



# PROFUNDS® New Account Form

For assistance, please call 1-888-776-3637. Financial Professionals, please call 1-888-776-5717.

## 1. Registration (Please Print or Type)

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

### Owner Information

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

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

## 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. Please go to [www.profund.com](http://www.profund.com) for more information.

Owner Street Address \_\_\_\_\_ 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. Employer Information

A completed IRS form 5304 is required for this account type and is included with this application form for your convenience.

Employer Name \_\_\_\_\_ Plan ID Number \_\_\_\_\_ Daytime Phone (Area Code + Number) \_\_\_\_\_  
 Employer Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Contact Name \_\_\_\_\_

## 4. Initial Contribution

All purchases must be made in U.S. dollars drawn on a U.S. bank. Purchase by ACH may not exceed \$50,000. 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.

### Type of Contribution (please select one option specify approximate amount)

- New SIMPLE IRA Account** .....\$ \_\_\_\_\_
- Transfer from an existing SIMPLE IRA**.....\$ \_\_\_\_\_

(complete SIMPLE IRA Transfer Request)  
 Note: SIMPLE IRA funds cannot be combined with regular IRA funds within two years of initial participation in the SIMPLE IRA.

### Source of Funds (please select one option)

- Employer Contribution**
- Check enclosed**
- Wire: I will call (888)776-3637 for wire instructions**
- ACH: My bank instructions are specified in Section 6**
- Transfer from another IRA from qualified plan\***

\*Please enclose a completed "ProFunds IRA Transfer or Direct Rollover Request" Form and attach a copy of your most recent account statement if available.

## 5. 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**.

To be in good order, a purchase request must include a wire, check or ACH received by stated cut-off times. Please refer to the Shareholder Services Guide in the prospectus regarding specific times for receipt of wire purchases.

Please make your initial investment selections. Indicate the dollar amount or the 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>		\$ _____ <u>100</u> % Must Equal

Fund Name	No.	Fund Name	No.	Fund Name	No.	Fund Name	No.
Access Flex Bear High Yield	140	Large-Cap Value	98	Short NASDAQ-100	93	UltraInternational	190
Access Flex High Yield	141	Mid-Cap	36	Short Oil and Gas	146	UltraJapan	32
Banks	89	Mid-Cap Growth	38	Short Precious Metals	147	UltraLatin America	194
Basic Materials	72	Mid-Cap Value	37	Short Real Estate	148	UltraMid-Cap	31
Bear	26	Mobile Telecommunications	83	Short Small-Cap	94	UltraNASDAQ-100	28
Biotechnology	73	Government Money Market	21	Small-Cap	33	UltraShort China	199
Bull	24	NASDAQ-100	70	Small-Cap Growth	35	UltraShort Dow 30	133
Consumer Goods	74	Oil and Gas	76	Small-Cap Value	34	UltraShort Emerging Markets	193
Consumer Services	81	Oil, Equip, Srv and Dst	91	Technology	84	UltraShort International	191
Europe 30	22	Pharmaceuticals	77	Telecommunications	85	UltraShort Japan	39
Falling U.S. Dollar	143	Precious Metals	82	U.S. Government Plus	92	UltraShort Latin America	195
Financials	78	Real Estate	71	UltraBear	27	UltraShort Mid-Cap	134
Health Care	79	Rising Rates Opportunity	95	UltraBull	25	UltraShort NASDAQ-100	29
Industrials	86	Rising Rates Opportunity 10	138	UltraChina	198	UltraShort Small-Cap	135
Internet	80	Rising U.S Dollar	142	UltraDow 30	97	UltraSmall-Cap	30
Large-Cap Growth	99	Semiconductor	75	UltraEmerging Markets	192	Utilities	87

## 6. Bank Information (Optional)

Complete this section if you wish to have redemption proceeds sent directly to your bank, or if you want to establish an Automatic Investment Plan. To redeem shares, please complete an IRA Distribution Request. **Please attach a voided check for verification.**

To add or change bank instructions at a later time to an existing account, you'll need to complete the ProFunds Bank Authorization Form including a Signature Guarantee.

Checking       Savings

Name of Bank _____		Branch Phone (Area Code + Number) _____	
Bank Account Number _____	ACH Routing Number (9 digits) _____	Wire Routing Number (9 digits) _____	
Address of Bank _____	City _____	State _____	Zip Code _____

## 7. Account Options

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

ProFund shareholders automatically have telephone redemption privileges unless they elect not to have these privileges.

### Dividend and Capital Gains

Your Dividends and Capital Gains will be **automatically reinvested** in the same ProFund from which they were distributed.

### 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.

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

### 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).

<b>From:</b> _____ Fund Name	_____ Amount	<input type="checkbox"/> Once per month on the _____ day.
<b>To:</b> _____ Fund Name		<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
<b>From:</b> _____ Fund Name	_____ Amount	
<b>To:</b> _____ Fund Name		

## 8. Primary Beneficiary Designation

Complete this section to add beneficiaries to this new account. To change beneficiaries on an existing account, please complete ProFunds "Designation of Beneficiary for Retirement Plan Accounts"

Neither ProFunds, the Custodian nor any of their agents will be liable for any claims, loss, damage, or expense arising out of or in any manner connected with a distribution pursuant to the Beneficiary Designation.

Total percentages must add up to 100% for primary beneficiaries. Additionally, any contingent beneficiaries must add up to 100%.

ProFunds is unable to accept "Per Stirpes" Beneficiary designations.

**If naming more than four beneficiaries, please attach a separate sheet of paper Listing them with the same information as to the right, and check here  or use the Designation Beneficiary for Retirement Plan Accounts Form.**

### Beneficiary Spousal Consent

I am not married       I am widowed       My Spouse is listed below  
 I am the IRA owner's spouse, and I approve and consent to the naming of a primary beneficiary other than myself.

\_\_\_\_\_  
Signature of Spouse      Date (mm/dd/yyyy)

A.  **Primary**       **Contingent**

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

\_\_\_\_\_  
Relationship      Percentage of Distribution

B.  **Primary**       **Contingent**

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

\_\_\_\_\_  
Relationship      Percentage of Distribution

C.  **Primary**       **Contingent**

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

\_\_\_\_\_  
Relationship      Percentage of Distribution

D.  **Primary**       **Contingent**

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

\_\_\_\_\_  
Relationship      Percentage of Distribution

## 9. Signatures

Please read this section carefully before signing.

- Under penalties of perjury, I certify that the Social Security Number on this form is true, correct and complete and that I am a U.S. person (including a U.S. resident alien).
- I certify that I have received and read the current prospectus for the ProFunds in which I am investing and understand the terms are incorporated in this application by reference. 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 have received and read the Custodial Account Agreement and Disclosure Statement, and I agree to the terms and conditions contained within these documents.
- 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 ProFunds has 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.
- A \$15.00 annual maintenance fee will be deducted from my account by UMB Bank, n.a. if not paid separately.
- 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 SIMPLE IRA Owner

Date



UMB Bank, n.a.

(UMB Bank, n.a. accepts IRA application and agrees to act as custodian.)

## 10. 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**

ProFunds are distributed by ProFunds Distributors, Inc.