



Muhlenkamp Fund

Limited Power of Attorney 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

Use this form to establish a Limited Power of Attorney (LPOA).

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.

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

1. Account Information

Complete the following information as it appears on your Muhlenkamp Fund account statement.

ACCOUNT NUMBER _____	XXX - XX - _____ SOCIAL SECURITY NUMBER OR TIN USED FOR ACCOUNT
ACCOUNT REGISTRATION _____	
DAYTIME TELEPHONE NUMBER _____	EVENING TELEPHONE NUMBER _____

2. Attorney-in-Fact Information

Complete the following information for the individual named as Power of Attorney.

POWER OF ATTORNEY'S FIRST NAME _____	MI _____	LAST NAME _____
BIRTHDATE (mm/dd/yyyy) _____	SOCIAL SECURITY NUMBER _____	
CURRENT PERMANENT STREET ADDRESS (P.O. BOX IS NOT SUFFICIENT) _____	APT/SUITE _____	
CITY _____	STATE _____	ZIP CODE _____

3. Signature and Signature Guarantee

All registered owners of the account must sign below and have their signatures(s) Signature Guaranteed*.

I/We, owners of shares listed in section 1 above, do hereby designate and give power of attorney to the individual listed in section 2, to act as my/our attorney-in-fact to purchase, transfer, exchange, and/or redeem shares on my/our behalf in the Muhlenkamp Fund. Muhlenkamp Fund and its transfer agent, U.S. Bancorp Fund Services, LLC (hereinafter "USBFS"), 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 section 1 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 USBFS. I/We agree to assume full responsibility and liability against loss, cost, damage, or expense offered or incurred by Muhlenkamp Fund and/or USBFS 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 Muhlenkamp Fund and USBFS, from any and all damage I/we incur by reason of the unauthorized use of powers set forth above.

PRINT NAME OF OWNER _____	SIGNATURE OF OWNER _____	DATE (mm/dd/yyyy) _____
PRINT NAME OF JOINT OWNER _____	SIGNATURE OF JOINT OWNER _____	DATE (mm/dd/yyyy) _____
PRINT NAME OF ATTORNEY-IN-FACT _____	SIGNATURE OF ATTORNEY-IN-FACT _____	DATE (mm/dd/yyyy) _____



DATE (mm/dd/yyyy) _____

AUTHORIZED SIGNATURE GUARANTEE* STAMP