

**SYSTEMATIC
PURCHASE/WITHDRAWAL
REQUEST FORM**



MIRZAM

This Systematic Purchase/Withdrawal Request Form is used to move money between your bank account and your mutual fund account via ACH on a scheduled basis. If you have any questions regarding this form, please call Shareholder Services at 1-888-693-8056.

PART I: INVESTOR INFORMATION (*Denotes Required Information)

Owner's Name* (First, M.I., Last)	Date of Birth*	Social Security Number*	
Street Address (Physical Address)*	Apartment #	City*	State* Zip Code*
Mailing Address (if different from above)	City	State	Zip Code
Daytime Phone*	Evening Phone	Existing Account Number*	

PART II: SYSTEMATIC INVESTMENT/WITHDRAWAL PROGRAMS

Systematic Investment and Systematic Withdrawal allow you to move money between your bank account and your mutual fund account via ACH (Automated Clearing House) on a scheduled basis. Systematic Investment Program must be established with a \$100 minimum. Please refer to your prospectus for other account restrictions.

I AM INTERESTED IN SIGNING UP FOR:

- SYSTEMATIC INVESTMENT PROGRAM
- SYSTEMATIC WITHDRAWAL PROGRAM TO ADDRESS OF RECORD
- SYSTEMATIC WITHDRAWAL PROGRAM VIA ACH

I authorize the Mirzam Capital Appreciation Fund to initiate investments into or withdrawals from my mutual fund account in each of the following months:

- Annually
 - Semi-Annually
 - Quarterly
 - Twice Each Month
 - Monthly
 - Other (Check months below)
- | | | | | | |
|----------------------------------|-----------------------------------|------------------------------------|----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> January | <input type="checkbox"/> February | <input type="checkbox"/> March | <input type="checkbox"/> April | <input type="checkbox"/> May | <input type="checkbox"/> June |
| <input type="checkbox"/> July | <input type="checkbox"/> August | <input type="checkbox"/> September | <input type="checkbox"/> October | <input type="checkbox"/> November | <input type="checkbox"/> December |

Fund _____ Amount \$ _____ Day of Month (1st, 15th, etc.) _____

*Redemption proceeds of fund shares purchased via ACH may not be available for a period of fifteen (15) calendar days. Please provide all of your bank account information **AND** attach a voided check or deposit slip where requested in Part III.

PART III: BANK ACCOUNT INFORMATION

Bank Name _____

ABA number (if known) _____

Bank Address _____

City _____

State _____ Zip Code _____

Name(s) on Bank Account _____

Bank Account Number _____

Name(s) on Bank Account _____

Please attach one voided check or deposit ticket. Checking Savings

John and Jane Doe 123 Any Street Anytown, USA 12345	Date _____	1003
PAY TO THE ORDER OF _____	Tape your voided check or preprinted deposit slip here. Please do <u>not</u> use staples to attach it.	\$ _____
BANK NAME BANK ADDRESS		DOLLARS
MEMO _____		
0: 123456789: 00 123456789 00 : 1003		

