



Muhlenkamp Fund

Registration Change 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 change the registration of an existing account. A new account application must also accompany this form unless noted.

What change(s) would you like to make?

- Address Change - complete Section 1, 2, and 9 or call (800)860-3863
- Name Change (same individual) - complete Sections 1, 3, and 9
- Individual or Joint Account to Trust or Entity Account - complete Sections 1, 4, and 9
- Remove or add an account owner or trustee - complete Sections 5 and 9
- Gift shares to an individual or Entity - complete Sections 1,6, and 9
- Relinquish UTMA/UGMA account to taxable owner who has reached the age of majority - complete Sections 1, 7, and 9
- Change custodian on UTMA/UGMA account due to resignation of current custodian - complete Sections 1, 8, and 9

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

1. Account Information

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

ACCOUNT NUMBER _____ **X X X - X X -** SOCIAL SECURITY NUMBER OR TIN USED FOR ACCOUNT _____

ACCOUNT REGISTRATION _____

DAYTIME TELEPHONE NUMBER _____ EVENING TELEPHONE NUMBER _____

2. Address Change

If you have a new address, include it here. A signature of all account owners must be included in Section 9 in order for this change to be valid.

The USA PATRIOT Act requires us to obtain your street address. Please complete your Permanent Street Address as the Address of Record (AOR). If you wish to use a P.O. Box or other address as your Mailing Address, include it below. If the Mailing Address is entered, all mailings (including checks, if any) will be sent to the mailing address you have provided.

AOR - CURRENT PERMANENT STREET ADDRESS (P.O. BOX IS NOT SUFFICIENT) _____ APT/SUITE _____

CITY _____ STATE _____ ZIP CODE _____

MAILING ADDRESS (IF DIFFERENT FROM ABOVE) _____ APT/SUITE _____

CITY _____ STATE _____ ZIP CODE _____

3. Name Change and Documentation Requirements

Skip this section if it does not apply to you.

Only complete this section if you are the current Account Owner, Joint Owner, Custodian, or Trustee and you have changed your name and wish to update it on the account registration. The account number, Social Security number, and all account options will remain the same. A new account application is NOT needed.

My former name:

FIRST NAME _____ M.I. _____ LAST NAME _____

Complete the following information and note the required documentation to be included with this form.

I have changed my name, please update the account registration to reflect my new name as indicated below:

FIRST NAME _____ M.I. _____ LAST NAME _____

Check the box below to indicate the reason for your name change and include documentation as requested. A signature guarantee will be required if you are unable to provide the legal documentation proving your name change.

- Marriage - Include a certified copy of your marriage certificate **OR** have both your old and new signatures guaranteed in Section 9.
- Divorce - Include a certified copy of your Divorce Decree indicating a change of name approval **OR** have both your old and new signatures guaranteed in Section 9.
- Other - _____ . Please call for requirements.

4. Individual or Joint Account to Trust Account or Entity Account

For Trust accounts, a complete copy of your trust agreement or a notarized Certification of Trust is required. For Entity accounts, Entity documentation and a list of authorized signers are required. A *new account application is needed.*

Skip this section if it does not apply to you.

NAME OF TRUST/ENTITY

SOCIAL SECURITY NUMBER OR TIN

Attach a separate sheet if there are more than four trustees or authorized signers.

PRINT NAME OF TRUSTEE/AUTHORIZED SIGNER

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PRINT NAME OF TRUSTEE/AUTHORIZED SIGNER

Signature Requirements:

- All current account owners must sign in Section 9.
- If a current account owner is not listed as a trustee of the trust, they must obtain a signature guarantee in Section 9.
- If reregistering to an Entity, all account owners must obtain a signature guarantee in Section 9.

5. Remove or Add an Account Owner or Trustee

For Trust accounts, a complete copy of your trust agreement or a notarized Certification of Trust is required. *A new account application is NOT needed.*

Skip this section if it does not apply to you.

TO REMOVE:

Please attach a separate sheet if there are more than four trustees or authorized signers.

PRINT NAME OF ACCOUNT OWNER/TRUSTEE TO REMOVE

PRINT NAME OF ACCOUNT OWNER/TRUSTEE TO REMOVE

PRINT NAME OF ACCOUNT OWNER/TRUSTEE TO REMOVE

PRINT NAME OF ACCOUNT OWNER/TRUSTEE TO REMOVE

TO ADD:

PRINT NAME OF ACCOUNT OWNER/TRUSTEE TO ADD

PRINT NAME OF ACCOUNT OWNER/TRUSTEE TO ADD

PRINT NAME OF ACCOUNT OWNER/TRUSTEE TO ADD

PRINT NAME OF ACCOUNT OWNER/TRUSTEE TO ADD

Signature Requirements:

- All current account owners must sign in Section 9.
- Any account owner or trustee to be removed must obtain a signature guarantee in Section 9.

6. Gift Shares to an Individual or Entity

Skip this section if it does not apply to you.

Please attach a separate sheet if gifting to more than three recipients.

Signature Requirements:

All current account owners must sign in Section 9 and obtain a signature guarantee.

An application is required if the recipient is subject to 1099-B reporting. The date of the gift is deemed the date we receive all documentation required to process the transfer unless otherwise noted.

Note to recipient(s) of gift: For an account using the cost basis method of Average Cost and consisting of gifted shares acquired at a loss, the fair market value (FMV) of the gifted shares will be applied as the adjusted basis, unless this section is signed by the gift recipient. If FMV is not accepted, the first-in, first-out cost basis method will be applied unless an alternate method, other than average cost, is provided on the New Account Application.

NAME OF GIFT RECIPIENT _____ SOCIAL SECURITY NUMBER _____ DATE OF BIRTH (mm/dd/yyyy) IF APPLICABLE _____

Select ONE of the following:

Dollar amount to be gifted \$ _____

Number of shares to be gifted _____

Select ONE of the following:

Existing Account Number (not 1099-B reportable) _____

New Account (an application must accompany the form)

By signing below, I confirm that I do not accept FMV for the gifted shares referenced above. I understand the IRS requirement to utilize the first-in, first-out cost basis method or I have indicated an alternate cost basis method other than average cost on my New Account Application.

SIGNATURE OF GIFT RECIPIENT _____ DATE (mm/dd/yyyy) _____

NAME OF GIFT RECIPIENT _____ SOCIAL SECURITY NUMBER _____ DATE OF BIRTH (mm/dd/yyyy) IF APPLICABLE _____

Select ONE of the following:

Dollar amount to be gifted \$ _____

Number of shares to be gifted _____

Select ONE of the following:

Existing Account Number (not 1099-B reportable) _____

New Account (an application must accompany the form)

By signing below, I confirm that I do not accept FMV for the gifted shares referenced above. I understand the IRS requirement to utilize the first-in, first-out cost basis method or I have indicated an alternate cost basis method other than average cost on my New Account Application.

SIGNATURE OF GIFT RECIPIENT _____ DATE (mm/dd/yyyy) _____

NAME OF GIFT RECIPIENT _____ SOCIAL SECURITY NUMBER _____ DATE OF BIRTH (mm/dd/yyyy) IF APPLICABLE _____

Select ONE of the following:

Dollar amount to be gifted \$ _____

Number of shares to be gifted _____

Select ONE of the following:

Existing Account Number (not 1099-B reportable) _____

New Account (an application must accompany the form)

By signing below, I confirm that I do not accept FMV for the gifted shares referenced above. I understand the IRS requirement to utilize the first-in, first-out cost basis method or I have indicated an alternate cost basis method other than average cost on my New Account Application.

SIGNATURE OF GIFT RECIPIENT _____ DATE (mm/dd/yyyy) _____

7. Relinquish UTMA/UGMA to Taxable Owner (Taxable owner has reached age of majority)

The account number, Social Security number, and all account options will remain the same. A new account application is NOT needed. Please note that the age of majority for UTMA/UGMA differs by state.

NAME OF TAXABLE OWNER (FORMER MINOR) _____ DATE OF BIRTH (mm/dd/yyyy) _____

Signature Requirements:

- The custodian must sign in Section 9 and obtain a signature guarantee.

8. Change Custodian on UTMA/UGMA (Current custodian is resigning)

Skip this section if it does not apply to you.

Please note that the new custodian must be an adult member of the minor's family, the guardian for the minor, or a trust company. Complete the information below for the new custodian. The account number, Social Security number, and all account options will remain the same. A new account application is NOT needed.

Note: In compliance with the USA PATRIOT Act, all mutual funds are required to obtain the information requested below for all registered account owners and all authorized individuals. This information is used to verify your true identity. We will return the form if any of this information is missing, and we may request additional information for verification purposes.

NAME OF NEW CUSTODIAN _____ SOCIAL SECURITY NUMBER / TAX ID _____

DATE OF BIRTH (mm/dd/yyyy) (IF APPLICABLE) _____ DAYTIME TELEPHONE NUMBER _____

PERMANENT STREET ADDRESS (P.O. BOX IS NOT ACCEPTABLE) _____ APT/SUITE _____

CITY _____ STATE _____ ZIP CODE _____

EMAIL ADDRESS (INCLUDE IF YOU WISH TO RECEIVE PERIODIC MAILINGS ELECTRONICALLY) _____

Signature Requirements:

- The current custodian must sign in Section 9 and obtain a signature guarantee.
- The new custodian must sign below in this section, or they may submit a separate signed letter of acceptance.

By signing below, I accept the appointment to act as the custodian on the account referenced in Section 1. I also confirm that the information listed above is correct.

SIGNATURE OF NEW CUSTODIAN _____ DATE (mm/dd/yyyy) _____

9. Signature(s) and Signature Guarantee

Please review the applicable Signature Requirements prior to completing this section.

I certify that all information provided on this Registration Change Form is accurate and agree to hold U.S. Bancorp Fund Services, LLC harmless for any actions taken as a result of the information I have provided. I understand that I am responsible for any tax consequences which may result from the information I have provided. If authorizing an address change, I/We have read and understand the Prospectus restrictions on accounts with a recently changed address.

PRINT NAME OF AUTHORIZED PERSON _____ SIGNATURE _____ DATE (mm/dd/yyyy) _____

Account Owner Name Change (Former Name) Trustee Custodian Other _____

PRINT NAME OF AUTHORIZED PERSON _____ SIGNATURE _____ DATE (mm/dd/yyyy) _____

Account Owner Name Change (New Name) Trustee Custodian Other _____

PRINT NAME OF AUTHORIZED PERSON _____ SIGNATURE _____ DATE (mm/dd/yyyy) _____

Account Owner Trustee Custodian Other _____

*A signature guarantee may be obtained from an officer of a bank, savings association, credit union, a member firm of a domestic stock exchange, or the Financial Industry Regulatory Authority, that is an eligible guarantor institution. A notary public is NOT an acceptable guarantor.

PRINT NAME OF AUTHORIZED PERSON _____ SIGNATURE _____ DATE (mm/dd/yyyy) _____

Account Owner Trustee Custodian Other _____



SIGNATURE GUARANTEE* STAMP

DATE (mm/dd/yyyy)