



PROFUNDS® Transfer Form

Please use this form to request Non-Retirement Accounts transferred TO ProFunds.

1. Shareholder Information (Please Print or Type)

All information in this section is required unless otherwise noted. Your transfer request may not be completed until such information is collected.

Primary Owner Name (first/initial/last)		Social Security Number	Date of Birth (mm/dd/yyyy)
Joint Owner Name (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. Current Institution

ProFunds needs this information in order to forward this form to the most appropriate address.

Company Name	Account Number	Daytime Phone (Area Code + Number)	
Street Address	City	State	Zip Code

3. Investment Being Transferred

The transfer will be invested according to your instructions on your New Account Form.

If assets will be deposited into an existing account at ProFunds, please designate the account number and investment options in Section 4 of this form.

List the assets you are transferring to ProFunds. We will contact your current custodian to arrange the transfer.

Complete 100% transfer from: _____
Asset Description and Ticker/CUSIP Account Number
 (Current custodian will immediately liquidate all assets upon receipt of this request and send proceeds to ProFunds.)

Partial Transfer: Liquidate only the following assets (if you are transferring more than four investments, please attach a separate sheet and check here)attach a separate sheet and check here)

From: _____ **Amount \$** _____ **or** _____ **%** .
Asset Description and Ticker/CUSIP Account Number

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Asset Description and Ticker/CUSIP Account Number

(Current custodian will immediately liquidate all assets upon receipt of this request and send proceeds to ProFunds.)

ProFunds In-Kind Transfer: I currently own ProFunds shares and do not wish to have them liquidated. Please transfer shares "in-kind" to an account held directly at ProFunds.

Transfer: _____ **Amount \$** _____ **or** _____ **%** .
Name of ProFund and Ticker/CUSIP

Transfer: _____ **Amount \$** _____ **or** _____ **%** .
Name of ProFund and Ticker/CUSIP

Transfer: _____ **Amount \$** _____ **or** _____ **%** .
Name of ProFund and Ticker/CUSIP

Transfer: _____ **Amount \$** _____ **or** _____ **%** .
Name of ProFund and Ticker/CUSIP

4. Investment Selection

*If no fund is indicated, your investment will be made into the Government Money Market ProFund.

- Please deposit transfer proceeds into my new account at Profunds. New account application enclosed.
 Please deposit transfer proceeds into my existing account at Profunds:

Account Number _____

Fund Name*	Fund Number	Allocation
_____	_____	\$ _____ or _____ %
_____	_____	\$ _____ or _____ %
_____	_____	\$ _____ or _____ %
TOTAL AMOUNT INVESTED		\$ _____ or _____ %

5. Signature

Signature of Primary Owner

Date (mm/dd/yyyy)

Signature of Joint Owner (if applicable)

Date (mm/dd/yyyy)

Signature Guarantee

Your current institution may require a signature guarantee in order to process the transfer. Please check with your current institution before sending this form.

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 Primary Owner)

Signature Guarantee Stamp (for Joint Owner if applicable)

6. Payment Instructions to Resigning Custodian

- By Check**

Return this form and send redemption proceeds to:

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

Express mail to:

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

Make check payable to: ProFunds TOA for

Owner Name

Social Security Number

Account Owner's Date (mm/dd/yyyy) of Original Participation

- By Direct Transfer In-Kind.** Refer to Section 3 of this form.

FOR ASSISTANCE CALL: 1-888-776-3637 • FINANCIAL PROFESSIONALS, CALL: 1-888-776-5717

ProFunds are distributed by ProFunds Distributors, Inc.