



Like all financial institutions, we are requesting information about you to help verify your identity. Until such information is collected, we will not be able to open your account.

Account Application

Use this Application to open a Munder Funds account other than a Munder Funds IRA. For additional information or to obtain a Munder Funds IRA Account Application, please contact Shareholder Services at 800.438.5789 or visit our website at munder.com.

PLEASE PRINT IN BLOCK CAPITAL LETTERS

1. ACCOUNT INFORMATION

Individual or Joint Tenants with Rights of Survivorship

Owner's Name*

Mr. Mrs. Ms.

Social Security Number*

Owner's Date of Birth (mm/dd/yyyy)*

Joint Owner's Name, if applicable*

Mr. Mrs. Ms.

Joint Owner's Social Security Number*

Joint Owner's Date of Birth (mm/dd/yyyy)*

Uniform Gift/Transfer to Minors (UGMA/UTMA)

Custodian's Name*

Custodian's Social Security Number*

Custodian's Date of Birth (mm/dd/yyyy)*

Minor's Name*

Minor's Social Security Number*

Minor's Date of Birth (mm/dd/yyyy)*

Minor's State of Residence

If Custodian's residential address is different from the Minor's, please complete Section 16.

Trust (Please include a certified or medallion guaranteed copy of the first and signature pages of the Trust document with this application.)*

Name of Trust*

Trust's Tax Identification Number*

Trust's Date of Inception (mm/dd/yyyy)*

Trustee's Name*

Trustee's Social Security Number*

Trustee's Date of Birth (mm/dd/yyyy)*

Trustee's Name*

Trustee's Social Security Number*

Trustee's Date of Birth (mm/dd/yyyy)*

If Trustee's residential address is different from the Trust's, please complete Section 16.

* Required information

Organization or Business (Please include a certified copy of the Articles, Agreement or other document organizing the Entity.)*

Name of Entity* S-Corporation C-Corporation Partnership Other

Entity's Tax Identification Number*

□ □ — □ □ □ □ □ □ □ □

Authorized Person's Name*

Authorized Person's Social Security Number* Authorized Person's Date of Birth (mm/dd/yyyy)*

□ □ □ — □ □ — □ □ □ □ □ □ □ □ / □ □ / □ □ □ □ □ □

Authorized Person's Name*

Authorized Person's Social Security Number* Authorized Person's Date of Birth (mm/dd/yyyy)*

□ □ □ — □ □ — □ □ □ □ □ □ □ □ / □ □ / □ □ □ □ □ □

If authorized person's residential address is different from the Entity's, please complete Section 16.

2. ADDRESS

Residential Street Address* (P.O. Boxes cannot be accepted.)

Street Address*

City* State* Zip Code*

_____ □ □ □ □ □ □ □ □ — □ □ □ □

Daytime Telephone Number

□ □ □ — □ □ □ — □ □ □ □ □ □

E-mail Address

Mailing Address (if different from above)

Street Address or P.O. Box Number

City State Zip Code

_____ □ □ □ □ □ □ □ □ — □ □ □ □

3. INVESTMENT PROFESSIONAL (For Broker/Dealer Use Only)

The Broker/Dealer signing below hereby authorizes the Munder Funds' transfer agent to act as its agent in connection with transactions under this Application.

Name of Broker/Dealer Firm Dealer Number

_____ □ □ □ □ □ □ □ □

Branch Street Address

City State Zip Code

_____ □ □ □ □ □ □ □ □ — □ □ □ □

Phone Number Branch Number

□ □ □ — □ □ □ — □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □

Investment Professional Name

Investment Professional Number

□ □ □ □ □ □ □ □ □ □ □ □

* Required information

Authorized Signature of Broker/Dealer

4. INVESTMENT ELECTION

INITIAL INVESTMENT (Please read the applicable prospectus(es) carefully before you invest or send money. Call 800.438.5789 for more information.)

Check enclosed for \$ _____ Check enclosed for \$ _____ and Automatic
(\$2,500 minimum per Fund) Investment Plan elected in Section 8. (\$50 minimum per Fund.)

By wire for \$ _____. Account number assigned by Bank from which assets were wired: _____

Payment for purchase made through an investment professional for _____ under wire order number _____.

PLEASE INDICATE FUND(S) AND INVESTMENT AMOUNT(S). PLEASE MAKE CHECK PAYABLE TO THE MUNDER FUNDS.

PLEASE SELECT ONE SHARE CLASS PER FUND. (If no class of shares is selected, Class A shares will be purchased.)

CLASS B SHARES ARE CLOSED TO NEW INVESTORS. If you believe you are eligible to purchase Class B shares, please contact Shareholder Services at 800.438.5789. Please see the prospectus or contact Shareholder Services for details.

Name of Munder Fund	A	C	\$ Amount
Munder Bond Fund	<input type="checkbox"/> 209	<input type="checkbox"/> 409	_____
Munder Growth Opportunities Fund	<input type="checkbox"/> 226	<input type="checkbox"/> 426	_____
Munder Integrity Mid-Cap Value Fund	<input type="checkbox"/> 253	N/A	_____
Munder Integrity Small/Mid-Cap Value Fund	<input type="checkbox"/> 254	N/A	_____
Munder Index 500 Fund	<input type="checkbox"/> 206	N/A	_____
Munder International Equity Fund	<input type="checkbox"/> 207	<input type="checkbox"/> 407	_____
Munder International Fund – Core Equity	<input type="checkbox"/> 246	<input type="checkbox"/> 446	_____
Munder International Small-Cap Fund	<input type="checkbox"/> 247	<input type="checkbox"/> 447	_____
Munder Large-Cap Value Fund	<input type="checkbox"/> 218	<input type="checkbox"/> 418	_____
Munder Micro-Cap Equity Fund	<input type="checkbox"/> 229	<input type="checkbox"/> 429	_____
Munder Mid-Cap Core Growth Fund	<input type="checkbox"/> 232	<input type="checkbox"/> 732	_____
Munder Veracity Small-Cap Value Fund	<input type="checkbox"/> 230	<input type="checkbox"/> 430	_____
Other Munder Fund(s)			_____

5. COST BASIS METHOD ELECTION

IRS Regulations require reporting of cost basis on mutual fund shares purchased after January 1, 2012. Complete this section to elect your cost basis method.

If you do not make an election, The Munder Funds® will apply our default method of Average Cost to your account.

Check only one:

Average Cost First In, First Out Lowest Cost in, First Out Lowest Cost Long Term in, First Out Lowest Cost Short Term in, First Out

Specific Lot Depletion Last In, First Out Highest Cost in, First Out Highest Cost Long Term in, First Out Highest Cost Short Term in, First Out

6. DISTRIBUTION OPTION

Dividends and capital gains will be reinvested if no other option is selected.

DIVIDENDS

- Reinvest in additional shares
- Pay in cash (Complete section below)

CAPITAL GAINS

- Reinvest in additional shares
- Pay in cash (Complete section below)

OR

- Reinvest Dividends and Capital Gains into the following Munder Fund: (Must be within the same class of shares.)

Fund Number*

Account Number

*Please refer to Section 4 for Fund Numbers.

CASH DISTRIBUTION OPTION (If selected above.)

- By check to the address of record
- By check to the following third party:
- By Electronic Funds Transfer to my bank (Please complete Section 14.)

Name

Street Address

City

State

Zip Code

7. SALES CHARGE REDUCTIONS

RIGHT OF ACCUMULATION

Investors may qualify for reduced sales charges on Class A shares by combining purchases and/or aggregating the total value of all Munder Funds shares owned to determine the applicable sales charges for current purchases. Please see the applicable prospectus for additional information regarding the Right of Accumulation.

- I apply for the Right of Accumulation reduced sales charge based on accounts in the Munder Funds with the following:

Fund Name:

Account Number

Fund Name:

Account Number

LETTER OF INTENT:

Investors may qualify for a reduced sales charge on Class A shares by indicating a higher level of anticipated investment over time.

- Although not obligated to do so, subject to the terms and conditions set forth in the applicable prospectus, I intend to invest over a 13-month period an aggregate amount of at least: (check one)
 - \$25,000
 - \$50,000
 - \$100,000
 - \$250,000
 - \$500,000
 - \$1,000,000

8. AUTOMATIC INVESTMENT PLAN (Optional)

- YES, 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 complete Section 14 to provide bank information.

Please draft from my bank account beginning in

 /

Month

Year

and make investments as indicated below:

\$

(\$50 minimum)

per draft into the

(Fund Name and Class)

\$

(\$50 minimum)

per draft into the

(Fund Name and Class)

\$

(\$50 minimum)

per draft into the

(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.
- Two drafts per month on or near the 5th AND 20th of the month.

- Weekly on: _____
(Day of week - Monday if not specified)

9. DOLLAR COST AVERAGING (Optional)

Dollar Cost Averaging allows an investor to establish a regular investment plan of exchanging shares of one Fund for another Fund.

YES, I wish to participate in Dollar Cost Averaging. I authorize the Munder Funds' transfer agent to exchange:

From: Fund Number* (\$50 minimum) on the 5th OR 20th of the month To: Fund Number*

From: Fund Number* (\$50 minimum) on the 5th OR 20th of the month To: Fund Number*

On a Monthly OR Quarterly basis starting in the month of / Month / Year

*Please refer to Section 4 for Fund Numbers.

10. SYSTEMATIC WITHDRAWAL PLAN (Optional)

YES, I wish to participate in the Systematic Withdrawal Plan (SWP). I authorize the Munder Funds' transfer agent to perform the following: (Contingent deferred sales charges may apply to some redemptions. Please see the Shareholder Guide in your prospectus for additional information.)

Withdraw from: Fund Number* beginning / / \$ _____ (\$50 minimum)
Month Day Year

Withdraw from: Fund Number* beginning / / \$ _____ (\$50 minimum)
Month Day Year

*Please refer to Section 4 for Fund Numbers.

FREQUENCY (Select only one.)

Monthly Quarterly

Please note that this application must be received by the 18th of the month to be processed for the current month. If the 20th falls on a weekend or holiday, the withdrawal will be processed on the next business day.

PAYMENT OPTION:

By check to the address of record By Electronic Funds Transfer to my bank (Please complete Section 14.)
 By check to the following third party:

Name

Street Address

City

State

Zip Code

 —
11. ACCOUNT PRIVILEGES

Your account will automatically have these privileges unless you elect otherwise below.

TELEPHONE/ONLINE EXCHANGE I DO NOT want the telephone/online exchange privilege.

Unless you decline this option, the Munder Funds' transfer agent will be authorized to act upon instructions received by telephone or online to exchange shares of the Munder Funds. Exchanges may only be made to identically registered accounts and must meet the minimum initial investment requirements.

TELEPHONE/ONLINE REDEMPTION I DO NOT want the telephone/online redemption privilege.

Unless you decline this option, the Munder Funds' transfer agent will be authorized to act upon instructions received by telephone or online to redeem shares of the Munder Funds. Redemption proceeds will be sent only to the address of record or directly to your bank (as provided in Section 14 of this Application).

TELEPHONE/ONLINE EFT PURCHASE I DO NOT want the telephone/online EFT purchase privilege.

Unless you decline this option, the Munder Funds' transfer agent will be authorized to act upon instructions received by telephone or online to withdraw from your checking account via Electronic Funds Transfer and use it to purchase shares of a Fund you designate. (Please complete section 14 to provide bank authorization.) Please note that purchases processed via EFT may require two business days to complete.

For online transactions, please select the Account Access link on munder.com to set up a user ID and password for your account.

12. HOUSEHOLD DELIVERY OF DOCUMENTS

Unless you elect otherwise below, we will automatically deliver to your address only one copy of any prospectus or financial report mailed by The Munder Funds to shareholders, even if more than one person at your address is a shareholder of The Munder Funds. By "householding," we can reduce the volume of mail you receive from us and help keep fund expenses down. Please note, however, that you may continue to receive multiple mailings if you or others at your address hold Munder Funds shares through a broker or other financial institution.

I DO NOT wish to participate in householding. Please send me my own prospectuses and financial reports.

13. ELECTRONIC DELIVERY OF INVESTOR DOCUMENTS *(Optional)*

YES, I wish to receive my future prospectuses and financial reports in an electronic format as described below.

You may elect to receive prospectuses and financial reports in an electronic format rather than receiving paper copies mailed to your address of record. For all electronic deliveries, we will notify you at the e-mail address provided in Section 2 that a prospectus or financial report has been posted to a designated website in PDF format. To read a PDF file, your computer must have Adobe Acrobat Reader software, which may be downloaded for free, provided you have the minimum system requirements as stated at: <http://get.adobe.com/reader>.

If you are unable to access the designated website, or if you cannot read documents in the available formats, you may revoke your consent by calling Shareholder Services at 800.438.5789.

14. BANK ACCOUNT INFORMATION

This information will be used for any electronic transaction requested in Sections 6, 8, 10, and/or 11. Electronic transactions may not be available for 10 days following their establishment.

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

(PLEASE DO NOT STAPLE)

Please note that your bank will clear and process each bank draft or deposit in accordance with its normal procedures. Our acceptance of your approval to conduct electronic transactions 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 us 30 days written notice. EFT purchase transaction privileges or 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 any)

Date

15. ACCOUNT CERTIFICATION AND AUTHORIZATION

All registered owners must sign.

By signing this Application, you certify that the information contained in this Application is true, complete and correct. You understand that your investment is subject to acceptance by the Munder Funds. You further agree that none of The Munder Funds, the Munder Funds' distributor, the Munder Funds' transfer agent, Munder Capital Management, nor any of their affiliates, officers, directors or employees will be liable for any loss, expense or cost for acting upon instructions or inquiries reasonably believed to be genuine. You represent that you are of legal age and capacity and have read the current prospectus(es) for each Munder Fund selected, and agree to its terms. The Munder Funds' transfer agent is hereby appointed agent to receive dividends and distributions for automatic reinvestment unless otherwise directed in Section 6.

You also understand and acknowledge that a sales charge may be levied against the dollars that you invest in The Munder Funds. (See the applicable prospectus for reduced sales charge information.)

You understand that if your account has no activity in it for a period of time, we may be required to transfer it to the appropriate state under abandoned property laws.

If you are an individual, you acknowledge that you have received a copy of The Munder Funds Privacy Notice.

TAXPAYER IDENTIFICATION

I certify, under penalty of perjury, that:

(1) the taxpayer identification number in Section 1 is correct and may be used for any custodial or trust account opened for me by the Munder Funds, and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. person (including a U.S. resident alien).

Check here if you are subject to backup withholding or have not received a notice from the IRS advising you that backup withholding had been terminated.

Are you a U.S. person, including a U.S. resident alien? Yes No If NO, contact The Munder Funds for assistance.

The Internal Revenue Service does not require your consent to any provision of this document other than certifications required to avoid backup withholding.

Signature

Date

Signature

Date

Please make checks payable to: The Munder Funds

We reserve the right to reject any application or payment such as temporary, credit card or third-party checks. You will receive a confirmation indicating that your account has been established.

Please mail your check with this Application to:

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

Overnight Delivery
The Munder Funds
4400 Computer Drive
Westborough, MA 01581

Shares of The Munder Funds are not deposits or obligations of, or guaranteed or endorsed by any bank, and are not federally insured by the Federal Deposit Insurance Corporation, the Federal Reserve Bank, or any other agency. All mutual fund shares involve certain investment risks, including the possible loss of principal.

16. ADDITIONAL ADDRESSES

Complete this section if individuals named in Section 1 reside at an address other than the primary address for the account or if you would like for someone to receive duplicate statements of your account activity.

Name*

Joint Tenant
 Account for minor
 Trust
 Organization or Business
 Duplicate Statement

Residential Address* (P.O. boxes cannot be accepted.)

Street Address*

City*

State*

Zip Code*

 —

Daytime Telephone Number

 —

 —

E-mail Address

Mailing Address (If different from above.)

Street Address or P.O. Box Number

City

State

Zip Code

 —

Name*

Joint Tenant
 Account for minor
 Trust
 Organization or Business
 Duplicate Statement

Residential Address* (P.O. boxes cannot be accepted.)

Street Address*

City*

State*

Zip Code*

 —

Daytime Telephone Number

 —

 —

E-mail Address

Mailing Address (If different from above.)

Street Address or P.O. Box Number

City

State

Zip Code

 —

* Required information