



Muhlenkamp Fund

Mail To:
Muhlenkamp Fund
c/o U.S. Bancorp Fund Services, LLC
P.O. Box 701
Milwaukee, WI 53201-0701

Certification of Trust Form

Overnight Express Mail To:
Muhlenkamp Fund
c/o U.S. Bancorp Fund Services, LLC
615 E. Michigan St., 3rd Floor
Milwaukee, WI 53202-5207

To register your Muhlenkamp Fund account in the name of a trust, you must submit a Muhlenkamp Fund Account Application and either a copy of the ENTIRE trust document or a Certification of Trust Form. If you use this Certification of Trust form all trustees must have their signatures guaranteed*. Your trust lawyer may be able to provide you with a prepared Certification of Trust Form instead of using this one. Please note that U.S. Bancorp Fund Services, LLC reserves the right to request the full trust document at their discretion. Please call (800)860-3863 and press "0", if you have any questions, or visit us at www.muhlenkamp.com.

A. Trust Information

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

FULL NAME OF THE TRUST TO WHICH THIS CERTIFICATION APPLIES

DATE OF FORMATION OF THE TRUST (mm/dd/yyyy)

TAX IDENTIFICATION NUMBER (TIN) OF TRUST

The original Trust Agreement has been amended or restated. 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)

B. Trustee Information

Please complete the identity information for ALL of the trustees. If there are more than three trustees, please attach a separate sheet.

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 and others who may be authorized to act on an account: Full Name, Permanent Street Address, Social Security Number, Date of Birth, and Citizenship. We must return your application if any of this information is omitted.

1. TRUSTEE'S FIRST NAME (MUST BE 18 YEARS OR OLDER) M.I. LAST NAME
PERMANENT STREET ADDRESS (P.O. BOX IS NOT SUFFICIENT) APT/SUITE
CITY STATE ZIP CODE ZIP + 4
SOCIAL SECURITY NUMBER BIRTHDATE (mm/dd/yyyy)
HOME PHONE NUMBER BUSINESS PHONE NUMBER
U.S. CITIZEN OR RESIDENT ALIEN DRIVER'S LICENSE OR STATE I.D. NUMBER STATE OF ISSUE

2. TRUSTEE'S FIRST NAME (MUST BE 18 YEARS OR OLDER) M.I. LAST NAME
PERMANENT STREET ADDRESS (P.O. BOX IS NOT SUFFICIENT) APT/SUITE
CITY STATE ZIP CODE ZIP + 4
SOCIAL SECURITY NUMBER BIRTHDATE (mm/dd/yyyy)
HOME PHONE NUMBER BUSINESS PHONE NUMBER
U.S. CITIZEN OR RESIDENT ALIEN DRIVER'S LICENSE OR STATE I.D. NUMBER STATE OF ISSUE

**B. Trustee Information
(Continued)**

3. TRUSTEE'S FIRST NAME (MUST BE 18 YEARS OR OLDER) _____ M.I. _____ LAST NAME _____

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

CITY _____ STATE _____ ZIP CODE _____ ZIP + 4 _____

SOCIAL SECURITY NUMBER _____ BIRTHDATE (mm/dd/yyyy) _____

(_____) _____ (_____) _____

HOME PHONE NUMBER _____ BUSINESS PHONE NUMBER _____

U.S. CITIZEN OR RESIDENT ALIEN _____ DRIVER'S LICENSE OR STATE I.D. NUMBER _____ STATE OF ISSUE _____

C. Authorization Restrictions

Please check ONE box to show the restrictions set as per the Trust document for accepting instructions including but not limited to buying and selling shares in this Muhlenkamp Fund account.

Relative to the Trust named in Section A, I/we certify that the Muhlenkamp Fund has the authority to accept orders and other instructions from the number of trustees indicated below:

- 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

D. Signatures of Trustees

All trustees MUST sign this form and have a signature guarantee.*

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.

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 instruction 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.

1. _____
SIGNATURE OF TRUSTEE

PRINT NAME OF TRUSTEE

DATE (mm/dd/yyyy) _____ SIGNATURE GUARANTEE* _____

2. _____
SIGNATURE OF CO-TRUSTEE

PRINT NAME OF CO-TRUSTEE

DATE (mm/dd/yyyy) _____ SIGNATURE GUARANTEE* _____

3. _____
SIGNATURE OF CO-TRUSTEE

PRINT NAME OF CO-TRUSTEE

DATE (mm/dd/yyyy) _____ SIGNATURE GUARANTEE* _____

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

***Signature Guarantee** - All signatures must be guaranteed by a bank, member firm of a national securities exchange, savings & loan association, credit union or other entity authorized by state law to guarantee signatures. Notarization by a notary public will NOT be accepted.

Checklist

Please use the checklist to make sure that you have included all of the necessary forms.

- Original Muhlenkamp Fund Account Application MUST be submitted with this form.
- Signature Guarantee of all authorized trustees on this Certification of Trust Form.
- If more than three trustees, submit separate sheet with identity information, signatures & signature guarantee.