

# AUTHORIZATION FOR PAYROLL DIRECT DEPOSIT TO AN IMAN FUND ACCOUNT

Please complete this application and give it to your payroll department to establish your Payroll Direct Deposit Plan (the "Plan") with the Iman Fund. The Plan allows you to set up automatic deposit of all or a part of your paycheck to your Iman Fund account. Before completing this application, check with your payroll department regarding the availability of this service through the Automated Clearing House. Please print all information except signatures. **Note: you must have an existing account before establishing payroll deduction.**

## 1. EMPLOYEE/EMPLOYER INFORMATION

Employee's name \_\_\_\_\_

Employee's payroll number if different than Social Security number \_\_\_\_\_

Employer's name \_\_\_\_\_

( ) \_\_\_\_\_  
Employer's phone number

Employer's address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## 2. AMOUNT OF INVESTMENT

Amount to be invested each pay period: ◀ \$ \_\_\_\_\_ (minimum \$50) **OR** ▶ Total net pay

You may change this amount at any time by notifying your payroll department.

## 3. ACCOUNT INFORMATION

All Payroll Direct Deposits to retirement accounts will be reported as current year contributions.

Iman Fund registered owner(s) \_\_\_\_\_

( ) \_\_\_\_\_  
Evening phone number

Social security number \_\_\_\_\_

Name of Iman Fund to receive investments \_\_\_\_\_

Address \_\_\_\_\_

**88 - 0730 - 0 -**   
Account number from your Iman Fund account statement

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

( ) \_\_\_\_\_  
Daytime phone number

Routing number for employer reference only:  
**075000022**

If you would like to have an additional payroll direct deposit into another Iman Fund, please fill out a separate application.

## 4. SIGNATURE

I hereby authorize my employer to automatically deduct from my paycheck the amount specified in section 2 and transmit that amount to the Iman Fund account number indicated in section 3. Investments will be made at the then current net asset value of the Iman Fund indicated herein including any applicable sales charge. All instructions under the Plan, including changes in the amount of the investment or cancellation of the Plan, must be made in writing to my employer. It is the sole responsibility of my employer to arrange for all transactions. If monies to which I am not entitled are transmitted by my employer to my Iman Fund account, I authorize my employer to redeem on my behalf fund shares in the amount necessary to obtain the return of the entire amount of these monies. I authorize the Iman Fund and its transfer agent to follow all instructions by my employer in connection with transactions made under the Plan, including the redemption of fund shares, and I agree not to make claims against the Iman Fund or its transfer agent for following the instructions of my employer. The availability of funds in my Iman Fund account is subject to verification of the transfer. The terms of the Plan may be terminated or modified at any time and without notice. I understand and agree to the terms set forth herein.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Employee's signature Date

Submit this completed form to your payroll department.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of payroll department representative Date

\_\_\_\_\_  
Name of payroll department representative (please print)