$			
This is an existing AC	CH but I am increasing my ACH contribution amount	. Please increase my AC	H contributions to the above a	mounts.
This is an existing AC	CH but I am decreasing my ACH contribution amount	. Please decrease my AC	CH contributions to the above	amounts.
Please stop my ACH	payments for the following accounts:			as of
	Please allow enough time for processing. R	equests to stop ACH wit	thdrawals require at least four	weeks notice.
B. Bank Information				
You may simply attach a vo	oided check. Otherwise, please complete:			
Name of Financial Institution	n Account Number	Name in which Acc	ount is Established Instituti	on's Routing Number
Street Address	City		State	Z
Checking Account	Savings Account			

Your Signature	
in this form. I have received and read a current prospectus, a perjury that the social security number indicated above is cor of presentation, Azzad may discontinue this service, and any the time of such reversal may be less than the net asset value	s of perjury that I have the authority and legal capacity to purchase shares of the Azzad Funds as indicated gree to be bound by its terms and understand the risks associated with investing. I certify under penalties of rrect and I am not subject to backup withholding. I understand that if this debit cannot be made at the time purchase of Fund shares may be reversed. I understand that the net asset values of the shares of the fund at con the day of the original purchase. I authorize Azzad's transfer agent to redeem sufficient additional full ficiency. This service may be discontinued by Azzad's transfer agent or the account holder upon 30 days business days prior to the specified investment date.
Signature of Account Holder	Date

Date

Signature of Joint Account Holder (if applicable)