



PROFUNDS® Required Minimum Distribution Request

For use with Traditional IRAs, Rollover IRAs & SIMPLE IRAs. Use this form to request a required minimum distribution (RMD) from your ProFunds IRA. Use a separate form for each IRA. 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 (if different from Primary Owner)		_____ City	_____ State	_____ Zip Code	
_____ Email Address		_____ Daytime Phone (Area Code + Number)		_____ Evening Phone (Area Code + Number)	

2. Beneficiary Information

- My **sole** primary beneficiary is my spouse who is more than 10 years younger than I.
 Spouse's Date of Birth: _____
(mm/dd/yyyy)
- My **sole** primary beneficiary is my spouse who is less than 10 years younger or is older than I.
 My beneficiary is **not** my spouse/I am not married.

3. Required Minimum Distribution (RMD)

*Required Minimum Distributions (RMD) must be taken by December 31, annually. However, the IRA holder may delay the first distribution from their account until April 1 of the following year. When an IRA holder elects to delay the first RMD, two (2) distributions must be taken within the same calendar year.

If you do not provide distribution instructions, your distributions will be paid to you annually on December 5.

- First Time required Minimum Distribution.** I will turn 70½ in the current calendar year.
 Make my distribution now.
 Make my distribution next year in January February March
 Make my second distribution for next year in the month of _____.
- One-Time Distribution – Self Calculation.** Please distribute \$ _____ for 20 _____.
Note: If this option is chosen, a new form is needed for the following tax year.
- One-Time Distribution – ProFund Calculation.** Please calculate and distribute my 20 _____ RMD.
Note: If this option is chosen, a new form is needed for the following tax year.
- Automatic Distribution.** Please calculate my 20 _____ RMD and recalculate it every year thereafter.
Distribution Frequency. I would like the plan to begin the month of _____ 20 _____.
 Once per month on the _____ day.
 Twice per month on the _____ & _____.
 Quarterly on the _____ (Mar, Jun, Sep, Dec)
 Annually on the _____ day of _____
Month
- No Distribution.** I waive my minimum distribution from this account and will take it from another IRA until I notify you in writing otherwise.

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. Fund Distribution Instructions

Please indicate the ProFund from which you want your RMD taken. Please note that if there is insufficient funds in that ProFund or no fund name is noted below, your distribution will be rejected.

From: _____
Fund Name Primary Account Number

If there are insufficient funds in the account listed above please take my RMD from the ProFund(s) in the order listed below.

From: _____
Fund Name Account Number

From: _____
Fund Name Account Number

6. Payment Method

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

Deposit in an existing non-retirement ProFunds account.

ProFund Name _____ Account Number _____

Send the distribution electronically to my bank account.

Note: This service is available only if you have already authorized us to send your redemptions to a financial institution. We will use the instructions on file to send your payment(s). Please complete an Account Options form if you wish to add or update bank information.

Send a check to my account address of record.

Send a check to an alternate address.

Note: if you select this option, a signature guarantee is required in Section 8.

Name (first/initial/last)

Street Address (if different from Primary Owner) _____ City _____ State _____ Zip Code _____

7. 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 Holder _____ Date _____

8. Signature Guarantee (if applicable)

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).

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.

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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