



Limited Power of Attorney Form

Regular Mail:
Muhlenkamp Fund
c/o U.S. Bank Global Fund Services
PO Box 701
Milwaukee, WI 53201-0701

Overnight Mail:
Muhlenkamp Fund
c/o U.S. Bank Global Fund Services
615 E. Michigan St., FL3
Milwaukee, WI 53202-5207

Mutual Funds are required to comply with the USA Patriot Act, which obligates us to obtain, verify and maintain certain pieces of information for all registered owners and all authorized individuals. This Act is part of an overall effort to combat money laundering and terrorism. Please know that we respect the confidentiality of this information and that we will not share this personal information with anyone unless required by law. We will not accept your appointment of the below Power of Attorney without the following required information for the individual: Full Name, Date of Birth, Social Security Number and Permanent Street Address.

1 Account Information | Please complete the following information as it appears on your account statement.

ACCOUNT REGISTRATION (ACCOUNT OWNER)

SOCIAL SECURITY NUMBER / TAX ID NUMBER

ACCOUNT NUMBER

2 Attorney-in-Fact Information | Please complete the following information for the individual named as Power of Attorney.

FULL NAME

SOCIAL SECURITY / TAX ID NUMBER

DATE OF BIRTH (MM/DD/YYYY)

PERMANENT STREET ADDRESS

APT / SUITE

CITY / STATE / ZIP

PHONE NUMBER

E-MAIL ADDRESS

3 Signature Authentication Information

I/We, owners of shares listed in Account Information section above, do hereby designate and give power of attorney to the individual listed in Attorney-in-Fact Information section above, to act as my/our attorney-in-fact to purchase, transfer, exchange and/or redeem shares on my/our behalf in the above mentioned fund. My/Our Mutual Fund company and its transfer agent, U.S. Bank Global Fund Services, are hereby authorized to honor all such purchase, transfer, exchange and/or redemption requests received by them on my/our behalf from my/our power of attorney. **This authorization is limited to allow my/our power of attorney to act only for the account listed in Account Information section above.**

This authorization shall be binding and remain in effect until such time as written notification of cancellation from the undersigned is received by the transfer agent. I/We agree to assume full responsibility and liability against loss, cost, damage or expense offered or incurred by my/our Mutual Fund company and/or U.S. Bank Global Fund Services arising out of the unauthorized use of the powers set forth in this agreement. Further, I/we agree to indemnify, hold harmless and release the Fund and U.S. Bank Global Fund Services, from any and all damage I/we incur by reason of the unauthorized use of powers set forth above.

X	
SIGNATURE OF OWNER	DATE (MM/DD/YYYY)

X	
SIGNATURE OF JOINT OWNER (IF APPLICABLE)	DATE (MM/DD/YYYY)

X	
SIGNATURE OF ATTORNEY-IN-FACT	DATE (MM/DD/YYYY)

*Note: All signatures must be guaranteed or validated by a bank, member firm of a national securities exchange, savings and loan association, credit union or other entity authorized by state law to guarantee signatures. A notary public from a financial institution is able to provide an acceptable guarantee. The notary public's business card or a signed letter from the notary public on the financial institution's letterhead must accompany the form.

SIGNATURE GUARANTEE/SIGNATURE VALIDATION/NOTARY STAMP*	DATE (MM/DD/YYYY)