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Authorized Persons Form

Use this form to establish or change the Authorized Persons with access and authority on your account.

Form fields: DATE, ACCOUNT NAME, ACCOUNT NUMBER(S), LAST 4 DIGITS OF SSN

I authorize Meeder to provide the following Authorized Person with view only access to my account information, including tax information, balances, positions, statements and other non-public information.

Form fields: NAME (PLEASE PRINT), RELATIONSHIP TO ACCOUNT OWNER, ADDRESS, CITY, STATE, ZIP, DAYTIME TELEPHONE, EMAIL ADDRESS

In addition, I grant the Authorized Person Trading or Trading and Disbursement Authorization over my account:

Trading Authorization. I authorize the person above to direct exchanges in my account at my direction.

Trading and Disbursement Authorization. I authorize the person above to: (1) direct purchases, redemptions, exchanges or transfers in my account at my direction; (2) direct Meeder Funds to remit checks to me at my address of record; and (3) direct Meeder Funds to transfer funds to any other account that I may designate from time to time for which I am the named account holder (first-party transfer).

Mail completed form to:

Meeder Funds
P.O. Box 7177
Dublin, OH 43017

Email completed form to:

funds@meederinvestment.com

Fax completed form to:

614.766.6669

If you choose to fax your form, please darken the copy prior to faxing the document to ensure readability.

SIGNATURE(S) section with fields for SIGNATURE OF PRIMARY ACCOUNT HOLDER, DATE, SIGNATURE OF SECONDARY ACCOUNT HOLDER, DATE