

ProFunds Withdrawal

For Account Withdrawal

Use this form to request a withdrawal from or to obtain inherited assets from an non-IRA ProFunds account. For IRAs, use the ProFunds IRA Distribution Form. To transfer your account to another financial institution, please contact the new financial institution for their instructions. For assistance, please call 1-888-776-3637. Financial Professionals, please call 1-888-776-5717.

1. ProFunds Account Information

Owner Name (first/middle/last)	Social Security Number	Account Number
Street Address	City	State Zip Code
Email Address	Phone (Area Code + Number)	Date of Birth (mm/dd/yyyy)

2. Reason for Withdrawal

*Withdrawal due to Death of Account Owner:

Must complete section 4.

Normal

Death of Account Owner*: Each beneficiary must complete a separate form.
This option requires a signature guarantee in Section 8.

3. Withdrawal Instructions

If no fund is indicated, then your assets will be withdrawn from the Government Money Market ProFund.

100% Distribution: ProFunds will immediately liquidate all assets.

Partial Distribution (as instructed below):

From: _____ Amount \$ _____ or _____ %
Fund Name / No. / Ticker Symbol

From: _____ Amount \$ _____ or _____ %
Fund Name / No. / Ticker Symbol

Automatic Withdrawal Plan

Distribution Frequency: I would like the plan to begin the month of _____ 20 _____.

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

[CONTINUED ON NEXT PAGE]

From: _____ Amount \$ _____ or _____ %
Fund Name / No. / Ticker Symbol

From: _____ Amount \$ _____ or _____ %
Fund Name / No. / Ticker Symbol

4. Inherited Shares Due to Death of Account Owner

Supporting Documents required:

Please enclose the following documents as required along with this form, wherever applicable:

- Original or Certified Copy of Death Certificate.
- Letters of Testamentary, Trust documents, etc. (showing authority on the above-referenced account).
- New Account Application (if depositing into a new ProFunds account).

Beneficiary Name / Estate Name _____ Name of Trustee (if applicable) _____

Street Address _____ City _____ State _____ Zip Code _____

Social Security / Tax ID Number _____ Phone Number _____ Email Address _____

Relationship to Deceased _____

Beneficiary's Date of Birth _____ Date Owner Deceased _____

I am currently listed as TOD beneficiary on the above-referenced account.

5. Distribution Payment Method

If you do not select a payment method, a check will be mailed to the account address of record.

* If this option is selected, signature guarantee is required in Section 8.

**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.

Deposit into my existing ProFunds account.

Account Number _____ Fund Name / No. / Ticker Symbol. _____

Send a check to my account address of record.

Send a check to the alternate address or payee below*.

Payee Name _____

Street Address _____ City _____ State _____ Zip Code _____

Send to my existing banking instructions of record.

Send to the alternate banking instructions listed in Section 6*

ACH (Electronic Funds Transfer) Wire**

Deposit into a new ProFunds account. (New account application enclosed).

7. Signature

- Neither ProFunds, nor any of its agents, will be liable for any loss or expense for acting upon written or telephone instructions reasonably believed to be genuine and in accordance with the procedures described in the Prospectus.
- I understand that neither ProFunds nor any of its agents has provided any investment, tax, or legal advice, and I have relied on my independent judgment or the judgment of the advisor I have selected with respect to the suitability or potential value of any security or order.
- I understand that the assets in this account may be transferred to the appropriate state if no activity occurs in the account within the time period specified by state law.
- I am not subject to any restrictions or sanctions by the Office of Foreign Asset Control or any other government agency.

Under penalty of perjury, I certify that: (U.S. Persons Only)

1. The Tax payer Identification Number shown on this application is correct.
2. I am not subject to back up withholding because: (a) I am exempt from backup withholding; or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends; or (c) the IRS has notified me that I am no longer subject to backup withholding (does not apply to real estate transactions, mortgage interest paid, the acquisition or abandonment of secured property, contributions to an Individual Retirement Account (IRA), and payments other than interest and dividends). **Cross out item 2 if you have been notified by the IRS that you are currently subject to backup withholding.**
3. I am a U.S. Person (including a U.S. Resident Alien). **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**
4. I am exempt from Foreign Account Tax Compliance Act (FATCA) reporting. **FATCA applies to persons submitting this form for accounts maintained outside of the U.S. by certain foreign financial institutions.**

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 withdrawal.

Signature(s)

Date (mm/dd/yyyy)

Signature(s)

Date (mm/dd/yyyy)

8. Signature Guarantee

A signature guarantee is required if:

- 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;
- You are requesting to send the distribution to banking instructions that are not listed currently on your account;
- The check is being made payable to someone other than the account holder;
- You are distributing from an inherited ProFunds account;
- 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 medallion signature ink stamp below with appropriate and title of officer, as well as the date. You should be able to obtain a signature guarantee from a bank, broker/dealer, credit union, clearing agency, savings association. If overseas, a US consulate stamp may be acceptable on a case-by-case basis.

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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