



Muhlenkamp Fund

Certification of Beneficial Owners

Mail To:
Muhlenkamp Fund
c/o U.S. Bancorp Fund Services, LLC
P.O. Box 701
Milwaukee, WI 53201-0701

Overnight Express Mail To:
Muhlenkamp Fund
c/o U.S. Bancorp Fund Services, LLC
615 E. Michigan St., 3rd Floor
Milwaukee, WI 53202-5207

Use this form to provide information about the beneficial owners for your entity account or to request removal of a beneficial owner currently on file.

If you have any questions, please call (800)860-3863 and press "0".

Types of Legal Entities:

- C Corporations, including incorporated entities and LLCs that elect to be treated as a corporation
- Partnerships, including LLCs that elect to be treated as partnerships
- S Corporations, including incorporated entities and LLCs that elect to be treated as a corporation
- Investment Clubs
- Unions
- Unincorporated associations, miscellaneous organizations
- Nonprofit organizations (exempt from section 2)
- REITs

1. Account Information

Provide the information for the Legal Entity associated with the account.

ACCOUNT NUMBER	TAX IDENTIFICATION NUMBER (TIN) USED FOR ACCOUNT
NAME OF LEGAL ENTITY	
DAYTIME TELEPHONE NUMBER	EVENING TELEPHONE NUMBER

2. Beneficial Owner Information

Complete as requested.

A. *Please enter requested information for **each** individual, if any, who directly or indirectly, through any contract, arrangement, understanding, relationship, or otherwise, owns 25% or more of the equity interests of the Legal Entity listed in Section 1. If no individuals meet this criteria, please leave this section blank to certify this requirement does not apply for the Legal Entity.*

Please note that if the Legal Entity is owned by another Entity, only natural persons should be listed here (ex. if ABC Corp. is 50% owned by 123 Corp. and 123 Corp. is 50% owned by John Doe, John Doe should be listed as he is a 25% Beneficial Owner of ABC Corp.).

I.	INDIVIDUAL'S FIRST NAME	M.I.	LAST NAME
	ADDRESS (RESIDENTIAL OR BUSINESS STREET ADDRESS)		APT/SUITE
	CITY	STATE	ZIP CODE
	SOCIAL SECURITY NUMBER (SEE NOTE FOR FOREIGN PERSONS*)		DATE OF BIRTH (mm/dd/yyyy)
II.	INDIVIDUAL'S FIRST NAME	M.I.	LAST NAME
	ADDRESS (RESIDENTIAL OR BUSINESS STREET ADDRESS)		APT/SUITE
	CITY	STATE	ZIP CODE
	SOCIAL SECURITY NUMBER (SEE NOTE FOR FOREIGN PERSONS*)		DATE OF BIRTH (mm/dd/yyyy)

Beneficial Owner Information (Continued)

III. _____
 INDIVIDUAL'S FIRST NAME M.I. LAST NAME

 ADDRESS (RESIDENTIAL OR BUSINESS STREET ADDRESS) APT/SUITE

 CITY STATE ZIP CODE

 SOCIAL SECURITY NUMBER (SEE NOTE FOR FOREIGN PERSONS*) DATE OF BIRTH (mm/dd/yyyy)

IV. _____
 INDIVIDUAL'S FIRST NAME M.I. LAST NAME

 ADDRESS (RESIDENTIAL OR BUSINESS STREET ADDRESS) APT/SUITE

 CITY STATE ZIP CODE

 SOCIAL SECURITY NUMBER (SEE NOTE FOR FOREIGN PERSONS*) DATE OF BIRTH (mm/dd/yyyy)

B. *If any of the Beneficial Owners currently on file should be removed, please indicate the name(s) of the individual(s) to be removed below:*

 INDIVIDUAL'S FIRST NAME M.I. LAST NAME

 INDIVIDUAL'S FIRST NAME M.I. LAST NAME

If more space is needed, include a separate sheet detailing identity information for each additional beneficial owner.

For Foreign Persons:** An alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard can be provided in lieu of a passport number. ***A copy of the individual's passport, alien identification card, or other government-issued document must be included with the form.

3. Controller Information
Complete as requested.

Please complete the information below with the requested information for **one** individual with significant responsibility for managing the Legal Entity listed in Section 1, such as an executive officer or senior manager (ex. Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer), or any other individual who regularly performs similar functions (a beneficial owner named in Section 2 can be listed here if appropriate).

 FIRST NAME M.I. LAST NAME

 ADDRESS (RESIDENTIAL OR BUSINESS STREET ADDRESS) APT/SUITE

 CITY STATE ZIP CODE

 SOCIAL SECURITY NUMBER (OR PASSPORT NUMBER FOR FOREIGN PERSONS*) DATE OF BIRTH (mm/dd/yyyy)

For Foreign Persons:** An alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard can be provided in lieu of a passport number. ***A copy of the individual's passport, alien identification card, or other government-issued document must be included with the form.

4. Signature

I hereby certify that to the best of my knowledge, the information provided about me, and the information provided about the beneficial owner(s) and/or the individual with control over the legal entity is complete and correct.

 PRINTED NAME OF AUTHORIZED SIGNER TITLE OR POSITION

 SIGNATURE OF AUTHORIZED SIGNER DATE (mm/dd/yyyy)