



# Buffalo Funds

## Coverdell ESA Distribution Request

Complete this form to request a distribution from your Buffalo Coverdell Educational Savings Account (ESA). Consult your tax or financial adviser for information regarding distributions and taxation. For questions regarding this form, call (800) 492-8332.

### 1 Account Information

—	(    )
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ACCOUNT NUMBER

DAYTIME TELEPHONE NUMBER

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RESPONSIBLE INDIVIDUAL'S NAME (FIRST, MIDDLE, LAST)

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DESIGNATED BENEFICIARY'S NAME (FIRST, MIDDLE, LAST)

### 2 Distribution Reason

**Select the appropriate reason:**

- |   |  |
|---|--|
| <input type="checkbox"/> Qualified educational expenses                                       | <input type="checkbox"/> Return of excess contribution |
| <input type="checkbox"/> Age 30 attained by designated beneficiary                            | Indicate tax year excess contribution was made _____   |
| <input type="checkbox"/> Death or disability of designated beneficiary (attach documentation) | <input type="checkbox"/> Other _____                   |

### 3 Distribution Information

**Amount of Distribution:** Select one. (Note: Shares recently purchased by check may not be available for redemption for up to 15 days following the purchase date to assure that Buffalo Funds has received payment for the purchase.)

- Full Account Distribution** (A distribution fee will be taken from the account.)
- Partial Account Distribution** Write in the name of the fund(s) from which the distribution will be taken and the dollar amount or number of shares for each fund. (A distribution fee will be taken from the account.)

Account Number	Dollar Amount	or	Number of Shares	or	Full Fund Distribution (check all that apply)
—	\$	or		or	<input type="checkbox"/>
—	\$	or		or	<input type="checkbox"/>
—	\$	or		or	<input type="checkbox"/>
—	\$	or		or	<input type="checkbox"/>
—	\$	or		or	<input type="checkbox"/>

**If distribution is to be taken from additional funds, please attach a list of further distribution accounts.**

## 4 Payment Instructions

- Please send a check to the address of record on my account.
- Wire Redemption. **A signature guarantee may be required** if banking instructions have not previously been established. A wire fee may apply. **Please attach a voided check.**
- Electronic Funds Transfer. (No fee applies) **A signature guarantee is required** if banking instructions have not previously been established. No fee applies. **Please attach a voided check, if establishing new bank instructions.**
- Alternative payee and/or address other than address of record. **A signature guarantee is required.**  
**Please use the space below for necessary information.**

Make check payable to:

NAME

ADDRESS

CITY / STATE / ZIP

## 5 Signature

I certify that all information in this Distribution Request is accurate, and agree to hold U. S. Bancorp Fund Services, LLC harmless for any actions taken as a result of information I have provided. I understand that I am responsible for any tax consequences which may result from the election I have made. I have been advised to consult my tax advisor regarding any questions about this Distribution Request.

RESPONSIBLE INDIVIDUAL'S SIGNATURE

DATE SIGNED

\_\_\_\_\_  
AUTHORIZED SIGNATURE GUARANTEE

*(The transfer agent will accept signature guarantees from all institutions which are eligible to provide signature guarantees under federal or state law, provided that the individual giving the signature guarantee is authorized to do so. Institutions which usually are eligible to provide signature guarantees include commercial banks, trust companies, brokers, national securities exchanges, saving and loan associations, and credit unions.)*

*\*A notary public cannot provide a signature guarantee*

### Return this form to:

Mail to: U. S. Bancorp Fund Services, LLC  
PO Box 701  
Milwaukee, WI 53201-0701

Overnight Express Mail To: U. S. Bancorp Fund Services, LLC  
615 E. Michigan St., FL3  
Milwaukee, WI 53202-5207