



Ethical Wrap Program
New Account Opening Form for Trusts
*Use this form to establish a business trust, irrevocable trust,
endowment, foundations or similar trust accounts.
Do not use for establishing a living trust.*

If you need assistance completing this application or have any questions, please call us at 703-207-7005. **This form must be accompanied by a signed copy of your Investment Advisory Agreement, Corporate Account Certification Form, a copy of the main representative or trustee's driver's id (or similar picture identification) and your organization's by-laws or trust's documents.** The application must be completed in full in order for this application to be processed. Any missing information will delay the processing of your account.

Mail your completed application to:

Azzad Asset Management Attn: Operations
3141 Fairview Park Dr. Suite 460 Falls Church, VA 22041

1. Advisor Information *(To be completed by investment adviser representative)*

<hr/> Adviser Name (First, Last)	<hr/> Firm Name (If different than Wrap Sponsor)	<hr/> Telephone Number
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2. Trustee #1

If more than two Trustees, please attach a separate piece of paper with their names and required information from this section and include their signature in the signature section of this form. This section must be completed in full in order for this application to be processed. Any missing information will delay the processing of your account.

<hr/> Legal Name (First, Middle and Last)	<hr/> Social Security Number	<hr/> Birth Date
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<hr/> Home Address (No P.O. BOXES ALLOWED)	<hr/> Apt, Floor, Room No.	<hr/> City	<hr/> State	<hr/> Zip Code
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<hr/> Mailing Address (P.O. BOXES ALLOWED)	<hr/> Apt, Floor, Room No.	<hr/> City	<hr/> State	<hr/> Zip Code
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<hr/> Home Phone	<hr/> Work Phone	<hr/> Email Address (For Sending Statements, REQUIRED)
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Citizenship Status: ☐ U.S. Citizen ☐ Resident Alien (include copy of your green card with your forms)

<hr/> Employer's Name	<hr/> Employer's Address
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Are you Self-Employed? ☐ Yes ☐ No Occupation: _____ Years Employed: _____

Is the Client or Spouse Employed by, or related to an employee of, any financial institution?

☐ YES ☐ NO If yes, which institution? _____ (Additional Paperwork may be Needed)

Is Client now or has Client ever been a corporate officer or owner of 10% of any Corporation's Securities?

☐ YES ☐ NO If yes, which institution? _____ (Additional Paperwork may be Needed)

3. Trustee #2 *(if applicable)*

<hr/> Legal Name (First, Middle and Last)	<hr/> Social Security Number	<hr/> Birth Date
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Home Address (No P.O. BOXES ALLOWED)	Apt, Floor, Room No.	City	State	Zip Code
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Mailing Address (P.O. BOXES ALLOWED)	Apt, Floor, Room No.	City	State	Zip Code
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Home Phone	Work Phone	Email Address (For Sending Statements, REQUIRED)
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Citizenship Status: ☐ U.S. Citizen ☐ Resident Alien (include copy of your green card with your forms)

Employer's Name	Employer's Address
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Are you Self-Employed? ☐ Yes ☐ No Occupation: _____ Years Employed: _____

Is the Client or Spouse Employed by, or related to an employee of, any financial institution?

☐ YES ☐ NO If yes, which institution? _____ (Additional Paperwork may be Needed)

Is Client now or has Client ever been a corporate officer or owner of 10% of any Corporation's Securities?

☐ YES ☐ NO If yes, which institution? _____ (Additional Paperwork may be Needed)

4. Account set up

ACCOUNT OWNER

Trust customers must complete the following and attach copies of those pages of the trust which provide the full name of the trust and all signatures. We will review and store only the portions of the trust containing this requested information.

Full legal name of trust _____

For the benefit of _____

Date of Trust (mm/dd/yyyy) _____

_____ or Trust Taxpayer ID number _____ State of organization _____
Social Security Number

Permanent Address (No P.O. BOXES ALLOWED)	Apt, Floor, Room No.	City	State	Zip Code
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Mailing Address (if different from above)	Apt, Floor, Room No.	City	State	Zip Code
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Type of Trust _____

5. How will this account(s) be funded?

- A. ☐ **Enclosed is a Check.** Please make payable to: **Foliofn Investments**. Note: Our Custodian does *not* accept third party checks, money orders or cashier's checks.
- B. ☐ **Account Transfer Form.** Please complete the Account Transfer Form (Foliofn) and attach recent account statements from your resigning broker or mutual fund company. We will notify you of any issues that arise during the transfer.

C. ☐ **Electronic Funds Transfer.** Please complete the below section in its entirety. You may cancel this link at any time by logging online into your account or calling us.

You can electronically transfer money between this account and your bank by setting up an electronic funds transfer (EFT). This service is absolutely free and allows you to practice dollar cost averaging in your account. Please note that it usually takes 1-2 business days to establish the link with a financial institution. Most EFT requests are completed within four business days. Deposits received via EFT cannot be withdrawn for 10 business days after they are deposited into your account. Also, transfers that fall on a non-business day will be initiated on the last business day before the transfer date. **The name on the bank account must match the name on the account with us.**

We recommend that you verify the below information with your bank as some banks may use a different routing number for electronic funds transfers than the number shown on your check.

Name on Account: _____ Select Frequency: ☐ One Time Transfer ☐ Monthly

Bank/Firm Name: _____ Account Type: ☐ Checking/Money Market ☐ Savings

Routing Number: _____ Account Number: _____

Please deposit \$ _____ (min \$500.00) into my account(s) _____

beginning on ____/____/____ (allow at least 10 business days to process).

6. Signatures and Authorizations

I/We certify, under penalty of perjury, that on behalf of the Trust, I hereby request Azzad Asset Management to open a Foliofn Account in the name of the Trust listed as account owner on this application in section 4. The Trustees hereby certify the following:

- 1) The numbers shown on this form are our correct social security/taxpayer identification numbers, and
- 2) I am not subject to backup withholding as a result of a failure to report all interest and dividends, or the Internal Revenue Services has notified me that I am no longer subject to backup withholding. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.
- 3) I have read, I understand and I agree to the terms, conditions, and disclosures set forth in the Investment Advisory Agreement.
- 4) I acknowledge that the information contained in the attached Investor Profile Questionnaire is correct and accurate.
- 5) By signing this Agreement, I acknowledge receipt of a copy of Azzad's disclosure and wrap brochures (Part 2A & Appendix 1 of Form ADV), and, if applicable, the Azzad Mutual Funds Prospectus, before or at the time of entering into the wrap fee program, as required by Rule 204-3(b) under the Act..
- 6) Azzad has the authority to accept instructions relative to the Trust account identified herein from those individuals listed in Sections 2 & 3. The Trustee(s) may execute any documents on behalf of the Trust that you may require. By signing this form, the Trustee(s) hereby certify(ies) that you are authorized to follow the instructions of any Trustee and to deliver, funds, securities or any other assets in the account to any trustee or on any Trustee's instructions, including delivering assets to a Trustee personally. Azzad, in its sole discretion and for its sole protection, may require the written consent of any or all Trustees prior to acting upon the instructions of any Trustee.
- 7) There are no other Trustee(s) of the Trust other than those listed in Section 2 or 3 or identified on a separate piece of paper attached to this application. The attached pages of the Trust document are true copies of the valid legal document currently in effect.

X _____
Signature: Trustee Date

X _____
Signature: Additional Trustee Date