Combined Statement Enrollment 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

Muhlenkamp Fund quarterly statements are combined for all accounts that share a common Social Security number and address. This is done to provide you with a convenient overview of your investments on one report. Use this form if you would rather receive a separate statement for each of your accounts. This enrollment form may also be used if you wish to link accounts registered in different names and Social Security numbers to produce one statement for quarterly mailings. Please note that linking accounts does not change the authorization required for account transactions. Mailings other than quarterly statements will not be consolidated. Please call (800) 860-3863 and press "0", if you have any questions.

. Contact Information							
Please provide your name and phone number:	FIRST NAME			M.I.	LAST NAME		
	()_	() HOME PHONE NUMBER			()		
	HOME PHON	2 INUIVIDER		BUSINESS	ATLES ITOTE HORIDER		
Type of Request	Link A	Accounts - Please	link the accounts list	ed in Section C so th	nat they print as a	a combined statement.	
Please select ONE of the following.	☐ Separ	rate Accounts - Ple	ease separate the accour	ts listed in Section C	so that they are no	longer on a combined statement.	
Account Numbers and Signatures	1.						
If you selected "Link Accounts" in Section B, please list the accounts that you wish to link together to produce a combined quarterly statement. All shareholders or authorized individuals for each account listed must sign. If you selected "Separate Accounts" in Section B, please list the accounts that you wish to remove from the combined statement. At least one of the shareholders or authorized individuals of one of the accounts must sign.		NT NUMBER	ACCOUNT REC	GISTRATION			
	SIGNAT	SIGNATURE OF OWNER, CUSTODIAN, TRUSTEE OR AUTHORIZED PERSON				DATE (mm/dd/yyyy)	
	SIGNAT	TURE OF JOINT OWNER	R OR CO-TRUSTEE			DATE (mm/dd/yyyy)	
	2						
	ACCOU	INT NUMBER	ACCOUNT REG	GISTRATION			
	SIGNAT	SIGNATURE OF OWNER, CUSTODIAN, TRUSTEE OR AUTHORIZED PERSON			DATE (mm/dd/yyyy)		
		SIGNATURE OF JOINT OWNER OR CO-TRUSTEE			DATE (mm/dd/yyyy)		
	3. ACCOU	INT NUMBER	ACCOUNT REC	GISTRATION			
	SIGNAT	SIGNATURE OF OWNER, CUSTODIAN, TRUSTEE OR AUTHORIZED PERSON			DATE (mm/dd/yyyy)		
	SIGNAT	SIGNATURE OF JOINT OWNER OR CO-TRUSTEE				DATE (mm/dd/yyyy)	
	4.						
	ACCOU	INT NUMBER	ACCOUNT REC	GISTRATION			
	SIGNAT	URE OF OWNER, CUST	TODIAN, TRUSTEE OR AUTH	DRIZED PERSON		DATE (mm/dd/yyyy)	
	SIGNAT	SIGNATURE OF JOINT OWNER OR CO-TRUSTEE			DATE (mm/dd/yyyy)		
	5. ACCOU	INT NUMBER	ACCOUNT REG	GISTRATION			
	SIGNAT	URE OF OWNER, CUST	TODIAN, TRUSTEE OR AUTH	DRIZED PERSON		DATE (mm/dd/yyyy)	
	SIGNAT	URE OF JOINT OWNER	R OR CO-TRUSTEE			DATE (mm/dd/yyyy)	

Check here if you are including a separate sheet with additional account numbers and signatures.