



Direct Mail
The Munder Funds
 P.O. Box 9701
 Providence, RI 02940

Overnight Delivery
The Munder Funds
 101 Sabin Street
 Pawtucket, RI 02860

Automatic Investment Plan Form

Please use this form to enroll in our Automatic Investment Plan, through which you can make regular, systematic investments in your Account by authorizing direct withdrawals from any checking account you designate. For additional information, please contact Shareholder Services at 800.438.5789.

PLEASE PRINT IN BLOCK CAPITAL LETTERS

1. ACCOUNT INFORMATION

Existing Munder Funds Account Number

Social Security Number (Taxpayer Identification Number)

Account Registration (Exact Name(s) on the Account)

2. AMOUNT AND FREQUENCY

I wish to participate in the Automatic Investment Plan (AIP) and authorize The Munder Funds' transfer agent to perform the following: (This form must be received at least 15 business days prior to the first selected draft date.)

Please draft from my bank account beginning in / and make investments as indicated below:
Month Year

\$, . per draft into the _____
(\$50 minimum) (Fund Name and Class)

\$, . per draft into the _____
(\$50 minimum) (Fund Name and Class)

\$, . per draft into the _____
(\$50 minimum) (Fund Name and Class)

DRAFT FREQUENCY (select only one, monthly if none selected):

- One draft per month on or near the 5th **OR** 20th of the month. Weekly on: _____
(Day of week - Monday if not specified)
- Two drafts per month on or near the 5th **AND** 20th of the month.

3. BANK ACCOUNT INFORMATION AND AUTHORIZATION

PLEASE TAPE A VOIDED CHECK HERE
SO THAT WE MAY OBTAIN YOUR BANK ACCOUNT INFORMATION

(PLEASE DO NOT STAPLE)

Electronic transactions may not be available for 10 days following their establishment. Please note that your bank will clear and process each bank draft in accordance with its normal procedures. Our acceptance of your approval to conduct electronic withdrawals is conditioned upon authorization by your bank to allow The Munder Funds' transfer agent to act as your agent with regard to Electronic Funds Transfers. You may change your bank account information at any time by giving 30 days written notice. AIP participation will be automatically terminated without notice if any bank draft is not paid upon presentation by our transfer agent to your bank. By attaching a blank check marked "VOID" and signing the authorization below, you permit us to verify your account number.

Signature

Date

Signature of Joint Owner (if applicable)

Date