

Government Money Market Fund: Class X **Authorized Signers Certification Form**

This form is used to update the list of Authorized Signers on Meeder Funds accounts. The signature of at least two Authorized Signers and a notarized signature of the Account Representative is required. Physical signatures are required by all parties. This form will replace any prior forms received and all access will be removed for anyone not included on the updated form. If necessary, a View Only Online Access Form may be submitted with this Authorized Signer Certification Form to establish or retain online access for users that are not authorized on the account.

NAME OF ACCOUNT OWNER			
ACCOUNT NUMBER(S)			
FEDERAL TAX ID NUMBER	EFFECTI	EFFECTIVE DATE	
them ("Authorized Signer(s)") is	authorized to act with full power to purchase, transfe er any instrument necessary to effectuate the authori	gnatories of the Meeder Funds account owner, and any one of r or redeem investments in Meeder Funds on behalf of the account ty hereby conferred. The telephone number provided will be used	
Each account requires at lea	ast two (2) Authorized Signers.		
PRINTED NAME	SIGNATURE	Full Online Access View Only Online Access	
TITLE	TELEPHONE NUMBER	EMAIL	
PRINTED NAME	SIGNATURE	Full Online Access View Only Online Access	
TITLE	TELEPHONE NUMBER	EMAIL	
PRINTED NAME	SIGNATURE	Full Online Access View Only Online Access	
TITLE	TELEPHONE NUMBER	EMAIL	
Certification By signing this	document the signatory cortifies that (1) he (she has	the local authority and canacity to execute the decument on behalf	

Certification—By signing this document, the signatory certifies that (1) he/she has the legal authority and capacity to execute the document on behalf of the account entity, (2) this document contains the current list of Authorized Signers, (3) submission of this form replaces any Authorized Signers Certification Form and/or View Only Online Access previously on file for Meeder Funds.

ACCOUNT REPRESENTATIVE (REQUIRED) Name of Account Representative of Account Entity:	NOTARY PUBLIC (REQUIRED) This certification is sworn to or affirmed and subscribed before me by the Account Representative, this
	day of , 20 .
Signature (Required):	(Seal required)
Title:	
Mail: Meeder Funds PO Box 7177 Dublin, OH 43017	Notary Public Signature: My commission expires:
Fax: 614.766.6669	(Note: the notary public may not be an Authorized Signer, a Certifying Officer or have online access. The Notary Seal must be visible and in good order for the form
Email: funds@meederinvestment.com	to be processed.)

Please contact Meeder Client Services at 800.325.3539 with questions regarding this form.

Multiple forms must be submitted if the number of Authorized Signers or View Only Online Access users requested exceeds the space provided on this form. Meeder Funds service providers may, without inquiry, act only upon the instruction of ANY PERSON(S) purporting to be (an) Authorized Signer(s) as named in the Certification form last received and shall not be liable for any claims, expenses (including legal fees), or losses resulting from having acted upon any instruction reasonably believed genuine. The document is in full force and effect until another duly executed form is received.