



M E E D E R

6125 Memorial Drive, P.O. Box 7177, Dublin, OH 43017
Toll Free 800.325.3539 | 614.760.2159 | Fax 614.766.6669
meederfunds.com | funds@meederinvestment.com

Financial Adviser Authorization Form

Use this form to establish or change the financial adviser servicing your investment. Your new financial adviser will have the information you need to complete this form. All account holders must sign this form.

DATE	ACCOUNT NAME
ACCOUNT NUMBER(S)	LAST 4 DIGITS OF SSN

I authorize Meeder to provide my financial adviser with view only access to my account information, including tax information, balances, positions, statements and other non-public information.

FINANCIAL ADVISER NAME (PLEASE PRINT)	FIRM NAME		
ADDRESS	CITY	STATE	ZIP
DAYTIME TELEPHONE	EMAIL ADDRESS		
DEALER #	BRANCH #	REPRESENTATIVE #	

In addition, I grant my financial adviser Trading or Trading and Disbursement Authorization over my account:

Trading Authorization. I authorize my financial adviser to direct exchanges in my account at my direction.

Trading and Disbursement Authorization. I authorize my financial adviser to: (1) direct purchases, redemptions, exchanges or transfers in my account at my direction; (2) direct Meeder Funds to remit checks to me at my address of record; and (3) direct Meeder Funds to transfer funds to any other account that I may designate from time to time for which I am the named account holder (first-party transfer).

Mail completed form to:

Meeder Funds
P.O. Box 7177
Dublin, OH 43017

Email completed form to:

funds@meederinvestment.com

Fax completed form to:

614.766.6669

If you choose to fax your form, please darken the copy prior to faxing the document to ensure readability.

SIGNATURE(S)			
SIGNATURE OF PRIMARY ACCOUNT HOLDER	DATE	SIGNATURE OF SECONDARY ACCOUNT HOLDER	DATE
SIGNATURE OF NEW FINANCIAL ADVISER	DATE		