



# PROFUNDS® IRA Distribution Request

Use this form to request a distribution from your ProFunds IRA. Use a separate form for each IRA. To transfer your account from ProFunds to another custodian, please contact the new custodian to obtain their transfer of assets instructions and forms. For assistance, please call 1-888-776-3637. Financial Professionals, please call 1-888-776-5717.

## 1. IRA Owner Information

_____ IRA Owner Name (first/initial/last)		_____ Social Security Number	_____ Date of Birth (mm/dd/yyyy)
_____ Street Address		_____ City	_____ State
_____ Account Number		_____ Daytime Phone (Area Code + Number)	_____ Email Address

## 2. Reason for Distribution

**Distribution due to Disability:**  
A letter from the attending Physician or the Social Security Administration must accompany this form.

**Distribution due to Death of IRA Owner:**  
A certified copy of the death certificate and certified form W-9 must accompany this form.

- Normal:** I am age 59½ or older.
- Premature:** I am under age 59½ and subject to the 10% IRS penalty.  
For SIMPLE IRA accounts, the penalty is 25% if you are in the first two years of initial participation.
- Premature with Penalty Exception:** I am under age 59½ and meet one of the IRS exceptions listed in the Disclosure Statement. I am not subject to the 10% IRS penalty.
- Disability:** I am under age 59½ and meet the disability requirements of the Internal Revenue Code, Section 72(m)(7). See Note.
- Excess Contribution:** I exceeded my allowable contribution for the \_\_\_\_\_ tax year by \$\_\_\_\_\_. Have you filed your federal tax return for the year the excess contribution was made?  
 Yes  No
- Death of IRA Owner:** Attached is a certified copy of the death certificate. Date of death \_\_\_\_\_. Each beneficiary must complete a separate form.  
**This option requires a signature guarantee in Section 7.**

## 3. Distribution Amount and Frequency

**Total Distribution option:** If you have not already paid the \$15.00 annual maintenance fee for the current calendar year, the fee will be deducted from your distribution.

Distribution amount will default to gross amount. If Net is checked off, then ProFunds will calculate gross amount after tax withholding in order to distribute the amount specified as the Net amount.

If no funds is indicated, your investment will be withdrawn from the Government Money Market ProFund.

- Total Distribution** 100% of the assets in the above referenced account.
- One-Time Partial Distribution** \$ \_\_\_\_\_  **Net\*** \_\_\_\_\_  
Fund Selection(s) if more than one fund is in the account
- Automatic Withdrawal Plan**  
I would like the plan to begin the month of \_\_\_\_\_ 20 \_\_\_\_\_.  
**Fund** \_\_\_\_\_ \$ \_\_\_\_\_  **Net\***  Once per month on the \_\_\_\_\_ day.  
 Twice per month on the \_\_\_\_\_ & \_\_\_\_\_.  
**Fund** \_\_\_\_\_ \$ \_\_\_\_\_  **Net\***  Quarterly on the \_\_\_\_\_ (Mar, Jun, Sep, Dec)  
 Annually on the \_\_\_\_\_ day of \_\_\_\_\_.(Month)

## 4. Tax Withholding Election

**Federal Tax:** If you do not check a box in this section, federal income tax will be withheld at the rate of 10%.

**\*State Tax:** If federal tax is withheld, state tax may also apply. If the address of record for your account is in a mandatory withholding state and you have federal income tax withheld, state income tax will be withheld in accordance with the state rules.

- Notice of Withholding**
- The distributions you receive from your IRA are subject to federal income tax and may also be subject to state income tax depending on your state of residence. You may elect to have withholding apply to your distribution or you may elect not to have withholding apply. Whether or not you elect to have tax withheld, you will remain liable for payment of federal and/or state income tax on the taxable portion of your distribution. You may also be subject to tax penalties under the estimated income tax payment rules if your payment of estimated tax and the tax withheld are insufficient.
- Do not withhold federal income tax from my distribution.
  - Withhold federal income tax at the rate of \_\_\_\_\_ % (must be 10% or greater).\*

## 5. Payment Method

If you do not select a payment method, a check will be mailed to the account address of record.

\*If this option is selected, signature guarantee is required in Section 7.

ProFunds may charge a \$10 service fee for a wire transfer of redemption proceeds under certain circumstances, and your bank may charge an additional fee to receive the wire.

**Deposit in an existing non-retirement ProFunds account.**

Account Number

Fund Name / No.

**Send a check to my account address of record.**

**Send a check to the alternate address below\*.**

Payee Name

Street Address

City

State

Zip Code

**Send to my existing banking instructions on file.**

**Send to my new alternate banking instructions below.\***

**ACH (Electronic Funds Transfer)**

**Wire**

Name(s) on Bank Account

Name of Bank

Branch Phone

Bank Address

City

State

Zip Code

Bank Account Number

Routing Number

## 6. Signature

I authorize UMB Bank, n.a. custodian of my ProFunds IRA, to distribute the funds based on the information I have provided on this form. I acknowledge that the Custodian cannot provide me with legal advice and I agree to consult with my own tax professional when I need tax advice. In the event I have provided incomplete or inaccurate information, I hereby agree to indemnify, defend and hold harmless UMB Bank, n.a. its officers, agents, employees, affiliates and successors from any and all claims the undersigned may have or hereafter claim to have with respect to the distributions, or in the event I fail to meet the minimum distribution requirements. I understand that I am responsible for any tax consequences that may result from the distribution and withholding election I have made.

Signature of IRA Owner or Beneficiary

Date

## 7. Signature Guarantee (if applicable)

**A signature guarantee is required if:**

- Your account address has changed within 10 business days of a redemption date;
- You are asking for a check to be mailed to an address other than the account address;
- If you are requesting to send the distribution to banking instructions that are not listed currently on your account.
- The check is being made payable to someone other than the account holder; or
- Other unusual situations as determined by ProFunds' transfer agent.

A signature guarantee may be executed by a bank, broker-dealer, a credit union, a national securities exchange, or a savings association as defined by federal law. A notary public cannot provide a signature guarantee. Please affix signature guarantee ink stamp below with appropriate signature and title of officer, as well as the date. You should be able to obtain a signature guarantee from a bank, broker, broker/dealer, credit union, clearing agency, savings association or US consulate (if overseas).

Signature Guarantee Stamp (for Account Owner/Trustee)

**FOR ASSISTANCE CALL: 1-888-776-3637 • FINANCIAL PROFESSIONALS CALL: 1-888-776-5717**

**MAIL TO: ProFunds, P.O. Box 182800, Columbus, OH 43218-2800**

**OVERNIGHT TO: ProFunds c/o Transfer Agency, 4249 Easton Way, Suite 400 Columbus, OH 43219**

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