



PROFUNDS® Account Options Form

Use this form to add Wire/ACH instructions to an existing ProFunds account, or establish Automatic Account options.
For assistance, please call 1-888-776-3637. Financial Professionals, please call 1-888-776-5717.

1. Account Identification

All information in this section is required unless otherwise noted.

Primary Owner Name (first/initial/last)	Social Security Number
Joint Owner Name (first/initial/last)	Social Security Number
Account Number (if known)	

2. Bank Information

Complete this section to add or change banking instructions to your account.

Please attach a voided check for verification.

Debits to this account may count toward the maximum number of withdrawals allowed for this type of account. Check with your bank to ensure that it accepts ACH transactions for the account you are using.

<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Name(s) on Bank Account (must be same names as ProFunds account)	Bank Account Number	
Name of Bank	Wire – Routing Number (9 digits)	ACH – Routing Number (9 digits)
Address of Bank (do not use P.O. Box)	City	State Zip Code
Branch Phone (Area Code + Number)		

3. Automatic Account Options

If no fund is indicated, your investment will be credited to/withdrawn from the Government Money Market ProFund.

Automatic Investment Plan

I would like the plan to begin the month of _____ 20 _____. Please have the amount indicated below withdrawn from my bank account noted under Bank Information, Section 2, of this document and invested in the ProFund(s) listed below.

Fund _____ \$ _____	<input type="checkbox"/> Once per month on the _____ day.
Fund _____ \$ _____	<input type="checkbox"/> Twice per month on the _____ & _____.
	<input type="checkbox"/> Quarterly on the _____ (Mar, Jun, Sep, Dec).
	<input type="checkbox"/> Annually on the _____ day of _____.
	Month

Systematic Withdrawal Plan

For IRAs, use the IRA Distribution Form to set up automatic withdrawals.

I would like the plan to begin the month of _____ 20 _____.

Fund _____ \$ _____	<input type="checkbox"/> Once per month on the _____ day.
Fund _____ \$ _____	<input type="checkbox"/> Twice per month on the _____ & _____.
	<input type="checkbox"/> Quarterly on the _____ (Mar, Jun, Sep, Dec).
	<input type="checkbox"/> Annually on the _____ day of _____.
	Month

Please have the amount indicated above:

- deposited into my bank account noted in Section 2 of this document, or
- mailed to me by check at the address of record, or
- mailed to alternate Address/Payee at the address listed below*:

Payee Name			
Address	City	State	Zip Code

*If this option is selected, a signature guarantee is required in Section 5.

4. Automatic Account Options (continued)

Automatic Exchange Program

You may make regular, automatic withdrawals from a ProFund to benefit from dollar-cost averaging by automatically making purchases into another ProFund.

I would like the plan to begin the month of _____ 20 _____. Please select how often you would like to have the amount shown below withdrawn from your ProFund and invested into the selected ProFund(s).

From: _____
Fund Name Amount

To: _____
Fund Name

From: _____
Fund Name Amount

To: _____
Fund Name

- Once per month on the _____ day.
 Twice per month on the _____ & _____.
 Quarterly on the _____ (Mar, Jun, Sep, Dec)
 Annually on the _____ day of _____
Month

5. Signatures

Please read this section carefully and have all registered owners sign.

Please note the maximum ACH purchase is \$50,000.

I understand that ProFunds will establish a link between my ProFunds account and the bank account listed in Section 2, if applicable. I authorize ProFunds to set up the account options I am requesting. In giving my authorization, I certify that I have reviewed the information carefully, and that what I have provided is correct. I acknowledge that have authority over the bank account listed in Section 2, if applicable, and authorize ProFunds to debit the account accordingly.

I acknowledge that this authorization may be revoked only by providing written notice.

Signature of Primary Owner, Trustee Date (mm/dd/yyyy)

Print Name and Title (if applicable)

Signature of Joint Owner, Co-Trustee Date (mm/dd/yyyy)

Print Name and Title (if applicable)

If the bank account in Section 2 is not the bank of record on your existing ProFunds account, a signature guarantee of all signatures is required.

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 Primary Owner)

Signature Guarantee Stamp (for Joint Owner if applicable)

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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