

This form can be used to add or change systematic withdrawal instructions for your account.

INSTRUCTIONS

Step 1: Complete Systematic Withdrawal Form

Identify your account name and number.

Indicate whether this will be an update to current instructions or addition of new instructions to your Meeder Funds® account.

Indicate the dollar amount and frequency of the withdrawal from your personal checking or savings account.

Indicate the banking information. If this is already on file, simply write the name of the bank and “On File” in the bank address line.

Step 2: Medallion Signature Guarantee

A Medallion Signature Guarantee is required if the payment method does not match what is on file for your account. If you are adding an alternate payee address or banking information, the Signature Guarantee Box must be completed and stamped. To obtain a Medallion Signature Guarantee, visit a commercial bank or brokerage firm. **Notarization by a notary public is not acceptable.**

If more than one signature is required, each signature must have its own signature guarantee stamp.

Indicate the fund name or portfolio from which you wish to withdrawal your funds.

Step 3: Mail Form

Retain one copy of this form for your records.

Mail completed form to:

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

You may fax the form to 614-766-6669. Please note, if the form contains a Medallion Signature Guarantee it may be necessary to darken the image before sending via fax so the stamp can be read.

Contact Client Services at 1-800-325-3539 with questions.



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

Account Name _____

Account Number _____

Revision of current instructions **or** Add new instructions

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 Porfolio.

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

Payment should be made by : Wire ACH

Send payment to:

Bank Name _____

Bank Address _____

Account Name _____

ABA/Routing Number _____

Savings Account Number _____

Checking Account Number _____

OR

Send by check to: Address of record **or** Other address

Name _____

Address _____

Signature

Signature

Date

Date

Signature Guarantee Box

Signature Guarantee Box

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