

Muhlenkamp Fund

Address Change Form

Mail To: Muhlenkamp Fund c/o U.S. Bank Global Fund Services P.O. Box 701 Milwaukee, WI 53201-0701 Overnight Express Mail To: Muhlenkamp Fund c/o U.S. Bank Global Fund Services 615 E. Michigan St., FL3 Milwaukee, WI 53202-5207

Use this form if you wish to update the Address of Record (AOR) or the mailing address for your account. *You may also call* (800)860-3863 to make an address change.

1.	Account Information				
	Complete the following account information as it appears on your Muhlenkamp Fund account statement.	ACCOUNT NUMBER		X X X - X X - SOCIAL SECURITY NUMBER OR TIN I	USED FOR ACCOUNT
		ACCOUNT REGISTRATION			
		DAYTIME PHONE NUMBER		EVENING PHONE NUMBER	
2.	Address Change Include your new address here.	The USA PATRIOT Act requires us to obtain your street address (P.O. Box is not acceptable). Please provide your Permanent Street Address as the Address of Record (AOR). If you wish to use a P.O. Box or other address as your Mailing Address, include it below. If the Mailing Address is entered, all mailings (including checks, if any) will b sent to the mailing address your have provided. Address of Record:			
		CURRENT PERMANENT STREET ADDRESS (P.O.	BOX IS NOT ACCEPTABLE)	APT/SUITE	
		CITY Mailing Address:		STATE ZIP CODE	
		MAILING ADDRESS (IF DIFFERENT FROM ABOVE) APT/SUITE			
		СПҮ		STATE ZIP CODE	
3.	Signature(s) A signature of all account owners must be	I/We authorize this change of accounts with a recently change		and understand the Prospectu	us restrictions on
	included for this change to be valid.	PRINT NAME OF AUTHORIZED PERSON	SIGNATURE		DATE (mm/dd/yyyy)
	0	☐ Account Owner ☐ Truste	e □ Custodian	□ Other	
		PRINT NAME OF AUTHORIZED PERSON	SIGNATURE		DATE (mm/dd/yyyy)
		☐ Account Owner ☐ Truste	e □ Custodian	□ Other	
		PRINT NAME OF AUTHORIZED PERSON	SIGNATURE		DATE (mm/dd/yyyy)
		☐ Account Owner ☐ Truste	e 🗌 Custodian	☐ Other	
		PRINT NAME OF AUTHORIZED PERSON	SIGNATURE		DATE (mm/dd/yyyy)
		☐ Account Owner ☐ Truste	e 🔲 Custodian	☐ Other	