

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If no fund is indicated, then your assets will be withdrawn from the Government Money Market ProFund.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

## 6. Bank Information (Optional)

### (This section is optional to complete.)

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 6.

### 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.

☐ Please use my enclosed initial investment check in lieu of a voided check.

Bank Account Owner(s):  
All owner names must be  
preprinted and unaltered.

Bank Name

The diagram shows a voided check with the following labels and corresponding fields:

- Bank Account Owner(s):** Points to the top left of the check where the owner's name and address are preprinted.
- Bank Name:** Points to the bank's name and address preprinted on the check.
- REQUIRED:** A large green stamp in the center of the check with the instruction "Tape your voided check here."
- VOID:** A large blue stamp in the bottom right corner of the check.
- Bank Routing Number:** Points to the routing number field at the bottom left of the check.
- Bank Account Number:** Points to the account number field at the bottom right of the check.

**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)

Signature(s) if different than ProFunds account ownership.

## 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  
ProFunds are distributed by ProFunds Distributors, Inc.