



Muhlenkamp Fund

Certification of Trust Form

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

This form is provided as a substitute for submitting your entire trust document. When registering your Muhlenkamp Fund account in the name of your trust, this Certification of Trust Form should be submitted with a Muhlenkamp Fund Account Application (for new accounts) or a Registration Change Form (for existing accounts). This Certification of Trust Form must be signed by all trustees and notarized.

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

NOTE - U.S. Bancorp Fund Services, LLC reserves the right to request the ENTIRE trust document at their discretion.

1. Trust Information

Please complete the following information as it appears on the trust document.

FULL NAME OF THE TRUST TO WHICH THIS CERTIFICATE APPLIES _____

DATE OF FORMATION OF THE TRUST (mm/dd/yyyy) _____ TAX IDENTIFICATION NUMBER (TIN) OF THE TRUST _____

The original Trust Agreement has been amended or restated on _____
DATE OF LATEST AMENDMENT TO THE TRUST (mm/dd/yyyy)

TYPE OF TRUST (Select only one type):

Revocable Living Trust - _____
NAME(S) OF GRANTOR(S) OF THE TRUST

Irrevocable Living Trust - _____
NAME(S) OF GRANTOR(S) OF THE TRUST

Testamentary Trust - _____
NAME OF DECEDENT

Business Trust (Please call for document requirements)

Retirement Plan

Other - _____
PLEASE INDICATE TYPE AND CALL FOR DOCUMENT REQUIREMENTS

2. Trustee Information

Please complete the identity information for ALL of the trustees.

If there are more than two trustees, please attach a separate sheet to include the identity information for the additional trustee(s).

The following individual(s) is/are listed as trustee(s) of the above named Trust. This/These individual(s) is/are authorized under the Trust to purchase, sell, assign, and/or endorse shares of the Muhlenkamp Fund.

In compliance with the USA PATRIOT Act, all mutual funds are required to obtain, verify, and record the following information for all registered owners or others who may be authorized to act on an account: **full name, permanent street address, social security number, and date of birth**. We must return your application if any of this information is missing and/or we may request additional information from you for verification purposes.

1. FIRST NAME OF TRUSTEE _____ M.I. _____ LAST NAME _____
PERMANENT STREET ADDRESS (P.O. BOX IS NOT SUFFICIENT) _____ APT/SUITE _____
CITY _____ STATE _____ ZIP CODE _____
TRUSTEE'S SOCIAL SECURITY NUMBER _____ TRUSTEE'S DATE OF BIRTH (mm/dd/yyyy) _____
(_____) _____ (_____) _____
HOME PHONE NUMBER BUSINESS PHONE NUMBER

2. FIRST NAME OF TRUSTEE _____ M.I. _____ LAST NAME _____
PERMANENT STREET ADDRESS (P.O. BOX IS NOT SUFFICIENT) _____ APT/SUITE _____
CITY _____ STATE _____ ZIP CODE _____
TRUSTEE'S SOCIAL SECURITY NUMBER _____ TRUSTEE'S DATE OF BIRTH (mm/dd/yyyy) _____
(_____) _____ (_____) _____
HOME PHONE NUMBER BUSINESS PHONE NUMBER

3. Successor Trustee Information

If applicable, please indicate the successor trustee(s) in accordance with the terms of the Trust named in Section 1.

1. _____ M.I. _____ LAST NAME _____
SUCCESSOR TRUSTEE'S FIRST NAME
2. _____ M.I. _____ LAST NAME _____
SUCCESSOR TRUSTEE'S FIRST NAME

4. Authorization Restrictions

In accordance with the terms of the Trust named in Section 1, I/we certify that the Muhlenkamp Fund has the authority to accept orders and other instructions including but not limited to buying and selling shares in this Muhlenkamp Fund account from the number of trustees indicated below:

Please check ONE box to show the restrictions set by the Trust.

- Any one named trustee may act alone on behalf of the trust account.
- All named trustees must act jointly on behalf of the trust account.
- At least _____ of the trustees must sign and act jointly on behalf of the trust account.
INDICATE NUMBER

5. Signatures of Trustees

I/We the trustee(s), agree to indemnify Muhlenkamp Fund (the Fund) and its Agent, U.S. Bancorp Fund Services (the Agent), and hold them harmless from any liabilities and expenses that arise from following the instructions of any trustee(s) or that otherwise arise from reliance on information provided in this Certification of Trust Form which prove to be inaccurate, incomplete, or untrue.

All trustees MUST sign this form. Notarization is required.

I/We the trustee(s), agree to inform the Muhlenkamp Fund, in writing, of any amendments to the Trust, a change in the composition of the trustees, or any other event which would materially alter the information completed on this form. I/We understand that the Fund and its affiliates may require the written consent of any or all trustees prior to acting upon the instructions of any one trustee. I/We certify that the Trust is in full force and effect and that the information I/we provided in this application is accurate, true, and complete. I/We have verified with my/our trust lawyer that this Certification of Trust Form can be used in my/our situation and in my/our state of residence.

I/We the trustee(s), certify that I/we have the power and authority under the Trust Agreement and applicable law to conduct any and all transactions on the trust account including my/our ability to purchase, transfer, exchange, and/or redeem shares on behalf of the Trust. I/We hereby agree to provide U.S. Bancorp with a copy of the full trust document if so requested in writing for purposes regarding maintaining the trust account and/or acting on transactions requested by any of the authorized trustees.

- Check here if you have attached a separate sheet detailing additional identity information for the trustees and/or have included other additional documentation.*

PRINT NAME OF TRUSTEE

SIGNATURE* OF TRUSTEE

DATE (mm/dd/yyyy)

PRINT NAME OF CO-TRUSTEE

SIGNATURE* OF CO-TRUSTEE

DATE (mm/dd/yyyy)

<p>State of _____ County of _____</p> <p>On _____ before me, _____,</p> <p>personally appeared, _____,</p> <p>_____,</p> <p>personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose names(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.</p> <p style="text-align: center;">WITNESS my hand and official seal.</p>	<p>(SIGNATURE AND SEAL OF NOTARY)</p>
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6. Checklist

- Original Muhlenkamp Fund Account Application or Registration Change Form MUST be submitted with this form.
- Signature and seal of Notary.
- If the Trust lists more than two trustees and/or successor trustees, submit a separate sheet with identity information and signature(s).