



IRA Application

If you would like to open a Coverdell Education Savings Account, please use the Buffalo Funds Coverdell Application.

Mail to: Buffalo Funds
c/o U.S. Bancorp Fund Services, LLC
PO Box 701
Milwaukee, WI 53201-0701

Overnight Express Mail to: Buffalo Funds
c/o U.S. Bancorp Fund Services, LLC
615 E. Michigan St. FL 3
Milwaukee, WI 53202-5207

For additional information, please call toll free **1-800-49-BUFFALO (1-800-492-8332)** or visit us on the web at **www.buffalofunds.com**.

In compliance with the USA PATRIOT Act, all mutual funds are required to obtain the following information for all registered owners and all authorized individuals: **full name, date of birth, Social Security number, and permanent street address**. This information will be used to verify your true identity. We will return your application if any of this information is missing, and we may request additional information from you for verification purposes.

1. Investor Information

FIRST NAME

M.I.

LAST NAME

SOCIAL SECURITY NUMBER

BIRTHDATE (Mo / Dy / Yr)

If this is an account for a minor, the adult guardian must fill out this section.

GUARDIAN'S FIRST NAME

M.I.

LAST NAME

PERMANENT STREET ADDRESS (PO BOX NOT ACCEPTABLE)

CITY / STATE / ZIP

DAYTIME PHONE NUMBER

RELATIONSHIP TO MINOR

SOCIAL SECURITY NUMBER

BIRTH DATE (Mo / Dy / Yr)

2. Permanent Street Address (PO Box is not acceptable)

(Residential Address or Principal Place of Business – No Foreign Addresses)

STREET

APT / SUITE

CITY

STATE

ZIP CODE

DAYTIME PHONE NUMBER

EVENING PHONE NUMBER

Mailing Address (if different from Permanent):

If completed, this address will be used as the Address of Record for all statements, checks, and required mailings. No foreign addresses.

STREET

APT / SUITE

CITY

STATE

ZIP CODE

Duplicate Statement #1

Complete only if you wish someone other than the account owner(s) to receive duplicate statements.

NAME

STREET

APT / SUITE

CITY

STATE

ZIP CODE

Duplicate Statement #2

Complete only if you wish someone other than the account owner(s) to receive duplicate statements.

NAME

STREET

APT / SUITE

CITY

STATE

ZIP CODE

3. Type of IRA

If no tax year is indicated, we will assume it is for the current tax year.

Refer to disclosure statement for eligibility requirements and contribution limits.

Choose ONE of the following account types:

- Traditional IRA Account**
 - Contribution for tax year _____
 - IRA to IRA Transfer (please complete IRA Transfer Form)
 - Rollover (shareholder had receipt of funds)
- Traditional IRA Rollover Account**
 - Rollover IRA to Rollover IRA
 - Direct Rollover from qualified plan – complete any additional form(s) required by your Plan Administrator. Please check the type of qualified plan:
 - Corporate Pension PSP 401(k) 403(b) Other _____
- Roth IRA Account**
 - Contribution for tax year _____
 - Roth IRA to Roth IRA Transfer (please complete IRA Transfer Form)
 - Original Roth Funding Date (year) _____
 - Traditional IRA to Roth IRA
 - Rollover from Roth IRA (shareholder had receipt of funds)
 - Original Roth funding date (year) _____
 - Rollover from a Roth 401K or 403B account
- SEP (Simplified Employee Pension Plan)** -- Each employee must complete an *IRA Application*.
 - Contribution
 - Transfer from another SEP IRA Account
 - Rollover (shareholder had receipt of funds)
- SIMPLE IRA** (Be sure to complete Section 10) Original SIMPLE IRA funding date (year) _____
 - Contribution
 - Transfer from another SIMPLE IRA Account
 - Rollover (shareholder had receipt of funds)

4. Investment Choices

- By check: Make check payable to Buffalo Funds. \$ _____
- By wire: Call 1-800-492-8332. Indicate amount of wire: \$ _____
A completed application must be received in advance of receiving your wire.

Fund Name		Investment Amount \$250 Minimum	Optional Automatic Investment Plan		
			Check one: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	Amount to Draw \$100 minimum	AIP Start Month
<input type="checkbox"/> Buffalo Balanced Fund	(1440)	\$ _____	\$ _____	_____	_____
<input type="checkbox"/> Buffalo Large Cap Fund	(1441)	\$ _____	\$ _____	_____	_____
<input type="checkbox"/> Buffalo Growth Fund	(1442)	\$ _____	\$ _____	_____	_____
<input type="checkbox"/> Buffalo High Yield Fund	(1443)	\$ _____	\$ _____	_____	_____
<input type="checkbox"/> Buffalo Science & Technology Fund	(1445)	\$ _____	\$ _____	_____	_____
<input type="checkbox"/> Buffalo Mid Cap Fund	(1446)	\$ _____	\$ _____	_____	_____
<input type="checkbox"/> Buffalo Micro Cap Fund	(1447)	\$ _____	\$ _____	_____	_____
<input type="checkbox"/> Buffalo China Fund	(1448)	\$ _____	\$ _____	_____	_____
<input type="checkbox"/> Buffalo International Fund	(1449)	\$ _____	\$ _____	_____	_____
<input type="checkbox"/> Buffalo Small Cap Fund*	(1444)	\$ _____	\$ _____	_____	_____

*The Buffalo Small Cap Funds is currently closed to new investors. It is provided here to facilitate re-registration of existing accounts.

5. Automatic Investment Plan

Your signed application must be received at least 15 business days prior to initial transaction.

Based on the instructions in Section 4, funds (minimum = \$100) will be automatically transferred from your checking or savings account. Please attach a voided check or savings deposit slip to Section 7:

- \$25.00 fee will be assessed if the automatic purchase cannot be made.
- Participation in the plan will be terminated upon redemption of all shares.
- Automatic Investments will be reported as current year contributions.

6. Telephone and Internet Options

Your signed application must be received at least 15 business days prior to initial transaction.

- Purchase (EFT)** (\$100 minimum) - permits the purchase of shares from your bank account below
- Exchange** (\$1,000 minimum) – permits the exchange of share between identically registered accounts
- E-mail Address** – permits the fund to send you fund updates _____

Please attach a voided bank check or savings deposit slip to Section Seven.

7. Voided Check for Bank Information

Your signed application must be received at least 15 business days prior to initial transaction.

If you have selected an automatic investment plan in Section 5 or EFT purchases in Section 6, please attach a voided check or savings deposit slip in this space. We are unable to debit mutual fund or pass-through accounts. Please contact your financial institution to determine if it participates in the Automated Clearing House system (ACH).

**PLEASE ATTACH VOIDED
CHECK OR PRE-PRINTED
SAVINGS DEPOSIT SLIP HERE**

- \$25.00 fee will be assessed if your bank refuses the automatic purchase draw.
- Automatic Investments and Telephone Purchases will be reported as current year contributions.
- Participation in the plan will be terminated upon redemption of all shares.

8. SIMPLE IRA ONLY

Employer Information

EMPLOYER (COMPANY) NAME

EMPLOYER STREET ADDRESS

EMPLOYER CITY / STATE / ZIP CODE

EMPLOYER CONTACT (NAME)

EMPLOYER CONTACT BUSINESS PHONE NUMBER

9. Beneficiary Information *(If you need more space, please enclose a separate sheet of paper.)*

Primary

NAME	RELATIONSHIP	CITY / STATE / ZIP	SOCIAL SECURITY NUMBER	DOB	%
NAME	RELATIONSHIP	CITY / STATE / ZIP	SOCIAL SECURITY NUMBER	DOB	%
NAME	RELATIONSHIP	CITY / STATE / ZIP	SOCIAL SECURITY NUMBER	DOB	%

Secondary

NAME	RELATIONSHIP	CITY / STATE / ZIP	SOCIAL SECURITY NUMBER	DOB	%
NAME	RELATIONSHIP	CITY / STATE / ZIP	SOCIAL SECURITY NUMBER	DOB	%
NAME	RELATIONSHIP	CITY / STATE / ZIP	SOCIAL SECURITY NUMBER	DOB	%

Spousal Consent: If you name someone other than or in addition to your spouse as primary beneficiary and reside in a community or marital property state, including AZ, CA, ID, LA, NV, NM, TX, WA, and WI, your spouse must consent by signing below.

X _____ DATE _____
SIGNATURE OF SPOUSE

Check this box if you have another Buffalo Funds Account. Account # _____

10. Signature

I have read and understand the Disclosure Statement and Trust Account Agreement. I adopt the Buffalo Funds Trust Account Agreement, as it may be revised from time to time, and appoint the trustee or its agent to perform those functions and appropriate administrative services specified. I have received and read the prospectus for the Buffalo Funds (the "Funds"). I understand the Funds' objectives and policies and agree to be bound to the terms of the prospectus. Before I request an exchange, I will obtain the current prospectus for each Fund. I acknowledge and consent to the householding (i.e. consolidation of mailings) of documents such as prospectuses, shareholder reports, proxies, and other similar documents. I may contact the Funds to revoke my consent. I agree to notify the Funds of any errors or discrepancies within 45 days after the date of the statement confirming a transaction. The statement will be deemed to be correct, and the Funds and the transfer agent shall not be liable if I fail to notify Buffalo Funds within such time period. I certify that I am of legal age and have the legal capacity to make this purchase. If the Grantor is a minor under the laws of the Grantor's state of residence, a parent or guardian must sign the IRA Application (i.e. "Sally Doe, parent of Jane Doe"). Until the Grantor reaches the age of majority, the parent or guardian will exercise the duties of the Grantor. (If not a parent, the guardian must provide a copy of the letters of appointment.)

If I am opening a Traditional IRA with a distribution from an employer-sponsored retirement plan, I elect to treat the distribution as a partial or total distribution and certify that the distribution qualifies as a rollover contribution. I understand that the fees relating to my account may be collected by redeeming sufficient shares. The trustee may change the fee schedule at any time.

The Funds, the applicable Fund, its transfer agent, and any officers, directors, employees, or agents of these entities (collectively "Buffalo Funds") will not be responsible for banking system delays beyond their control. By completing sections 4, 5, 6, or 7 I authorize my bank to honor all entries to my bank account initiated through U.S. Bank, NA, on behalf of the applicable Fund. Buffalo Funds will not be liable for acting upon instruction believed to be genuine and in accordance with the procedures described in the prospectus or the rules of the Automated Clearing House. When AIP or Telephone Purchase transactions are presented, sufficient collected funds must be in my account to pay them. I agree that my bank's treatment and rights to respect each entry shall be the same as if it were signed by me personally. I agree that if any such entries are dishonored with good or sufficient cause, my bank shall be under no liability whatsoever. I further agree that any such authorization, unless previously terminated by my bank in writing, is to remain in effect until the Funds' transfer agent receives and has had reasonable amount of time to act upon a written notice of revocation.

DEPOSITOR / LEGALLY RESPONSIBLE INDIVIDUAL'S SIGNATURE

DATE (Mo / Dy / Yr)

Appointment as trustee accepted:
Great Plains Trust Co., Trustee
U.S. Bancorp Fund Services, LLC, Agent



Before you mail, have you:

- | | |
|--|---|
| <input type="checkbox"/> Completed all USA PATRIOT Act required information? | <input type="checkbox"/> Enclosed your check made payable to Buffalo Funds? |
| - Social Security or Tax ID number in Section 1? | <input type="checkbox"/> Included a voided check, if applicable? |
| - Birth date in Section 1? | <input type="checkbox"/> Signed your application in Section 10? |
| - Full name in Section 1? | |
| - Permanent street address in Section 2? | |