



PROFUNDS® Authorized Trader Designation Form

1. Firm Information

Firm Name

Firm Street Address

City

State

Zip Code

Primary Contact

Daytime Phone (Area Code + Number)

2. Authorized Trader Designation

Please Note: Updating this form will supersede any other traders or personnel authorized to execute transactions on behalf of your firm.

Please list below all persons who are authorized to execute transactions in ProFunds and act on behalf of the firm.

Authorized Trader

Applicable Group Number(s)

Authorized Trader

Applicable Group Number(s)

Authorized Trader

Applicable Group Number(s)

3. Signature

I certify that the information above is accurate. I agree to notify ProFunds should any of the above listed information change.

Signature

Date (mm/dd/yyyy)

Title

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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