

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)¹ S-Corporation¹ Trust² 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*

¹ 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.

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 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

Balanced Fund

\$ _____

Muirfield Fund

\$ _____

Conservative Allocation Fund

\$ _____

Quantex Fund

\$ _____

Dynamic Allocation Fund

\$ _____

Spectrum Fund

\$ _____

Global Allocation Fund

\$ _____

Tactical Income Fund

\$ _____

Institutional Prime Money Market Fund

\$ _____

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

0001

7. 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 OR Portfolio.

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

Payment should be made by : Check Registration Address listed in Section 2 will be used
 ACH (Bank Account listed in Section 6 will be used)

8. 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 6) 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 OR Portfolio.

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

9. AUTHORIZED AGENTS (Financial Planners, Corporations, Partnerships, Banks and Organizations must complete below.)

I wish to authorize each of the following persons to act as an agent and attorney-in-fact, and with full discretion and capacity to purchase, sell and give instructions to the Trust for transactions relating to any of Meeder Funds. Any one of the following persons may act alone as such an agent or attorney-in-fact, unless otherwise provided below.

 NAME (Please print) TITLE SIGNATURE

 NAME (Please print) TITLE SIGNATURE

 NAME (Please print) TITLE SIGNATURE

I will indemnify and hold Meeder Funds and the transfer agent and their directors, officers, and employees harmless from all liabilities and costs, including attorney fees, which any of them may incur by relying upon the representations of the Agent or upon this authorization.

 PRIMARY ACCOUNT OWNER SIGNATURE SECONDARY ACCOUNT OWNER SIGNATURE DATE

10. BROKER-DEALERS, FINANCIAL PLANNERS, INTERESTED PARTIES

If your financial planner is to have trading authority, please fill out section 9 above.

 NAME COMPANY/FIRM NAME

 ADDRESS CITY, STATE ZIP + 4

 DAYTIME TELEPHONE DEALER # (if applicable) BRANCH # (if applicable) REPRESENTATIVE #

Please mark the appropriate box:

Registered Broker/Dealer Financial Planner Interested Party Trust Administrator

Please Note: Registered representatives will receive statements via e-Delivery only.

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

Step 1: Complete Application
<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>
Step 2: Complete Transfer Form
<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>
Step 3: Mail Application and Transfer Form
<p>Mail completed forms to:</p> <p>Meeder Funds c/o Mutual Funds Service Company, P.O. Box 7177, Dublin, OH 43017.</p>
Step 4: Receipt of Purchase Confirmation
<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.

1. SHAREHOLDER INFORMATION

Name _____ Social Security Number _____
 Address _____
 City _____ State _____ Zip _____
 Home Phone _____ Work Phone _____

2. CURRENT ACCOUNT INFORMATION

Type of account to be transferred:

Individual Joint UGMA
 Individual Trust Corporation

 Traditional IRA Roth IRA Qualified Plan or TSA
 Spousal IRA Education IRA SEP-Simplified
 Rollover IRA SIMPLE IRA Employee Pension

COMMINGLING AUTHORIZATION - I understand that commingling contributions from a qualified plan or TSA with regular IRA contributions will prohibit me from rolling these funds into another qualified plan or TSA in the future.

With this knowledge:

I authorize the transfer from the current fund company or trustee to the Meeder Funds
 I authorize the commingling of my regular IRA and rollover IRA funds.
 I do not authorize the commingling of my regular IRA and rollover IRA funds.

Transfer from: (Please complete entirely)

Name of Resigning Trustee _____
 Account Number _____
 Address _____
 City _____ State _____ Zip _____
 Phone Number _____
 Fax Number _____

3. MEEDER FUNDS ACCOUNT

Transfer to: New Meeder Funds Account
 (Enclose a Meeder Funds Application)

Existing Meeder Funds Account
 Account # _____

4. AUTHORIZATION OF TRANSFER

To Resigning Trustee or Custodian:

Please liquidate all part (\$ _____ or _____%) of the account listed in Section 2, and transfer the proceeds of the liquidation to my Meeder Funds account for investment in accordance with my standing instructions.

Your Signature _____ Date _____

An important note: Your resigning trustee or custodian may require your signature to be guaranteed. Call them for requirements.

Signature Guarantee Box

Mutual Funds Service Company will complete this Letter of Acceptance.

Instructions for delivery to the Meeder Funds.

Mutual Funds Service Co. will accept the transfer described above. Please liquidate and transfer, on a fiduciary to fiduciary basis, all or part of the designated account as instructed in Section 4.

Make check payable to: Meeder Funds

Mail to: Meeder Funds, c/o Mutual Funds Service Company, P.O. Box 7177, Dublin, OH 43017

Also include the following information on the check:

Account No.	Authorized Signature	Date
FBO		