



# PROFUNDS® Account Options Form

Use this form to add automatic account options or ACH/wire banking instructions to an existing ProFunds account.  
For assistance, please call 1-888-776-3637. Financial Professionals, please call 1-888-776-5717.

## 1. Account Identification

All information in this section is required unless otherwise noted.

Primary Owner Name (first/initial/last) \_\_\_\_\_ Social Security Number / Tax ID \_\_\_\_\_

Joint Owner Name (first/initial/last) \_\_\_\_\_ Social Security Number / Tax ID \_\_\_\_\_

Account Number(s) \_\_\_\_\_

## 2. Automatic Account Options

### Automatic Plans

Shareholders may purchase, redeem, and/or exchange shares automatically on a monthly, bimonthly, quarterly or annual basis.

**If no fund is indicated, your investment will be credited to/withdrawn from the Government Money Market ProFund.**

### 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 Please have the amount indicated below withdrawn from my bank account noted under Bank Information, Section 2, of this document and invested in the ProFund(s) listed below.

Fund \_\_\_\_\_ \$ \_\_\_\_\_  Once per month on the \_\_\_\_\_ day.  
Fund \_\_\_\_\_ \$ \_\_\_\_\_  Twice per month on the \_\_\_\_\_ & \_\_\_\_\_.  
 Quarterly on the \_\_\_\_\_ (Mar, Jun, Sep, Dec)  
 Annually on the \_\_\_\_\_ day of \_\_\_\_\_.  
Month

### Systematic Withdrawal Plan

**For IRAs, use the IRA Distribution Form to set up automatic withdrawals.**

I would like the plan to begin the month of \_\_\_\_\_ 20 \_\_\_\_\_. Please have the amount indicated above:

Fund \_\_\_\_\_ \$ \_\_\_\_\_  Once per month on the \_\_\_\_\_ day.  
Fund \_\_\_\_\_ \$ \_\_\_\_\_  Twice per month on the \_\_\_\_\_ & \_\_\_\_\_.  
 Quarterly on the \_\_\_\_\_ (Mar, Jun, Sep, Dec)  
 Annually on the \_\_\_\_\_ day of \_\_\_\_\_.  
Month

\* If this option is selected, a signature guarantee is required in Section 4.

mailed to me by check to the address of record, or  
 deposited into my bank account of record  
 mailed to alternate Address/Payee at the address listed below\*:

Payee Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

\*\*ProFunds may charge a \$10 service fee for a wire transfer of redemption proceeds under certain circumstances, and your bank may charge an additional fee to receive the wire.

deposited into the new bank information listed in Section 3.\*

ACH (Electronic Funds Transfer)  Wire\*\*

### 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).

From: \_\_\_\_\_ Amount \_\_\_\_\_  Once per month on the \_\_\_\_\_ day.  
Fund Name \_\_\_\_\_  Twice per month on the \_\_\_\_\_ & \_\_\_\_\_.  
To: \_\_\_\_\_  Quarterly on the \_\_\_\_\_ (Mar, Jun, Sep, Dec)  
Fund Name \_\_\_\_\_  Annually on the \_\_\_\_\_ day of \_\_\_\_\_.  
Month  
From: \_\_\_\_\_ Amount \_\_\_\_\_  
Fund Name \_\_\_\_\_  
To: \_\_\_\_\_  
Fund Name \_\_\_\_\_

### 3. Bank Information (Optional)

Please provide your bank information if you wish to have redemption proceeds or dividends and capital gains distributions sent directly to your bank OR if you are establishing account options in Section 2.

**Important:**

The signature of any bank account owner(s) not listed as owner of this ProFunds account is required.

At least one ProFunds account owner must be a bank account owner.

Please tape a voided check here. Please do not staple.

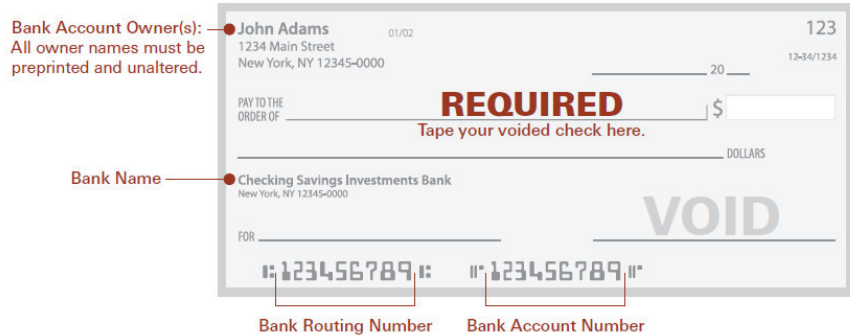
By completing this bank information, the bank account owner(s) agree(s) to indemnify and hold harmless the bank/ credit union and ProFunds for any loss, liability, or expense incurred from acting on these instructions.

Bank account owner(s) further agree(s) to waive any right under the NACHA Rules to rescind any ACH investment in or redemption from ProFunds that has already occurred at the time of the attempt to rescind.

This authorization may be terminated at any time by written notification to ProFunds by the bank account owner(s).

**A voided check or deposit slip is required to establish bank instructions (please do not staple).**

- Temporary or starter checks, brokerage checks, and credit card check writing checks are not accepted.
- In lieu of a voided check, a letter on the bank’s letterhead and signed by a bank representative that indicates the bank account owner(s), routing number, account number, and a branch telephone number for verification may be submitted.
- If a voided company or corporate check is provided, a letter on the bank’s letterhead and signed by a bank representative that verifies the authorized signers must be included.
- The ProFunds account owner’s name must be listed as a bank account owner to establish bank instructions with this application.
- If the ProFunds account owner’s name is not also one of the bank owners, bank instructions may be added by completing and having an “Account Options” form signed with a signature guarantee.



**Account Type:**  Checking  Savings

\_\_\_\_\_  
Bank Account Owner(s) \_\_\_\_\_  
Bank Account Number

\_\_\_\_\_  
Wire - Bank Routing Number (9 digits) \_\_\_\_\_  
ACH - Bank Routing Number (9 digits)

\_\_\_\_\_  
Name of Bank

\_\_\_\_\_  
Address of Bank (do not use P.O. Box) \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Branch Phone (Area Code + Number)

\_\_\_\_\_  
Signature(s) of all Bank Account Owner(s), if different than ProFunds account ownership.

## 4. Signatures

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

Please note the maximum ACH purchase is **\$50,000**.

I understand that ProFunds will establish a link between my ProFunds account and the bank account listed in Section 2, if applicable. I authorize ProFunds to set up the account options I am requesting. In giving my authorization, I certify that I have reviewed the information carefully, and that what I have provided is correct. I acknowledge that I have authority over the bank account listed in Section 2, if applicable, and authorize ProFunds to debit the account accordingly.

I acknowledge that this authorization may be revoked only by providing written notice.

\_\_\_\_\_  
Signature of Primary Owner, Trustee                      Date (mm/dd/yyyy)

\_\_\_\_\_  
Print Name and Title (if applicable)

\_\_\_\_\_  
Signature of Joint Owner, Co-Trustee                      Date (mm/dd/yyyy)

\_\_\_\_\_  
Print Name and Title (if applicable)

**If the bank account in Section 3 is not the bank of record on your existing ProFunds account, a signature guarantee of all signatures is required.**

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)

**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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