



# PROFUNDS® IRA Distribution Form

Use this form to request a distribution or RMD from your ProFunds IRA or to obtain assets from an inherited IRA account. Use a separate form for each IRA. To transfer your account from ProFunds to another custodian, please contact the new custodian for their instructions. For assistance, please call 1-888-776-3637. Financial Professionals, please call 1-888-776-5717.

## 1. ProFunds IRA Account Information

IRA Owner Name (first/initial/last)	Social Security Number	Account Number	
Street Address	City	State	Zip Code
Date of Birth (mm/dd/yyyy)	Email Address	Phone (Area Code + Number)	

## 2. Reason for Distribution

Proceed to section 5, if the one of the following distributions options are selected:

- Normal
- Premature
- Premature with Penalty Exception
- Disability

**\* Distribution due to Disability:**

A letter from the attending Physician or the Social Security Administration must accompany this form.

**\*\*Required Minimum Distribution:**

Must complete section 3.

**\*\*\*Distribution due to Death of IRA Owner:**

Must complete section 4.

- Normal:** I am age 59½ or older.
- Premature:** I am under age 59½ and subject to the 10% IRS penalty. For SIMPLE IRA accounts, the penalty is 25% if you are in the first two years of initial participation.
- Premature with Penalty Exception:** I am under age 59½ and meet one of the IRS exceptions listed in the Disclosure Statement. I am not subject to the 10% IRS penalty.
- Disability\*:** I am under age 59½ and meet the disability requirements of the Internal Revenue Code, Section 72(m)(7).
- Excess Contribution:** I exceeded my allowable contribution for the \_\_\_\_\_ tax year by \$\_\_\_\_\_. Have you filed your federal tax return for the year the excess contribution was made?  **Yes**  **No**
- Required Minimum Distribution\*\*:** I will turn 70½ in the current calendar year.
- Death of IRA Owner\*\*\*:** Each beneficiary must complete a separate form.

**This option requires a signature guarantee in Section 10.**

### 3. Instructions for Required Minimum Distribution

\*Required Minimum Distributions (RMD) must be taken by December 31, annually.

However, the IRA holder may delay the first distribution from their account until April 1 of the following year. When an IRA holder elects to delay the first RMD, two (2) distributions must be taken within the same calendar year.

#### Beneficiary Information: (Check one)

- My **sole** primary beneficiary is my spouse who is more than 10 years younger than I. Spouse's Date of Birth: \_\_\_\_\_ (mm/dd/yyyy)
- My **sole** primary beneficiary is my spouse who is less than 10 years younger or is older than I.
- My **sole** beneficiary is **not** my spouse/I am not married.

#### Distribution Information:

- First Time required Minimum Distribution.** I will turn 70<sup>1/2</sup> in the current calendar year.
  - Make my distribution now.
  - Make my distribution next year in  January  February  March
  - Make my second distribution for next year in the month of \_\_\_\_\_.

#### **One-Time Distribution:** (Check one)

- Self Calculation:** Please distribute \$ \_\_\_\_\_ for 20\_\_\_\_\_.
- ProFunds Calculation:** Please calculate and distribute for 20\_\_\_\_\_.

**Note:** If one-time distribution is chosen, a new form is needed for next tax year.)

#### **Automatic Distribution:**

Please calculate my 20 \_\_\_\_\_ RMD and recalculate it every year thereafter.

**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

- No Distribution.** I waive my minimum distribution from this account and will take it from another IRA until I notify you in writing otherwise.

### 4. Inherited Shares Due to Death of IRA 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 IRA Owner Deceased \_\_\_\_\_

- I am currently listed as beneficiary on the above-referenced account.**

## 5. Distribution 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** (non-RMD)

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)

**From:** \_\_\_\_\_ **Amount \$** \_\_\_\_\_ **or** \_\_\_\_\_ %  
Fund Name / No. / Ticker Symbol

**From:** \_\_\_\_\_ **Amount \$** \_\_\_\_\_ **or** \_\_\_\_\_ %  
Fund Name / No. / Ticker Symbol

**Net Amount\*** ProFunds will calculate gross amount (amount specified above plus tax withholding) in order to distribute the amount specified above as net.

## 6. Tax Withholding Election

**Federal Tax:** If you do not check a box in this section, federal income tax will be withheld at the rate of 10%.

**\*State Tax:** If federal tax is withheld, state tax may also apply. If the address of record for your account is in a mandatory withholding state and you have federal income tax withheld, state income tax will be withheld in accordance with the state rules.

### Notice of Withholding

The distributions you receive from your IRA may be subject to federal income tax and may also be subject to state income tax depending on your state of residence. You may elect to have taxes withheld to your distribution or you may elect not to have taxes withheld. Whether or not you elect to have tax withheld, you will remain liable for payment of federal and/or state income tax on the taxable portion of your distribution. You may also be subject to tax penalties under the estimated income tax payment rules if your payment of estimated tax and the tax withheld are insufficient.

Do not withhold federal income tax from my distribution.

Withhold federal income tax at the rate of \_\_\_\_\_ % (must be 10% or greater).\*

## 7. 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 10.

\*\*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 in an existing non-retirement ProFunds account.**

\_\_\_\_\_ Fund Name / No. / Ticker Symbol.  
Account Number

**Send a check to my account address of record.**

**Send a check to the alternate address or payee listed below\*.**

\_\_\_\_\_  
Payee Name

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code  
Street Address

**Send to my existing banking instructions of record.**

**Send to my banking instructions listed in Section 8\*.**

**ACH (Electronic Funds Transfer)**  **Wire\*\***

**Deposit in a new ProFunds account. (New account application enclosed).**

## 8. Bank Information (Optional)

### Important:

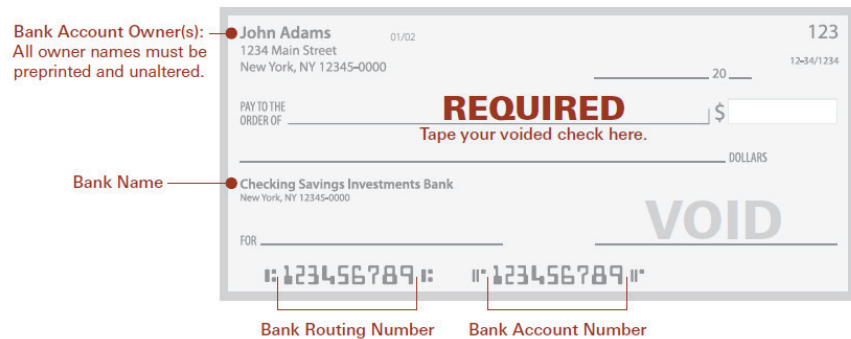
The signature of any bank account owner(s) not listed as owner of this ProFunds account is required.

The 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 for automatic withdrawal plan (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 form.



Account Type:  Checking  Savings

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).

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), if different than ProFunds account ownership. \_\_\_\_\_

## 9. 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.
- A \$15.00 annual maintenance fee will be deducted from my account by UMB Bank during a 100% account distribution, 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.

**Under penalty of perjury, I certify that:** (U.S. Persons Only)

1. The Taxpayer Identification Number shown on this form is correct.
2. I am not subject to backup 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 UMB Bank, n.a. custodian of my ProFunds IRA, to distribute the funds based on the information I have provided on this form. I acknowledge that the Custodian cannot provide me with legal advice and I agree to consult with my own tax professional when I need tax advice. In the event I have provided incomplete or inaccurate information, I hereby agree to indemnify, defend and hold harmless UMB Bank, n.a. 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 distributions, or in the event I fail to meet the minimum distribution requirements. I understand that I am responsible for any tax consequences that may result from the distribution and withholding election I have made.

\_\_\_\_\_  
Signature of IRA Owner or Beneficiary/Trustee

\_\_\_\_\_  
Date(mm/dd/yyyy)

## 10. 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 IRA 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**

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