



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

Systematic Withdrawal Form

INSTRUCTIONS

STEP 1: COMPLETE FORM

Identify your account name and number.

Indicate whether this will be an update to current instructions or addition of new instructions to your Meeder Funds® account.

Indicate the dollar amount and frequency of the withdrawal from your personal checking or savings account.

Indicate the banking information. If this is already on file, simply write the name of the bank and “On File” in the bank address line.

STEP 2: MEDALLION SIGNATURE GUARANTEE (IF REQUIRED)

To obtain a Medallion Signature Guarantee, visit a commercial bank or brokerage firm. The guarantee must be in the form of a stamp.

If more than one signature is required, each signature must have its own signature guarantee stamp.

Notarization by a notary public is not acceptable.

STEP 3: SUBMIT FORM

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.

Please contact Meeder Client Services at 800.325.3539 with any questions.



MEEDER

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

Systematic Withdrawal Form

DATE

ACCOUNT NAME

ACCOUNT NUMBER

LAST 4 DIGITS OF SSN

Revision of current instructions **or** Add new instructions

YES, I have at least \$10,000 in shares in my Meeder Account(s) and authorize the Systematic Withdrawal Program to take place. On the date specified below, money will be deducted from my Meeder Funds Account(s) and sent according to the following instructions.

Monthly Quarterly Annually

Start processing on: Month _____ Day _____

Each payment should be \$ _____ (\$100 minimum per Fund) from the _____ Fund OR previously selected portfolio.

Each payment should be \$ _____ (\$100 minimum per Fund) from the _____ Fund OR previously selected portfolio.

Payment Method: Check ACH Wire Other _____

Payable To¹: IRA Owner Beneficiary Successor Trustee/Custodian Other

NAME

SOCIAL SECURITY NUMBER

BANK NAME (FOR ACH OR WIRE TRANSACTIONS)

ADDRESS

CITY, STATE, ZIP

OR

LAST 4 DIGITS OF BANK ACCOUNT NUMBER ON RECORD

¹If adding a new bank account, please complete the Meeder Wire/ACH Instructions Form.

SIGNATURE(S)

SIGNATURE

SIGNATURE

DATE

DATE

Signature Guarantee Box

(Signature Guarantee Stamp only required if sending funds to an address or payee other than the address or payee of record or transferring to an account with a different registration.)

Signature Guarantee Box

(Signature Guarantee Stamp only required if sending funds to an address or payee other than the address or payee of record or transferring to an account with a different registration.)