

6125 Memorial Drive, P.O. Box 7177, Dublin OH 43017 • Toll Free 800-325-3539 • 614-760-2159  
 Fax 614-766-6669 • www.meederfunds.com • funds@meederinvestment.com

**INSTRUCTIONS: Please print or type. Do not use this form to open Individual Retirement Accounts.** Complete all applicable fields in Sections 1 through 3. Complete Sections 4 through 8 for Optional Services. Sign your name in Section 11. (For UGMA/UTMA accounts, the Custodian must sign.) **Fields marked with an asterisk (\*) are required in accordance with the USA PATRIOT ACT of 2001. Failure to provide this required information will result in processing delays.** If your investment is by bank wire transfer, please call 1-800-325-3539 for instructions. Mail your application with check payable to **Meeder Funds** to: Meeder Funds, P.O. Box 7177, Dublin, OH 43017-7177. To overnight an application and check, please send to Meeder Funds, 6125 Memorial Drive, Dublin, OH 43017.

Questions? Call Client Services at 800-325-3539.

**1. ACCOUNT REGISTRATION** (Please complete Section A, B, or C below)

**A. FOR INDIVIDUAL OR JOINT ACCOUNTS**

Check one box:  INDIVIDUAL  JOINT

NAME\* (Primary Account Owner)

SOCIAL SECURITY NUMBER\*

DATE OF BIRTH\*

NAME\* (Joint Account Owner)

SOCIAL SECURITY NUMBER\*

DATE OF BIRTH\*

The joint account registration will be joint tenants with right of survivorship unless otherwise indicated:

**B. FOR UGMA AND UTMA ACCOUNTS**

Uniform Gift to Minors  Uniform Transfer to Minors

Under the \_\_\_\_\_ Uniform Gifts/Transfers to Minor's Act.  
Minor's State of Residence

MINOR'S NAME\*

SOCIAL SECURITY NUMBER\*

DATE OF BIRTH\*

CUSTODIAN NAME (Only one)\*

SOCIAL SECURITY NUMBER\*

DATE OF BIRTH\*

**C. FOR CORPORATIONS, TRUSTS, OR OTHER ORGANIZATIONS** (Check one box below)

Corporation (Non S-Corp)<sup>1</sup>  S-Corporation<sup>1</sup>  Trust<sup>2</sup>  Non-Profit Organization  Other \_\_\_\_\_

NAME OF CORPORATION, PARTNERSHIP, TRUST OR OTHER\*  
 (Corporations and banks, please complete Section 9 to authorize redemptions)

TRUST ID OR  
 SOCIAL SECURITY NO.\*

DATE OF TRUST AGREEMENT

NAME OF TRUSTEE

SOCIAL SECURITY NUMBER\*

DATE OF BIRTH\*

NAME OF TRUSTEE

SOCIAL SECURITY NUMBER\*

DATE OF BIRTH\*

<sup>1</sup> For corporate accounts, please include a copy of the corporate resolution and articles of incorporation with this application, as required by the USA PATRIOT Act of 2001.

<sup>2</sup> For trust accounts, please include a copy of the trust agreement with this application, as required by the USA PATRIOT Act of 2001.

## 2. ADDRESS INFORMATION

### PRIMARY ACCOUNT OWNER/TRUSTEE REGISTRATION ADDRESS (Physical Street Address):

STREET/APARTMENT ADDRESS*	DAYTIME TELEPHONE NO.*	EVENING TELEPHONE NO.*
CITY*	STATE*	ZIP + 4*
EMAIL ADDRESS (Required for e-Delivery of statements)	FAX NO.	

### JOINT ACCOUNT OWNER REGISTRATION ADDRESS IF DIFFERENT FROM ABOVE (Physical Street Address):

STREET/APARTMENT ADDRESS*	DAYTIME TELEPHONE NO.*	EVENING TELEPHONE NO.*
CITY*	STATE*	ZIP + 4*
EMAIL ADDRESS (Required for e-Delivery of statements)	FAX NO.	

I would like to receive my statements via e-Delivery.

I would like to receive Market Commentary, Investment Updates, and Special Reports via email.

### MAILING ADDRESS (If different from Registration Address):

STREET/APARTMENT ADDRESS*	DAYTIME TELEPHONE NO.*	EVENING TELEPHONE NO.*
CITY*	STATE*	ZIP + 4*

## 3. INVESTMENT INFORMATION

### METHOD OF INVESTMENT:

- I have enclosed a check for a minimum of \$2,500/Fund for the Prime Money Market (minimum of \$500,000/Fund for the Institutional Prime Money Market).
- I want to invest by wire or ACH. Call 1-800-325-3539 to obtain a Meeder Funds Account Number and instructions.
- Transfer from existing Meeder Funds account number \_\_\_\_\_

Select the Meeder Funds(s) you wish to invest in below and indicate the amount(s) you are investing OR to choose an investment portfolio, check the box below and complete the Meeder Investment Portfolio Election Form and Asset Allocation Agreement.

- I want to invest in a Meeder Investment Portfolio. (Minimum investment = \$10,000) Must fill out a Meeder Investment Portfolio Election Form and Asset Allocation Agreement.

Meeder Fund	Investment	Meeder Fund	Investment
<input type="checkbox"/> Balanced Fund	\$ _____	<input type="checkbox"/> Muirfield Fund	\$ _____
<input type="checkbox"/> Conservative Allocation Fund	\$ _____	<input type="checkbox"/> Prime Money Market Fund	\$ _____
<input type="checkbox"/> Dynamic Allocation Fund	\$ _____	<input type="checkbox"/> Quantex Fund	\$ _____
<input type="checkbox"/> Global Allocation Fund	\$ _____	<input type="checkbox"/> Spectrum Fund	\$ _____
<input type="checkbox"/> Institutional Prime Money Market Fund	\$ _____	<input type="checkbox"/> Total Return Bond Fund	\$ _____
<input type="checkbox"/> Moderate Allocation Fund	\$ _____		

### Please select cost basis method:

If no method is selected the fund(s) will use the default method of average cost.

- Average Cost     LIFO: Last in - first out     FIFO: First in - first out     Other: please specify \_\_\_\_\_

#### 4. DIVIDEND AND CAPITAL GAIN DISTRIBUTIONS

Please select one of the options below. If no option is selected, all of your dividends and capital gains will be reinvested.

- All dividends are to be paid in cash and capital gains are to be reinvested.
- All dividends and capital gains are to be paid in cash.

#### 5. TELEPHONE EXCHANGE AND REDEMPTION

I hereby authorize and direct the transfer agent to accept and act upon telephone instructions for exchanges and/or redemptions involving the account unless one or both of the following is (are) checked:

- I do not authorize telephone exchanges.
- I do not authorize telephone redemptions.

#### 6. ACH AND WIRE INSTRUCTIONS / BANK OF RECORD

If you would like the ability to ACH or Wire funds out of your Meeder Funds Account into a specified bank account, please fill out the information in this section AND attach a voided or cancelled check over the example below. **Please do not staple.**

Bank account information and a voided or cancelled check are also required if you are participating in the Systematic Withdrawal Program (Section 7) or Automatic Account Builder (Section 8) and wish for Meeder Funds to execute transactions with your bank account.

**Please Note:** To set up any of the above mentioned options at a later point in time, you will be required to provide bank information that is Medallion Signature Guaranteed. (A Medallion Signature Guarantee is a stamp that verifies your identity. It can be obtained at a commercial bank or brokerage firm. Notarization by a notary public is not acceptable.)

BANK NAME _____	ADDRESS _____
CITY _____	STATE _____ ZIP + 4 _____
ACCOUNT NAME _____	ACCOUNT NUMBER _____
ACCOUNT TYPE: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	BANK ABA NUMBER _____

OPTIONAL SERVICES

John A. Sample  
123 Same Street  
Anywhere, USA 12345

PAY TO THE  
ORDER \_\_\_\_\_

ANY BANK U.S.A.

FOR \_\_\_\_\_

1: 123456789:0123456789012 0001

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ DOLLARS

**Tape Your Voided Check Here.**  
We cannot establish options in sections 6, 7 or 8 without it.  
**PLEASE DO NOT STAPLE**

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**11. SIGNATURE AND CERTIFICATION** (Required for application to be complete)

- I have received, read and agree to the terms of the prospectus for Meeder Funds. I have the authority and legal capacity to purchase mutual fund shares, am of legal age in my state to enter into a contract, and believe each investment is suitable for me.
- I understand there is a \$3,000 minimum to wire federal funds to a commercial bank account. The Fund reserves the right to charge \$15 per wire at any time. The receiving bank may charge a similar fee.
- I authorize Meeder Funds, their affiliates and agents to act on my instructions believed to be genuine for any service authorized on this form. I agree that they will not be liable for any resulting loss or expense associated with acting on such expense.
- Meeder Funds is hereby authorized to redeem shares from my account(s) to reimburse a Fund for any loss due to nonpayment of annual fee for having below the minimum required balance. If shares are purchased by check, the Funds' transfer agent will not pay a redemption until reasonably satisfied the check used to purchase shares has been collected upon, which may take up to 10 days.
- I CERTIFY UNDER PENALTIES OF PERJURY THAT (1) MY SOCIAL SECURITY OR EMPLOYER IDENTIFICATION NUMBER PROVIDED IN THIS APPLICATION IS CORRECT (OR I AM WAITING FOR A NUMBER TO BE ISSUED TO ME) AND (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 AND DIVIDENDS OR (C) THE IRS HAS NOTIFIED ME I AM NO LONGER SUBJECT TO BACKUP WITHHOLDING. CROSS OUT CLAUSE (2)(B) OF THIS PARAGRAPH IF THE IRS HAS NOTIFIED YOU THAT YOU ARE SUBJECT TO BACKUP WITHHOLDING AND (3) I AM A U.S. CITIZEN AND (4) I AM EXEMPT FROM THE FATCA REPORTING.
- THE IRS DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATION REQUIRED TO AVOID BACKUP WITHHOLDING.

ALL ACCOUNT OWNERS MUST SIGN BELOW (Signature(s) should be exactly as they appear in Section 1)

\_\_\_\_\_  
SIGNATURE (Primary Account Owner)\*

\_\_\_\_\_  
TITLE (If applicable)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE (Joint Account Owner)\*

\_\_\_\_\_  
TITLE (If applicable)

\_\_\_\_\_  
DATE

**12. CHECK WRITING (Money Market Fund Only)**

Check this box for your free check writing service if you wish to write checks (\$100 minimum) on your Money Market Fund account. Please complete the Signature Card below and read the terms and conditions below.

**TERMS AND CONDITIONS**

1. **REDEMPTION AUTHORIZATION.** The Bank is appointed agent for the Signatory(ies) and, as such agent, is directed to request redemption of shares of the Fund registered in the name of such Signatory(ies) upon receipt of, and in the amount of, items drawn in accordance with these Terms and Conditions by the Signatory(ies) upon the Signatory(ies) Fund account and to arrange for application of such proceeds to payment of said items. The Signatory(ies) understands that the Bank may also act as agent on the Fund's behalf in effecting the redemption of Fund shares. The Bank is expressly authorized to process items as redemption instructions hereunder without requiring signature guarantees, and shall not be liable to the Fund, the Signatory(ies) or any third party for, and the Signatory(ies) indemnifies and holds the Bank harmless from, any loss, liability, or expense resulting from the absence of any such guarantee or from or related to any act of the Fund in redeeming or not redeeming any shares or following any instruction contained in an item.
2. **ITEM PROCESSING:** The Signatory authorizes and directs the Bank to pay each check presented hereunder, subject to all laws and Bank rules and regulations pertaining to checking accounts. In addition, the Signatory(ies) agree(s) that:
  - a. No item shall be issued or honored, or redemption effected, in an amount less than \$100.
  - b. No item shall be issued or honored, or redemption effected, for any amounts represented by shares unless payment for such shares has been made in full and checks given in such payment have been finally paid and collected through normal banking channels, which will take 15 calendar days. Shareholders who wish immediate availability of shares for redemption in payment of items may purchase their shares with federal funds or may contact the Fund for assistance.
  - c. Items issued hereunder cannot be cashed over the counter at the Bank.
  - d. Items shall be subject to any further limitations set forth in the Prospectus issued by the Fund, including without limitation any additions, amendments and supplements thereto, and in any additions, amendments and supplements to these Terms and Conditions from time to time in effect.
3. **DUAL OWNERSHIP:** If more than one person is indicated as a registered owner of the shares of the Fund, as by joint ownership, ownership in common, or tenants by the entireties, then (a) each registered owner must sign this signature card, (b) each registered owner must sign each item issued hereunder unless the parties have indicated on the face of this card that only one need sign, in which case the Fund and the Bank are authorized to act upon such signature, and (c) each Signatory guarantees to the Fund and the Bank the genuineness and accuracy of each signature of each Signatory. In the event of the death of a joint tenant or tenant by the entireties, the survivor shall be deemed to own all of the Fund shares and the proceeds thereof upon delivery of appropriate documentation.
4. **TERMINATION:** The Bank or the Fund may at any time terminate this account, related share redemption service and the Bank's agency for the Signatory(ies) hereto without prior notice by the Bank to any of the Signatory(ies).
5. **HEIRS AND ASSIGNS:** The Signatory(ies) may not assign its rights and duties under these Terms and Conditions without the prior consent of the Fund and the Bank. These terms and conditions shall bind the respective heirs, executors, administrators and permitted assigns of the Signatory(ies).

**Signature Card**

FOR OFFICE USE ONLY  
ACCT NO.

**SPECIAL REDEMPTION FOR SHAREHOLDERS OF THE MEEDER FUNDS MONEY MARKET FUND**

NAME(S) OF REQUESTED OWNER(S) OF SHARES OF THE Meeder Funds MONEY MARKET FUND

ADDRESS CITY STATE ZIP+4

All registered owner(s) of this account must sign below. By signing this card the Signatory(ies) agree(s) to all of the terms and conditions set forth herein, including the terms and conditions above.

**SIGNATURES**

\_\_\_\_\_  
\_\_\_\_\_

Check here if two signatures are required on checks.

Check here if only one signature is required on checks.



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**INSTRUCTIONS**

<p><b>Step 1: Complete Application</b></p> <p>Complete the Meeder Funds New Account or IRA Account Application. Keep one copy for your records.</p> <p><u>For IRA SEP Accounts:</u> Complete IRS Form 5305-SEP to establish the plan, and a Meeder Funds IRA New Account Application for each participant.</p>
<p><b>Step 2: Complete Transfer Form</b></p> <p>Please complete Sections 1 through 5 of this Transfer Request Form.</p> <p>NOTE: All written instructions given to the resigning custodian may require your signature guaranteed by one of the following: a commercial bank; trust company; or a member of a national securities exchange. Check with your resigning custodian for their requirements.</p> <p>Retain one copy of this form for your records.</p>
<p><b>Step 3: Mail Application and Transfer Form</b></p> <p>Mail completed forms to:</p> <p>Meeder Funds c/o Mutual Funds Service Company, P.O. Box 7177, Dublin, OH 43017.</p>
<p><b>Step 4: Receipt of Purchase Confirmation</b></p> <p>The Transfer Agent for the Meeder Funds will arrange for the transfer of your current plan's assets.</p> <p>Once your account has been established, a confirmation statement will be sent.</p>

**If you have questions, please call Client Services at 1-800-325-3539.**

