

# ProFunds Account Authorization

## For Trader Designation

### 1. Firm Information

Firm Name (first/middle/last)

Firm Street Address

City

State

Zip Code

Primary Contact (if different from above)

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.

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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