



PROFUNDS® SIMPLE IRA Contribution Transmittal Form

Use this form for subsequent contributions. Send the completed form with your check.
For assistance, please call 1-888-776-3637. Financial Professionals, please call 1-888-776-5717.

1. Employer Information (Please Print or Type)

_____ Employer Name	_____ Plan ID Number	_____ Employer Phone (Area Code + Number)	
_____ Employer Street Address	_____ City	_____ State	_____ Zip Code

2. Employer Contribution

Enclosed is a check in the amount of \$ _____ representing the contributions made by the named Employer to the SIMPLE IRAs of the employees listed below.

Mail with check made payable to:

ProFunds
P.O. Box 182800
Columbus, OH 43218-2800

Registered, certified, and express mail only:

ProFunds
c/o Transfer Agency
4249 Easton Way, Suite 400
Columbus, OH 43219

3. Employee Contributions

Deadline for Salary Reduction:

No later than 30 days after the end of the month in which the money is withheld from the employee's pay.

Deadline for Employer Matching or Non-elective:

No later than the due date for filing the employer's tax return, including extensions.

*If no ProFund is selected, the contribution will be invested:

(i) in the fund in your existing account if you have an investment in only one fund, or (ii) in Investor Class or Service Class shares, as applicable, of the Government Money Market, if you are initially opening an account or have more than Fund investment.

1.

_____ Employee Name (first/initial/last)	_____ Social Security Number	_____ Account Number	
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Salary Reduction Contribution: _____
Name of ProFund in which to invest contributions* Amount Tax Year (yyyy)

Employer Matching Contribution: _____
Name of ProFund in which to invest contributions* Amount

Employer Nonelective Contribution: _____
Name of ProFund in which to invest contributions* Amount

2.

_____ Employee Name (first/initial/last)	_____ Social Security Number	_____ Account Number	
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Salary Reduction Contribution: _____
Name of ProFund in which to invest contributions* Amount Tax Year (yyyy)

Employer Matching Contribution: _____
Name of ProFund in which to invest contributions* Amount

Employer Nonelective Contribution: _____
Name of ProFund in which to invest contributions* Amount

3.

_____ Employee Name (first/initial/last)	_____ Social Security Number	_____ Account Number	
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Salary Reduction Contribution: _____
Name of ProFund in which to invest contributions* Amount Tax Year (yyyy)

Employer Matching Contribution: _____
Name of ProFund in which to invest contributions* Amount

Employer Nonelective Contribution: _____
Name of ProFund in which to invest contributions* Amount

You may photocopy this form for additional employees.
FOR ASSISTANCE CALL: 1-888-776-3637 • FINANCIAL PROFESSIONALS CALL: 1-888-776-5717

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