

IRA Designation or Change of Beneficiary Form



Muhlenkamp Fund

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 for designating or changing beneficiaries for Individual Retirement Accounts (IRA), including Traditional, SEP, SIMPLE, and Roth IRAs. Please call (800) 860-3863 and press "0", if you have any questions.

A. Account Information

Please complete the following information as it appears on your account statement.

ACCOUNT NUMBER	SOCIAL SECURITY NUMBER (SSN)		
ACCOUNT REGISTRATION			
STREET ADDRESS OR P.O. BOX	APT./SUITE		
CITY	STATE	ZIP CODE	ZIP + 4
(_____) _____ HOME PHONE NUMBER	(_____) _____ BUSINESS PHONE NUMBER		

B. Beneficiary Designation

I hereby revoke all my prior Designations of Beneficiary and designate the following as my beneficiary(ies) under my IRA:

Primary Beneficiary(ies). In the event of my death, pay my IRA balance to the primary beneficiary(ies) listed below:

NAME	SSN	RELATIONSHIP	BIRTHDATE (mm/dd/yyyy)	ADDRESS	%*
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Contingent Beneficiary(ies). If all of the primary beneficiary(ies) die before me, pay my IRA balance to the following contingent beneficiary(ies):

NAME	SSN	RELATIONSHIP	BIRTHDATE (mm/dd/yyyy)	ADDRESS	%*
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

*If no percentage is indicated, the beneficiaries will share equally. If any of your beneficiaries die before you, the deceased beneficiary's share will be reallocated among the surviving beneficiaries on a pro rata basis unless otherwise specified. If you have reached your "required beginning date" (April 1 following your 70 1/2 year), a change of beneficiary may affect your Required Minimum Distribution.

C. Signature

SIGNATURE OF OWNER	DATE (mm/dd/yyyy)
--------------------	-------------------

Spousal Consent: *(Complete only if required by your state's law.)* If you name someone other than or in addition to your spouse as primary beneficiary and reside in a community or marital property state, including AZ, CA, ID, LA, NV, NM, TX, WA, and WI, your spouse must consent by signing below. Please consult your own legal adviser.

SIGNATURE OF SPOUSE	DATE (mm/dd/yyyy)
---------------------	-------------------

SIGNATURE OF WITNESS	DATE (mm/dd/yyyy)
----------------------	-------------------