

ProFunds Account Application

For SIMPLE Individual Retirement Accounts (IRAs)

This form is for SIMPLE Individual Retirement Accounts Only. Traditional and Roth IRA Applications are available at www.profunds.com. For assistance, please call 1-888-776-3637. Financial Professional, please call 1-888-776-5717.

1. Registration and Contact Information (Please Print or Type)

IMPORTANT INFORMATION ABOUT OPENING A NEW ACCOUNT:

Federal law mandates that all financial institutions obtain, verify and record information identifying each person who opens a new account.

Please verify the following information is accurate: name, Social Security number, date of birth, and physical address.

If you fail to provide the requested information and/or if any of the information cannot be confirmed, ProFunds may not be able to open your account and reserves the right to redeem your account.

If mailing address is a post office box, a street address is also required by the USA Patriot Act.

For mailing outside the U.S., please provide Country of Residence, Province, Foreign Routing/Postal Code.

Through PaperFree™, you can receive account statements, transaction confirmations, ProFunds prospectuses and financial reports online — while removing the clutter from your mail box!

Owner Information

Title: (optional) Mr. Mrs. Ms. Dr. Other _____

Owner Name (first/middle/last) _____ Social Security Number _____ Date of Birth (mm/dd/yyyy) _____

Street Address _____ City _____ State _____ Zip Code _____

Mailing Address (if different from above) _____ City/State/Province/Region _____ Country/Zip/Postal Code _____

Daytime Phone (Area Code + Number) _____ Evening Phone (Area Code + Number) _____

Enter your email below and we will send you instructions on how to activate your **PaperFree™** service.

_____ Email Address

You will automatically receive an email containing a hyperlink to your documents when they are available online. Please go to www.profunds.com for more information.

2. Employer Information

A completed IRS form 5304 is required for this account type and is included with this application form for your convenience.

Employer Name _____ Plan ID Number _____

Employer Street Address _____ City _____ State _____ Zip Code _____

_____ Contact Name

3. Initial Contribution

Transfer – assets transferred directly from your present custodian to ProFunds.

All purchases must be made in U.S. dollars drawn on a U.S. bank. Cash, starter checks, Internet based checks, credit cards, travelers' checks, money orders and credit card checks are not accepted. ACH purchases and third-party checks are generally not accepted to open an account.

Refer to the Shareholder Services Guide for wire transfer cut off times.

Type of Contribution Please select one option and specify approximate amount.

New SIMPLE IRA Account \$ _____
 Transfer from an existing SIMPLE IRA \$ _____

(Complete ProFunds IRA Transfer or Direct Rollover Request Form)

*Note: SIMPLE IRA funds cannot be combined with regular IRA funds within two years of initial participation in the SIMPLE IRA.

Source of Funds Please select one.

Employer Contribution
 Check enclosed: My check is enclosed, payable to ProFunds.
 By Wire: I will call (888) 776-3637 for wire instructions.
 Transfer from another IRA or Direct Rollover from a qualified plan*

*Note: Please enclose a completed "ProFunds IRA Transfer or Direct Rollover Request" Form and attach a copy of your most recent account statement.

4. Investment Selection

Refer to the Prospectus for specific information on share classes.

* An Appointment of Financial Professional form must be included to list a Financial Professional.

Please make your initial investment selections. Indicate the dollar amount or percentage of total investment next to the fund name.

If no ProFund is selected, and your investment meets the stated minimums, your investment will be credited to the Government Money Market ProFund.

** All purchases must be made in U.S. dollars and drawn on a U.S. bank. Cash, starter checks, Internet-based checks, credit cards, money orders, travelers checks, and credit card checks are not accepted. ACH purchases and third-party checks are generally not accepted to open an account.

Refer to the Shareholder Services Guide section of the ProFunds Prospectus for wire transfer cut off times.

Refer to ProFunds.com for the most current list of funds offered and their description.

Investor Class

- May be used by self-directed investors or accounts listing a Financial Professional*
- Account Minimum with Financial Professional = \$5,000
- Account Minimum without Financial Professional = \$15,000

Digital Assets ProFunds ONLY

- Offered in Investor Class only
- Per ProFunds' prospectus, exchanges into other ProFunds may be limited until account value reaches required minimums listed above
- Account minimum = \$1,000

Service Class

- May ONLY be used for accounts listing a Financial Professional*
- Account Minimum with Financial Professional = \$5,000
- Account Minimum without Financial Professional = N/A

Fund Name

Allocation

\$	or	%

TOTAL AMOUNT INVESTED \$

Required or 100 %

Must Equal

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

By Check** My check is enclosed, payable to ProFunds.



Scan to view list of funds

5. 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.**

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.



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).

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

6. Account Options

The following account options are available as described in the Prospectus.

Dividend and Capital Gains

Your Dividends and Capital Gains will be automatically reinvested in the same ProFund from which they were distributed.

Telephone Redemption and Exchange Privileges

The telephone redemption and exchange privileges will be added to your account automatically unless you check the box below:

No, I do not authorize exchanges between ProFunds or redemptions upon instructions from any person by telephone.

Automatic Plans

Shareholders may purchase, and/or exchange shares automatically on a monthly, bimonthly, quarterly or annual basis.

For automatic redemptions, please use the IRA Distribution Request Form.

Automatic Investment Plan

I would like the plan to begin the month of _____ 20 _____. Please have the amount indicated below withdrawn from my bank account noted in Bank Information, Section 5, of this document and invested in the ProFund(s) listed below.

From Fund _____ \$ _____ Once per month on the _____ day.
From Fund _____ \$ _____ Twice per month on the _____ & _____.
From Fund _____ \$ _____ Quarterly on the _____ (Mar, Jun, Sep, Dec).
From Fund _____ \$ _____ Annual on the _____ day of _____.
(Month)

Automatic Exchange Program

I would like the plan to begin the month of _____ 20 _____. Please select how often you would like to have the amount shown below withdrawn from your ProFund and invested into the selected ProFund(s).

From Fund _____ \$ _____ Once per month on the _____ day.
To Fund _____ \$ _____ Twice per month on the _____ & _____.
From Fund _____ \$ _____ Quarterly on the _____ (Mar, Jun, Sep, Dec).
To Fund _____ \$ _____ Annual on the _____ day of _____.
(Month)

From Fund _____ \$ _____ Once per month on the _____ day.
To Fund _____ \$ _____ Twice per month on the _____ & _____.
From Fund _____ \$ _____ Quarterly on the _____ (Mar, Jun, Sep, Dec).
To Fund _____ \$ _____ Annual on the _____ day of _____.
(Month)

From Fund _____ \$ _____ Once per month on the _____ day.
To Fund _____ \$ _____ Twice per month on the _____ & _____.
From Fund _____ \$ _____ Quarterly on the _____ (Mar, Jun, Sep, Dec).
To Fund _____ \$ _____ Annual on the _____ day of _____.
(Month)

7. Beneficiary Designation

Complete this section to add beneficiaries to this new account.

Neither ProFunds, the Custodian nor any of their agents will be liable for any claims, loss, damage, or expense arising out of or in any manner connected with a distribution pursuant to the Beneficiary Designation.

Total percentages must add up to 100% for primary beneficiaries.

Additionally, any contingent beneficiaries must add up to 100%.

ProFunds is unable to accept "Per Stirpes" Beneficiary designations.

If naming more beneficiaries, please attach a separate sheet of paper listing them with the same information as to the right, and check here or use the Designation Beneficiary for Retirement Plan Accounts Form.

Beneficiary Spousal Consent (Required if beneficiaries are added below.)

I am not married I am widowed My Spouse is listed below
 I am the IRA owner's spouse, and I approve and consent to the naming of a primary beneficiary other than myself.

Signature of Spouse

Date (mm/dd/yyyy)

A. Primary

Contingent

Primary Beneficiary (first/initial/last)

Social Security Number

Date of Birth
(mm/dd/yyyy)

Relationship

Percentage of Distribution

B. Primary

Contingent

Primary Beneficiary (first/initial/last)

Social Security Number

Date of Birth
(mm/dd/yyyy)

Relationship

Percentage of Distribution

C. Primary

Contingent

Primary Beneficiary (first/initial/last)

Social Security Number

Date of Birth
(mm/dd/yyyy)

Relationship

Percentage of Distribution

8. Trusted Contact/Designated Representative (Optional)

(This section is optional to complete.)

Designating a trusted contact is not required and does not authorize the named individual to transact on or make changes to the account.

Designated contact person information may be revoked or amended via telephone call to ProFunds or by providing a written

I authorize ProFunds to contact the person listed below and for the person listed below to disclose information about me in the following circumstances:

- To prevent the presumption of abandonment
- To address possible financial exploitation
- To confirm the specifics of my current contact information, health status, or the identity of any legal guardian, executor, trustee, or holder of a power of attorney or as otherwise permitted by federal or state law.

Full Name of Trusted Contact

Relationship to Account Owner

Mailing Address (Street, City, State, Zip Code)

Email Address

Primary Telephone Number

Daytime Phone (Area Code + Number)

Evening Phone (Area Code + Number)

9. Signatures

Please read this section carefully before signing.

- Under penalties of perjury, I certify that the Social Security Number on this form is true, correct and complete and that I am a U.S. person (including a U.S. resident alien).
- I certify that I have received and read the current prospectus for the ProFunds in which I am investing and understand the terms are incorporated in this application by reference. I certify that I have authority and legal capacity to make this purchase and that I am of legal age in my state of residence.
- I have received and read the Custodial Account Agreement and Disclosure Statement, and I agree to the terms and conditions contained within these documents.
- I understand that my account(s) will automatically have exchange privileges with other ProFunds. I agree to read the prospectus for each fund into which exchanges are made. The terms, representations and conditions in this application will apply to any account established at a later date.
- 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.
- Any change to the information or authorizations set forth in this application will be made by me to ProFunds in writing. Any such change will be effective at such time as ProFunds has had a reasonable amount of time to act upon it.
- 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.
- A \$15.00 annual maintenance fee will be deducted from my account by UMB Bank, if not paid separately.
- 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.
- I understand that all telephone calls made to or received by ProFunds may be recorded for security, verification, and quality control purposes.

[CONTINUED ON NEXT PAGE]

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.****

Signature of IRA Owner

Date (mm/dd/yyyy)



Alan Collins, Authorized Agent for UMB Bank, n.a.
(UMB Bank, n.a. accepts IRA application and agrees to act as custodian.)

10. Notice of ProFunds Privacy Policy

This Privacy Policy applies to the ProFunds family of funds, the Access One Trust family of funds and to ProFund Advisors LLC.

ProFunds, Access One Trust and ProFund Advisors LLC (the "Funds") are committed to respecting the privacy of personal information you entrust to us in the course of doing business.

The Funds collect non-public personal information from various sources. For instance, account applications may include name, address, and social security number. The Funds receive information from transactions in your accounts, including account balances, and from correspondence between you and the Funds or third parties, such as the Fund's service providers. The Funds use such information provided by you or your representative to process transactions, to respond to inquiries from you, to deliver reports, products, and services, and to fulfill legal and regulatory requirements.

The Funds do not disclose any non-public personal information about their customers to anyone unless permitted by law or approved by the customer. The Funds may share information with certain third parties who are not affiliated with the Funds to process or service a transaction at your request or as permitted by law. For example, sharing information with non-affiliated third parties that maintain or service customer accounts for the Funds is essential. Information may also be shared with companies that perform administrative or marketing services for the Funds, including research firms. When the Funds enter into such a relationship, such third parties' use of customers' information is restricted and they are prohibited from sharing it or using it for any purposes other than those for which they were hired. The Funds also require service providers to maintain physical, electronic and procedural safeguards that comply with federal standards to guard non-public personal information of customers of the Funds.

The Funds maintain physical, electronic, and procedural safeguards to protect your personal information. Within the Funds, access to personal information is restricted to those employees who require access to that information in order to provide products or services to our customers such as processing transactions and handling inquiries. The Funds' employment policies restrict the use of customer information and require that it be held in strict confidence.

The Funds will adhere to the policies and practices described in this notice for both current and former customers.

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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