

ProFunds Account Authorization

For Appointment of Financial Professional

Use this form to authorize one or more financial professionals (e.g., an investment advisor and/or broker/dealer) to give ProFunds instructions on your behalf for transactions in your account. This form must be completed and signed by the registered account owner(s) and all appointed authorized agents.

Account Registration

Account Number(s)

If you are establishing a new ProFunds account, please send a completed application with this form and leave the account number line blank.

For existing accounts, check one (if applicable): ☐ This replaces my previous appointments ☐ This is an addition to my current appointments
☐ I am revoking my previous appointments and wish to have no authorized financial professional on my account at this time.

1. Financial Professional Information

By completing and signing this form, I (the "Financial Professional") accept the terms set forth below. I understand that this acceptance will remain in full force and effect until such time as ProFunds receives written notice of its revocation from the registered account owner(s), me, or a representative of my firm. I understand that if the registered account owner(s) revoke(s) the appointment and/or authorization set forth above, ProFunds will not take any further instructions from me without written consent from the registered account owner(s).

I will not represent to the registered account owner(s) or any other person or entity that I am an agent or employee of, or affiliated with, ProFunds or its affiliates.

If the registered account owner(s) have authorized the account management fee deduction provision, I agree (i) to provide ProFunds with true and accurate invoices of the account management fees owed to me by the registered account owner(s) and (ii) to designate on each invoice which fund shares are to be sold in order to pay these fees. I represent that I am authorized under applicable law to receive such fees. I will send the registered account owner(s) notification of the amount of each invoice I provide to ProFunds. I acknowledge that any account management fee deduction is a service provided by ProFunds to registered account owner(s). I will indemnify and hold harmless ProFunds, its officers, directors, employees and agents against any and all losses, claims, damages, liabilities, penalties, actions, proceedings, judgments or costs, including attorney's fees, which these parties may incur by relying upon my representations or the registered account owner(s) authorizations.

Broker/Dealer Information (to be completed by the Registered Representative)

Before completing this section, please check with your Branch Manager to ensure a ProFunds Distribution and Shareholder Services Agreement has been executed.

Representative Name*

Firm Name

Representative Telephone Number

Firm Number

Brand Number

Representative Number

Branch Address

City/State/Zip

Representative Email Address

Registered Representative Signature

Branch Office or Home Office Representative Signature (if required by B/D)

Trading Group Number (if applicable).

An account may only have one trading group number assigned.

[CONTINUED ON NEXT PAGE]

*Please attach a completed "Authorized Trader Designation Form" if multiple persons at the firm are authorized to transact on behalf of the firm. This may also be maintained by logging into:

<http://accounts.profunds.com/web/app>

Investment Advisor Information (to be completed by the Investment Advisor)

Before completing this section, please ensure a ProFunds Shareholder Services Agreement has been executed if Service Class Shares will be purchased

Advisor Name*

Company Name

Telephone Number

Address

City/State/Zip

Firm/Brand/Advisor Number

Signature

Trading Group Number (if applicable).
An account may only have one trading
group number assigned.

*Please attach a completed "Authorized Trader Designation Form" if multiple persons at the firm are authorized to transact on behalf of the firm. This may also be maintained by logging into:

<http://accounts.profunds.com/web/app>

Additional Authorized Agent (if applicable)

Name*

Company Name

Telephone Number

Address

City/State/Zip

Firm/Brand/Advisor Number

Signature

Trading Group Number (if applicable).
An account may only have one trading
group number assigned.

*Please attach a completed "Authorized Trader Designation Form" if multiple persons at the firm are authorized to transact on behalf of the firm. This may also be maintained by logging into:

<http://accounts.profunds.com/web/app>

2. Authorization to Pay Account Management Fees and Waiver of Confirmation (if applicable)

Customers need to initial beside any options that apply. If no option is selected, no management fees will be paid from the account.

- Please Initial
- _____ I authorize ProFunds to pay directly from my account, the account management fee owed by me to the Authorized Agent(s), as invoiced by the Authorized Agent(s). ProFunds may sell shares in any of the funds held in my account in order to pay these fees in the absence of receiving directions from the Authorized Agent(s) and will not be obligated to contact me before doing so. ProFunds may rely on invoices provided by the Authorized Agent(s). ProFunds will have no responsibility to calculate or verify fees so invoiced.
- _____ I do NOT authorize ProFunds to pay any account management fee directly from my account.
- _____ I waive my right to receive an immediate confirmation of ProFunds transactions under Rule 10b-10 under the Securities Exchange Act of 1934 and request that the person set forth under Agent receives such confirmations. I understand that I will receive account statements at least quarterly listing the transactions executed in my account(s) for that time period.

3. Account Owner Authorization

The following appointment and, if applicable, authorization will remain in full force and effect until such time as ProFunds receives a written notice of revocation signed by the registered account owner(s), the Financial Professional, or a representative of the Financial Professional's firm, and will extend to the benefit of ProFunds' successors and assigns.

Powers you give your Financial Professional:

The Financial Professional(s) listed above has (have) the ability to conduct business via telephone on my behalf. This includes (but not necessarily limited to) exchanges, purchases, and redemptions unless such transactions have been waived on the account application. Any redemption made via telephone must be made to the registered owner at the address on the account or to pre-authorized bank accounts. I understand financial professional(s) may not initiate withdrawals from a retirement account. This authorization does not include the ability to change beneficiaries on my account(s) or to establish a new IRA. This authorization does not extend to any account transactions or maintenance requiring account owner signature. I will be subject to any tax consequences that arise from any actions taken by the Financial Professional.

I hereby appoint the Financial Professional(s) set forth above as my agent and attorney-in-fact for the purpose of giving ProFunds instructions for telephone transactions in my account and authorize the Authorized Agent(s) to take all other actions necessary or incidental thereto. ProFunds may rely on such instructions without obtaining any further approval, countersignature or co-signature from me or the Financial Professional.

I understand that the Financial Professional(s) is not an agent or employee of, or affiliated with, ProFunds or its affiliates, and neither ProFunds nor its employees, agents or affiliates have approved or made any recommendation, representation or endorsement of the Financial Professional(s). I will indemnify and hold harmless ProFunds, its officers, directors, employees and agents against any and all losses, claims, damages, liabilities, penalties, actions, proceedings, judgments or costs, including attorney's fees, which these parties may incur by relying upon the representations of the Financial Professional(s) or for acting on any authorizations I have given herein. This duty to indemnify and hold harmless shall survive the termination of this appointment and the termination of all authorizations granted by me to ProFunds.

_____	_____	_____
Signature of Owner, Trustee or Custodian	Print Name	Date (mm/dd/yyyy)
_____	_____	_____
Signature of Owner, Trustee or Custodian	Print Name	Date (mm/dd/yyyy)

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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