



PROFUNDS® for Retirement Plan Accounts

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

1. General Information

All information in this section is required unless otherwise noted.

Retirement Account Owner's Name _____		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) _____	
Existing Retirement Account Numbers: _____				

2. Primary Beneficiary Information

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.

If more space is needed to designate beneficiaries, please attach a separate sheet containing the same information to the right, and check here .

Primary Beneficiary Name _____	Social Security Number _____	Date of Birth (mm/dd/yyyy) _____	Relationship _____	Percent _____
Primary Beneficiary Name _____	Social Security Number _____	Date of Birth (mm/dd/yyyy) _____	Relationship _____	Percent _____
Primary Beneficiary Name _____	Social Security Number _____	Date of Birth (mm/dd/yyyy) _____	Relationship _____	Percent _____
Primary Beneficiary Name _____	Social Security Number _____	Date of Birth (mm/dd/yyyy) _____	Relationship _____	Percent _____

3. Contingent Beneficiary Information

If all of the primary beneficiaries die before you, your account balance will be paid to the contingent beneficiaries as indicated to the right.

If more space is needed to designate beneficiaries, please attach a separate sheet containing the same information to the right, and check here .

Contingent Beneficiary Name _____	Social Security Number _____	Date of Birth (mm/dd/yyyy) _____	Relationship _____	Percent _____
Contingent Beneficiary Name _____	Social Security Number _____	Date of Birth (mm/dd/yyyy) _____	Relationship _____	Percent _____
Contingent Beneficiary Name _____	Social Security Number _____	Date of Birth (mm/dd/yyyy) _____	Relationship _____	Percent _____
Contingent Beneficiary Name _____	Social Security Number _____	Date of Birth (mm/dd/yyyy) _____	Relationship _____	Percent _____

4. Spousal Consent

- I am not married
- I am widowed
- 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) _____
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5. Account Owner's Signature

You have the right to change this designation of beneficiary in writing at any time. If the designated beneficiary does not survive you, or if the Custodian cannot locate your beneficiary after reasonable search, any balance in this account will be handled in accordance to the laws of the state of the address of record.

Signature of IRA Owner _____	Date (mm/dd/yyyy) _____
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