



Meeder Funds Non-Qualified Account Application

INSTRUCTIONS: Please print or type. Do not use this form to open Individual Retirement Accounts. All applicable fields must be completed in Sections 1 through 4. Complete Sections 6 through 10 for Optional Services. You must sign your name in Section 12. (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*	COUNTRY(IES) OF CITIZENSHIP	COUNTRY OF LEGAL RESIDENCE
NAME* (JOINT ACCOUNT OWNER)	SOCIAL SECURITY NUMBER*	DATE OF BIRTH*	COUNTRY(IES) OF CITIZENSHIP	COUNTRY OF LEGAL RESIDENCE

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

NAME* (PRIMARY ACCOUNT OWNER)	SOCIAL SECURITY NUMBER*	DATE OF BIRTH*	COUNTRY(IES) OF CITIZENSHIP	COUNTRY OF LEGAL RESIDENCE
NAME* (JOINT ACCOUNT OWNER)	SOCIAL SECURITY NUMBER*	DATE OF BIRTH*	COUNTRY(IES) OF CITIZENSHIP	COUNTRY OF LEGAL RESIDENCE

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

CORPORATION (NON S-CORP)¹

S-CORPORATION¹

TRUST²

NON-PROFIT ORGANIZATION

OTHER

NAME OF CORPORATION, PARTNERSHIP, TRUST OR OTHER* <small>(CORPORATIONS AND BANKS, PLEASE COMPLETE SECTION 9 TO AUTHORIZE REDEMPTIONS)</small>	TRUST TAX ID OR SOCIAL SECURITY NO.*	DATE OF TRUST AGREEMENT	TRUST IS GOVERNED BY THE LAWS OF THE STATE OF	
NAME OF TRUSTEE	SOCIAL SECURITY NUMBER*	DATE OF BIRTH*	COUNTRY(IES) OF CITIZENSHIP	COUNTRY OF LEGAL RESIDENCE
NAME OF TRUSTEE	SOCIAL SECURITY NUMBER*	DATE OF BIRTH*	COUNTRY(IES) OF CITIZENSHIP	COUNTRY OF LEGAL RESIDENCE

¹ For corporate accounts, please include a copy of the corporate resolution and Certificate of Beneficial owner with this application, as required by the USA PATRIOT Act of 2001.

² 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 AND ACCOUNT OWNER 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.

ACCOUNT OWNER INFORMATION

Employment Status (select only one):

Employed Self-Employed Retired Homemaker Student Not Employed

Occupation (If employed, select the option that best describes your occupation):

Business Owner/Self-Employed	Information Technology Professional	Clerical/Administrative Services
Executive/Senior Management	Other Professional	Trade/Service/Labor/Manufacturing/Production
Medical Professional	State, Local or Federal Government	Sales/Marketing
Legal Professional	Foreign Government Employee	Consultant
Accounting Professional	Military	Other
Financial Services/Banking Professional	Educator	

EMPLOYER/BUSINESS NAME EMPLOYER/BUSINESS ADDRESS

CITY STATE ZIP COUNTRY

JOINT ACCOUNT OWNER/CO-TRUSTEE 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.

ACCOUNT OWNER INFORMATION

Employment Status (select only one):

Employed Self-Employed Retired Homemaker Student Not Employed

Occupation (If employed, select the option that best describes your occupation):

Business Owner/Self-Employed	Information Technology Professional	Clerical/Administrative Services
Executive/Senior Management	Other Professional	Trade/Service/Labor/Manufacturing/Production
Medical Professional	State, Local or Federal Government	Sales/Marketing
Legal Professional	Foreign Government Employee	Consultant
Accounting Professional	Military	Other
Financial Services/Banking Professional	Educator	

EMPLOYER/BUSINESS NAME EMPLOYER/BUSINESS ADDRESS

CITY STATE ZIP CODE COUNTRY

ELECTRONIC DELIVERY

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. INFORMATION ABOUT THE ACCOUNT**SOURCE OF FUNDS**

Please select all of the sources of assets that will be deposited into the account, including the source of any assets to be transferred into the account from another firm or account.

Salary/Wages/Savings Social Security Benefits Sale of Property or Business Family/Relatives/Inheritance
Investment Gifts Gambling/Lottery Other _____

PURPOSE OF ACCOUNT

Please select all that apply.

General Investing Investing for Estate Planning Investing for Tax Planning Investing for College Investing for Retirement
Investment of Pooled Assets Other _____

LIQUID NET WORTH

Please select the range corresponding to your net liquid assets exclusive of real estate.

\$1-\$25,000 \$25,000-\$50,000 \$50,000-\$100,000 \$100,000-\$250,000 \$250,000-\$500,000
\$500,000-\$1,000,000 \$1,000,000+

4. 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 transfer from an existing Meeder Funds Account _____

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.

Meeder Fund	Investment	Meeder Fund	Investment
Balanced Fund	\$ _____	Moderate Allocation Fund	\$ _____
Conservative Allocation Fund	\$ _____	Muirfield Fund	\$ _____
Dynamic Allocation Fund	\$ _____	Sector Rotation Fund	\$ _____
Global Allocation Fund	\$ _____	Spectrum Fund	\$ _____
Government Money Market Fund	\$ _____	Tactical Income 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 _____

5. INVESTMENT RESTRICTIONS

Identify any investment restrictions or guidelines applicable to the account or the securities available for investment. Restrictions on account management are subject to Meeder's acceptance and may cause lower overall results in comparison to the model investment strategy.

6. DIVIDEND AND CAPITAL GAIN DISTRIBUTIONS

All dividends and capital gains are to be reinvested. If you would like to receive payment in cash, please select the option below. Payments will be made by ACH to the bank of record. If there is no bank of record on file, payments will be made by check.

Receive dividends and capital gains payments in cash.

7. 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.

OPTIONAL SERVICES

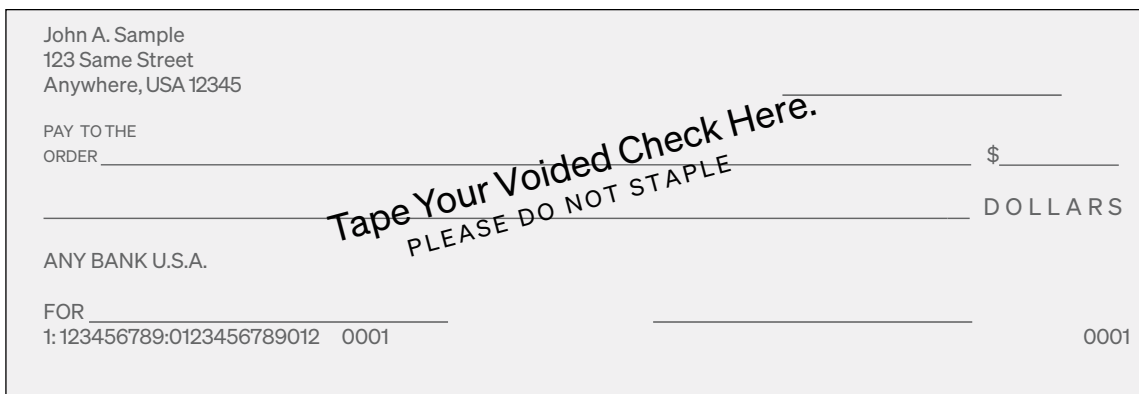
8. ACH AND WIRE INSTRUCTIONS / BANK OF RECORD

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	
BANK ABA NUMBER		
ACCOUNT TYPE: CHECKING SAVINGS		



OPTIONAL SERVICES CONTINUED

9. SYSTEMATIC WITHDRAWAL PROGRAM

YES, I have at least \$10,000 in shares in my Meeder Funds Account(s) and authorize the Systematic Withdrawal Program to take place. On the date specified below, money will be deducted from my Meeder Funds Account(s) and sent according to the following instructions.

Monthly Quarterly Annually Start-up Month _____

I would like the transaction to take place on the _____ day of the month.

Each payment should be \$ _____ (\$100 minimum per Fund) from the _____ Fund.

Each payment should be \$ _____ (\$100 minimum per Fund) from the _____ Fund.

Payment should be made by: Check (Registration Address listed in Section 2 will be used)

ACH (Bank Account listed in Section 7 will be used)

10. AUTOMATIC ACCOUNT BUILDER

YES, I authorize the Automatic Account Builder to take place. On the date specified below, money (\$100 minimum per Fund) will be deducted by ACH transfers from my Bank Account (listed in Section 7) to purchase shares of a specified Fund according to the following instructions. I will receive a confirmation from the Fund's transfer agent reflecting each purchase and my bank statement will reflect the amount of the draft.

Monthly Start-up Month _____ I would like the transaction to take place on the _____ day of the month.

Twice a month Start-up Month _____ I would like the first transaction to take place on the _____ day of the month
and the second transaction to take place on the _____ day of the month.

Withdraw \$ _____ and purchase shares in the _____ Fund.

Withdraw \$ _____ and purchase shares in the _____ Fund.

11. FINANCIAL ADVISER AUTHORIZATION

I authorize Meeder Funds to provide my Financial Adviser with access to my account information, including tax information, balances, positions, statements and other non-public information.

NAME (PLEASE PRINT)	FIRM		
ADDRESS	CITY	STATE	ZIP+4
DAYTIME TELEPHONE	EMAIL		
DEALER #	BRANCH #	REPRESENTATIVE #	

In addition, I grant my Financial Adviser Trading or Trading and Disbursement Authorization over my account:

Trading Authorization. I authorize my Financial Adviser to direct exchanges in my account at my direction.

Trading and Disbursement Authorization. I authorize my Financial Adviser 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).

12. SIGNATURES 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