



# PROFUNDS® New Account Form

Do not use this form for IRA accounts. IRA account forms are available at [www.profund.com](http://www.profund.com).  
For assistance, please call 1-888-776-3637. Financial Professionals, please call 1-888-776-5717.

## 1. Registration (Please Print or Type)

Fill out the appropriate section per the type of account you are opening. All information in a section is required, unless otherwise noted.

ProFunds is requesting information about you to help verify your identity. Your account may not be opened until such information is collected.

Trust, Corporation, Partnership, and Others—Attach supporting documents per account type.

**For Trusts—**  
Please attach a copy of the Trust documents establishing Authority to open this account.

**For Corporations—**  
Please attach a copy of the appropriate bylaws, corporate resolutions, a list of authorized traders.

In addition, provide a copy of the IRS Issuance Letter for your Employer Identification or Tax Identification Number. If any such agreements or resolutions are not in existence, please contact ProFunds at 888-776-3637 for further assistance.

**Individual OR Joint Account** (Rights of Survivorship assumed unless noted otherwise.)

**Primary Owner Information**

Title: (optional)     Mr.     Mrs.     Ms.     Dr.     Other \_\_\_\_\_

Primary Owner Name (first/initial/last) \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_

**Joint Owner Information**

Title: (optional)     Mr.     Mrs.     Ms.     Dr.     Other \_\_\_\_\_

Joint Owner Name (first/initial/last) \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_

**Uniform Gift/Transfer to Minor Account**

**Custodian Information**

Custodian Name (only one custodian is permitted) \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_

State of Residence \_\_\_\_\_

**Minor's Information**

Minor's Name (first/initial/last) \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_

State of Residence \_\_\_\_\_  
(The gift or transfer will be governed by the laws of this state.)

**Trust**

Name of Trust \_\_\_\_\_ Trust TIN/Trustee's Social Security Number \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_

Trustee's Name \_\_\_\_\_ Name of Trust Beneficiary (optional) \_\_\_\_\_

Co-Trustee's Name \_\_\_\_\_

**Corporation**

Type:     S Corporation\*     C Corporation\*

Name of Corporation \_\_\_\_\_ Tax ID Number \_\_\_\_\_

Corporate Representative's Name \_\_\_\_\_ Co-Corporate Representative's Name \_\_\_\_\_

\*If no type is selected, account will default to S Corporation

**Partnership or Other Account Type**

Name of Entity \_\_\_\_\_ Type of Entity \_\_\_\_\_ Tax ID Number \_\_\_\_\_

Account Representative's Name \_\_\_\_\_ Co-Account Representative's Name \_\_\_\_\_

## 2. Mail and Contact Information

If mailing address is a post office box, a street address is also required by the USA Patriot Act.

For mailing outside the U.S., please provide Country of Residence, Province, Foreign Routing/Postal Code.

Through PaperFree™, you can receive account statements, transaction confirmations, ProFunds prospectuses and financial reports online—while removing the clutter from your mailbox! You will automatically receive an email containing a hyperlink to your documents when they are available online.

Primary Owner Street Address	City	State	Zip Code
Joint Owner Street Address (if different from Primary Owner)	City	State	Zip Code
Mailing Address (if different from Street Address)	City/State/Province/Region	Country/Zip Code/Postal Code	
Daytime Phone (Area Code + Number)	Evening Phone (Area Code + Number)		

Enter your email below and we will send you instructions on how to activate your PaperFree™ service.

\_\_\_\_\_  
Email address

## 3. Citizenship

For Resident Aliens, a U.S. Tax ID number and domestic address must be submitted.

For Non-Resident Aliens, in addition to submitting an IRS Form W-8, a taxpayer identification number and the following is required. (1) passport number and country of issuance, or (2) alien identification card number and country of issuance, or (3) number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard and a copy of the document. Distributions are subject to tax withholding.

### Primary Owner, Custodian, Trustee

U.S. Citizen     U.S. Resident Alien     Non-Resident Alien

Country of Tax Residency	Government ID Number	ID Type
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### Joint Owner, Minor, Co-Trustee

U.S. Citizen     U.S. Resident Alien     Non-Resident Alien

Country of Tax Residency	Government ID Number	ID Type
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## 4. Investment Selection

The minimum initial investment for investors who have engaged a financial professional with discretionary authority over the investor's account is **\$5,000**; for all other investors, the minimum initial investment is **\$15,000**. Purchase by ACH may not exceed **\$50,000**.

All purchases must be made in U.S. dollars and drawn on a U.S. bank. Cash, starter checks, internet-based checks, credit cards, travelers checks, money orders and credit card checks are not accepted. Third-party checks are generally not accepted to open an account.

Refer to the Shareholder Services Guide section of the ProFunds Prospectus for wire transfer cut off times.

**Please make your initial investment selections. Indicate the dollar amount or percentage of total investment next to the fund name/number.** If no ProFund is selected, your investment will be credited to the Government Money Market ProFund.

Fund Name*	Fund Number	Allocation
_____	_____	\$ _____ or _____ %
_____	_____	\$ _____ or _____ %
_____	_____	\$ _____ or _____ %
_____	_____	\$ _____ or _____ %
<b>TOTAL AMOUNT INVESTED</b>		\$ _____ <b>100</b> % Must Equal

- By Wire** I will call (888) 776-3637 for wire instructions.  
 **By Check** My check is enclosed, payable to ProFunds.  
 **By ACH** My bank instructions are below.

## 5. Bank Information

Required if you wish to make your initial investment via ACH. Also, complete this section if you wish to have redemption proceeds or dividends and capital gains sent directly to your bank or if you are establishing account options in Section 7. **Please attach a voided check for verification.**

**Checking**     **Savings**

_____ Name(s) on Bank Account (must be same names as ProFunds account)	_____ Bank Account Number
_____ Name of Bank	_____ Wire—Routing Number (9 digits)
_____ Address of Bank (do not use P.O. Box)	_____ ACH—Routing Number (9 digits)
_____ City	_____ State
_____ Branch Phone (Area Code + Number)	_____ Zip Code

## 6. Default Cost Basis Election (not applicable to accounts not covered by cost basis requirements)

Please consult a qualified tax adviser to determine the method most, if no selection is made, the default method of **Average Cost** will be used.

- |  |  |
|--|--|
| <input type="checkbox"/> <b>Average Cost*</b>                  | <input type="checkbox"/> <b>High Cost Long-Term</b> – Sells Long-Term Shares first, then Short-Term  |
| <input type="checkbox"/> <b>FIFO</b> – First In, First Out     | <input type="checkbox"/> <b>High Cost Short-Term</b> – Sells Short-Term Shares first, then Long-Term |
| <input type="checkbox"/> <b>LIFO</b> – Last In, First Out      | <input type="checkbox"/> <b>Low Cost Long-Term</b> – Sells Long-Term Shares first, then Short-Term   |
| <input type="checkbox"/> <b>HIFO</b> – Highest Cost, First Out | <input type="checkbox"/> <b>Low Cost Short-Term</b> – Sells Short-Term Shares first, then Long-Term  |
| <input type="checkbox"/> <b>LOFO</b> – Lowest Cost, First Out  |  |

The election above will be applied to all funds within this account. If you would like to assign a different method to funds within the same account, please complete a Cost Basis Election Form.

**Note:** Specific Lot Depletion Method may also be used as a cost basis method. This method allows you to choose which tax lots are sold. Specific Lot Depletion Method cannot be selected as a default method. A shareholder that wishes to select specific shares to be sold must contact Shareholder Services no later than the settlement date of the redemption or exchange.

## 7. Account Options

The following account options are available as described in the Prospectus.

\*Cash distributions payable by check of ten dollars or less will be automatically reinvested.

### Dividend and Capital Gains

Your Dividends and Capital Gains will be **automatically reinvested** in the same ProFund from which they were distributed unless you indicate otherwise below:

- Pay** my dividends and capitals gains to me by check\*
- Deposit** my dividends and capital gains to the bank indicated in Section 5 of this document.
- Pay** my dividends to me by check\* and reinvest my capital gains.

### Telephone Redemption and Exchange Privileges

The telephone redemption and exchange privileges will be added to your account automatically unless you check the box below:

- No**, I do not authorize exchanges between ProFunds or redemptions upon instructions from any person by telephone.

### Check Redemption Service

- Yes**, I want to be able to write checks to redeem shares in Government Money Market ProFund as described in the Prospectus. I have enclosed a checkwriting signature form. A supply of checks will be mailed to the mailing address indicated in Section 2 of this document.

### 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 5, of this document and invested in the ProFund(s) listed below.

Fund \_\_\_\_\_ \$ \_\_\_\_\_

Fund \_\_\_\_\_ \$ \_\_\_\_\_

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

### Systematic Withdrawal Plan

I would like the plan to begin the month of \_\_\_\_\_ 20\_\_\_\_\_. Please have the amount indicated below.

- deposited into my bank account noted in Section 5 of this document, or
- mailed to me by check at the address of record.

Fund \_\_\_\_\_ \$ \_\_\_\_\_

Fund \_\_\_\_\_ \$ \_\_\_\_\_

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

### Automatic Exchange Program

You may make regular automatic exchanges from one ProFund to another to benefit from dollar-cost averaging. I would like the plan to begin the month of \_\_\_\_\_ 20\_\_\_\_\_.

**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

## 8. Signatures

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

- I certify that I have received and read the current prospectus for the ProFunds in which I am investing. I certify that I have authority and legal capacity to make this purchase and that I am of legal age in my state of residence.
- I understand that my account(s) will automatically have exchange privileges with other ProFunds. I agree to read the prospectus for each fund into which exchanges are made. The terms, representations and conditions in this application will apply to any account established at a later date.
- Neither ProFunds, nor any of its agents, will be liable for any loss or expense for acting upon written or telephone instructions reasonably believed to be genuine and in accordance with the procedures described in the Prospectus.
- Any change to the information or authorizations set forth in this application will be made by me to ProFunds in writing. Any such change will be effective at such time as Pro Fundshas had a reasonable amount of time to act upon it.
- I understand that neither ProFunds nor any of its agents has provided any investment, tax, or legal advice, and I have relied on my independent judgment, or the judgment of the advisor I have selected, with respect to the suitability or potential value of any security or order.
- I understand that the assets in this account may be transferred to the appropriate state if no activity occurs in the account within the time period specified by state law.

**Under penalty of perjury, I certify that:** (U.S. Persons Only)

1. The Taxpayer Identification Number shown on this application is correct.
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding; or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends; or (c) the IRS has notified me that I am no longer subject to backup withholding (does not apply to real estate transactions, mortgage interest paid, the acquisition or abandonment of secured property, contributions to an Individual Retirement Account (IRA), and payments other than interest and dividends). **Cross out item 2 if you have been notified by the IRS that you are currently subject to backup withholding.**
3. I am a U.S. Person (including a U.S. Resident Alien).

**The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

\_\_\_\_\_  
Signature of Owner, Custodian, 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)

## 9. Notice of ProFunds Privacy Policy

This Privacy Policy applies to the ProFunds family of funds, the Access One Trust family of funds and to ProFund Advisors LLC.

ProFunds, Access One Trust and ProFund Advisors LLC (the "Funds") are committed to respecting the privacy of personal information you entrust to us in the course of doing business.

The Funds collect non-public personal information from various sources. For instance, account applications may include name, address, and social security number. The Funds receive information from transactions in your accounts, including account balances, and from correspondence between you and the Funds or third parties, such as the Fund's service providers. The Funds use such information provided by you or your representative to process transactions, to respond to inquiries from you, to deliver reports, products, and services, and to fulfill legal and regulatory requirements.

The Funds do not disclose any non-public personal information about their customers to anyone unless permitted by law or approved by the customer. The Funds may share information with certain third parties who are not affiliated with the Funds to process or service a transaction at your request or as permitted by law. For example, sharing information with non-affiliated third parties that maintain or service customer accounts for the Funds is essential. Information may also be shared with companies that perform administrative or marketing services for the Funds, including research firms. When the Funds enter into such a relationship, such third parties' use of customers' information is restricted and they are prohibited from sharing it or using it for any purposes other than those for which they were hired. The Funds also require service providers to maintain physical, electronic and procedural safeguards that comply with federal standards to guard non-public personal information of customers of the Funds.

The Funds maintain physical, electronic, and procedural safeguards to protect your personal information. Within the Funds, access to personal information is restricted to those employees who require access to that information in order to provide products or services to our customers such as processing transactions and handling inquiries. The Funds' employment policies restrict the use of customer information and require that it be held in strict confidence.

The Funds will adhere to the policies and practices described in this notice for both current and former customers.

**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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