

ProFunds Account Transfer

For Incoming Transfer

Please use this form to request to have your Non-Retirement Accounts transferred to ProFunds. For assistance, please call 1-888-776-3637. Financial Professionals, please call 1-888-776-5717.

1. Shareholder Information (Please Print or Type)

All information in this section is required unless otherwise noted.

Your transfer request may not be completed until such information is collected.

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

2. Assets Being Transferred

ProFunds needs this information in order to forward this form to the most appropriate address. Please include a copy of a recent statement from the current custodian.

Company Name	Account Number	Phone (Area Code + Number)
Street Address	City	State Zip Code

3. Transfer Instructions

The transfer will be invested according to the instructions on your New Account Application.

List the assets you are transferring to ProFunds. We will contact your current custodian to arrange the transfer. If assets will be deposited into an existing account at ProFunds, please designate the account number and investment options in Section 4 of this form.

List the assets you are transferring to ProFunds. We will contact your current custodian to arrange the transfer.

TOTAL TRANSFER AMOUNT \$ _____ (Required)

Complete 100% transfer from: _____
Asset Description and Ticker/CUSIP _____ Account Number _____

(Current custodian will immediately liquidate all assets upon receipt of this request and send proceeds to ProFunds.)

Partial Transfer: Liquidate only the following assets (if you are transferring more than four investments, please attach a separate sheet and check here) attach a separate sheet and check here)

From: _____ Amount \$ _____ or _____ %
Asset Description and Ticker/CUSIP _____ Account Number _____

From: _____ Amount \$ _____ or _____ %
Asset Description and Ticker/CUSIP _____ Account Number _____

(Current custodian will immediately liquidate all assets upon receipt of this request and send proceeds to ProFunds.)

ProFunds In-Kind Transfer: I currently own ProFunds shares and do not wish to have them liquidated. Please transfer shares "in-kind" to an account held directly at ProFunds.

Transfer: _____ Amount \$ _____ or _____ %
Name of ProFund and Ticker/CUSIP _____

Transfer: _____ Amount \$ _____ or _____ %
Name of ProFund and Ticker/CUSIP _____

4. Investment Selection

*If no fund is indicated, your investment will be made into the Government Money Market ProFund.

Please deposit transfer proceeds into my new account at Profunds. **New account application enclosed.**

Please deposit transfer proceeds into my existing account at ProFunds: _____
Account Number _____

Fund Name	Fund Number	Allocation
_____	_____	\$ _____ or _____ %
_____	_____	\$ _____ or _____ %
_____	_____	\$ _____ or _____ %
_____	_____	\$ _____ or _____ %
_____	_____	\$ _____ or _____ %

5. Signatures

Signature of Primary Owner

Date (mm/dd/yyyy)

Signature of Joint Owner (if applicable)

Date (mm/dd/yyyy)

Signature Guarantee

Your current institution may require a signature guarantee in order to process the transfer.

Please check with your current institution before sending this form.

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 signature guarantee ink stamp below with appropriate signature and title of officer, as well as the date. You should be able to obtain a signature guarantee from a bank, broker, broker/dealer, credit union, clearing agency, savings association or US consulate (if overseas).

Signature Guarantee Stamp
(for Primary Owner)

Signature Guarantee Stamp
(for Joint Owner if applicable)

6. Payment Instructions to Resigning Custodian

By Check

Return this form and send redemption proceeds to:
ProFunds
P.O. Box 182800
Columbus, OH 43218-2800

Express mail to:
ProFunds
c/o Transfer Agency
4249 Easton Way, Suite
400 Columbus, OH 43219

Make check payable to: ProFunds TOA for

Owner Name

Social Security Number

Account Owner's Date (mm/dd/yyyy) of Original Participation

By Direct Transfer In-Kind. Refer to Section 3 of this form.

By Wire: I will call (888) 776-3637 for wire instructions.

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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