Use this form to request a withdrawal from your ProFunds account. Do not use for retirement accounts. For retirement account distributions, use the IRA Distribution Request form. For assistance, please call 1-888-776-3637. Financial Professionals, please call 1-888-776-5717.

1. ProFund Account Ir	nformation				
	Owner Name (first/initial/last)	Account	Number (or SSN if unknown)		
	Street Address	City	State	Zip Code	
	Account Number	Daytime Phone (Area Code + Numb	per) Email Address		
2. Withdrawal Amoun	+				
2. Withurawai Amoun					
	☐ Total Distribution 100% of the assets in the above referenced account.				
	One-Time Partial Distribution \$ Fund Number(s) required if more than one fund is in the account				
	☐ Automatic Withdrawal Plan	Fund Numbe	er(s) required it more than one fund i	s in the account	
	I would like the plan to begin the	month of 20	·		
	Fund	\$	Once per month on	the day.	
	F 1	•	☐ Twice per month on		
	Fund	\$	☐ Quarterly on the ☐ Annually on the	(Mar, Jun, Sep, Dec)	
				Month	
3. Payment Method					
If you do not select a payment method, a check will be mailed to the account address of record.					
	Account Number	ProFund Name / N	No.		
	☐ Send a check to my account ac	ddress of record.			
If this option is selected, signature guarantee is required in Section 7.	☐ Send a check to the alternate address below.				
	Payee Name				
	Street Address	City	State	Zip Code	
	☐ Send to my existing banking in	structions on file.			
	☐ Send to my new alternate bank	king instructions below.*			
	☐ ACH (Electronic Funds	s Transfer)			
	Name(s) on Bank Account				
	Name of Bank		Branch Phone		
	Bank Address	City	State	Zip Code	
	Bank Account Number		Routing Number		

l. Signature	
	I authorize ProFunds to redeem the funds based on the information I have provided on this form. In the event I have provided incomplete or inaccurate information, I hereby agree to indemnify, defend and hold harmless ProFunds 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 redemption.

5. Signature Guarantee (if applicable)

A signature guarantee is required if:

Signature of Shareholder

- 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.

Date

- The check is being made payable to someone other than the account holder; or
- Other unusual situations as determined by ProFunds' transfer agent.

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 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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