Transfer on Death Supplemental Registration Form

ProFunds®

To be completed ONLY for Transfer on Death registrations. For assistance, please call 1-888-776-3637. Financial Professionals, please call 1-888-776-5717.

1. Shareholder Information

Shareholder Name(s) (first/initial/last) | Social Security Number | Date of Birth (mm/dd/yyyy)

Street Address | City | State | Zip Code

Email Address (optional) | Daytime Phone (Area Code + Number) | Evening Phone (optional)

2. Fund Selection (Please Print or Type)

Account Number(s)	Fund Name/Number(s) (if known)

3. Beneficiary Information

Complete this section to add beneficiaries to a new account or to change beneficiaries on an existing account.

This beneficiary designation will replace any beneficiary information you currently have on file with ProFunds. 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.

Beneficiary Spousal Consent

☐ I am not married ☐ I am widowed ☐ My Spouse is listed below

☐ I am the 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/yyyy)

Relationship | Percentage of Distribution

D. ☐ Primary ☐ Contingent

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

Relationship | Percentage of Distribution

4. Authorization of TOD Registration

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

Signature guaranteed instructions must be received from the owner(s) to change or revoke a beneficiary designation. Until the owner(s) dies, the beneficiary has no rights in the shares and no instructions can be accepted from, or account information provided to, such beneficiaries.

***Please review with a tax advisor if your account is eligible for transfer on death registration.**

Upon the death of the sole or last joint owner, the shares become property of the TOD beneficiary. The beneficiary must survive the owner to be entitled to the shares; if the beneficiary does not survive the owner(s), the beneficiary's estate would not be entitled to the shares, and the shares would then become property of the deceased owner's estate. If the beneficiary survives the owners, but is not alive when the transfer request is received, the shares become property of the beneficiary's estate.

To transfer shares to the beneficiary, the following must be received in good order: a certified death certificate for owner(s), signature guaranteed instruction form from all beneficiaries, and completed new account application by each beneficiary. If the beneficiary is a minor or incompetent, a parent, guardian, or conservator must submit an affidavit attesting that the beneficiary survived the owner. The person(s) supplying the affidavit must indicate their relationship to the beneficiary, and the affidavit must be signature guaranteed. Further instructions, such as court documents, may be needed to complete the change of ownership.

Before signing, carefully review the above information for accuracy and the TOD rules described above, as they will be binding upon your heirs, representatives, and assigns. It is recommended that you seek the advice of an attorney with respect to the legal consequences of signing this form.

Signature of Shareholder(s) _____ Date (mm/dd/yyyy) _____

Signature of Shareholder(s) (if applicable) _____ Date (mm/dd/yyyy) _____

Signature Guarantee

A signature guaranteed is not needed if the form is being completed at the same time an application is submitted to open account. For changes to existing accounts, a signature guarantee is required. The signature(s) to be guaranteed must correspond with the name(s) written on this form in every particular. The signature must be guaranteed by a commercial bank, broker, dealer, trust company, credit union, savings and loan association, securities exchange or association or clearing agency.

Signature Guarantee Stamp (Shareholder)

Signature Guarantee Stamp (for Spouse if applicable)

If this form is being used in conjunction with an account application to establish a new account, please attach it to the application.

If this form is being used alone, please mail the completed form to:

Mail:

ProFunds
P.O. Box 182800
Columbus, OH 43218-2800

Express mail to:

ProFunds
c/o Transfer Agency
4249 Easton Way, Suite 400
Columbus, OH 43219