



# IRA Application

For Traditional, ROTH, SEP, and SIMPLE IRAs

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., FL3  
Milwaukee, WI 53202-5207

For additional information please call toll-free 1-800-492-8332 or visit us on the web at [www.buffalofunds.com](http://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. In the rare event that we are unable to verify your identity, the Fund reserves the right to redeem your account as an age-appropriate distribution at the current day's net asset value.

## 1 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**

- For tax year \_\_\_\_\_
- IRA to IRA Transfer (please complete IRA Transfer Form)
- Rollover (shareholder had receipt of funds)
- Inherited IRA - Name of Decedent \_\_\_\_\_ Date of Death \_\_\_\_\_ Date of Birth \_\_\_\_\_

**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  Profit Sharing Plan  401(k)  403(b)  Other \_\_\_\_\_

**ROTH IRA Account**

- For tax year \_\_\_\_\_
- Roth IRA to Roth IRA Transfer (please complete IRA Transfer Form)
- Traditional IRA Conversion to Roth IRA – year of conversion \_\_\_\_\_ in which Traditional IRA was converted to Roth IRA
- Rollover from Roth IRA (shareholder had receipt of funds)
- Inherited Roth IRA - Name of Decedent \_\_\_\_\_ Date of Death \_\_\_\_\_ Date of Birth \_\_\_\_\_

**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 13) Original SIMPLE IRA funding data Year \_\_\_\_\_

- Contribution
- Transfer from another SIMPLE IRA Account
- Rollover (shareholder had receipt of funds)

## 2 Investor Information

**Individual**

FIRST NAME	M.I.	LAST NAME	DATE OF BIRTH (MM/DD/YYYY)

SOCIAL SECURITY NUMBER

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 (P.O. BOX NOT ACCEPTABLE)	CITY / STATE / ZIP

DAYTIME PHONE NUMBER	RELATIONSHIP TO MINOR

SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)

### 3 Permanent Street Address

*Residential Address or Principal Place of Business - Foreign addresses and P.O. Boxes are not allowed.*

STREET		APT / SUITE	
CITY	STATE	ZIP CODE	
DAYTIME PHONE NUMBER		EVENING PHONE NUMBER	
E-MAIL ADDRESS			

Duplicate Statement #1

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

COMPANY NAME		NAME	
STREET		APT / SUITE	
CITY	STATE	ZIP CODE	

Mailing Address\* (if different from Permanent Address)

*If completed, this address will be used as the Address of Record for all statements, checks and required mailings. Foreign addresses are not allowed.*

STREET		APT / SUITE	
CITY	STATE	ZIP CODE	

\* A P.O. Box may be used as the mailing address.

Duplicate Statement #2

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

COMPANY NAME		NAME	
STREET		APT / SUITE	
CITY	STATE	ZIP CODE	

### 4 Investment Amount

**By check:** Make check payable to **Buffalo Funds**.

*Note: Generally, cashier's checks of \$10,000 or less, money orders of any amount and third party checks are not accepted.*

**By wire:** Call 1-800-492-8332.

*Note: A completed application is required in advance of a wire.*

**Investment Amount**  
\$250 Minimum

**Optional Automatic Investment Plan**  
\$250 Minimum

Check one:  Monthly  Quarterly

<input type="checkbox"/> Buffalo Flexible Income 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		

AMOUNT PER DRAW \$100 Min	AIP START MONTH	AIP START DAY
\$		
\$		
\$		
\$		
\$		
\$		
\$		
\$		
\$		

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

## 5 Automatic Investment Plan (AIP)

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

Based on the instructions in Section 5, 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.

- A \$25 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.

Attach a voided check to Section 7.


**Exchange** \$1,000 minimum – permits the exchange of shares between identically registered accounts.

**E-mail** – permits the fund to send you fund updates.

## 7 Bank Information

If you have selected an automatic investment plan, wire redemptions, EFT purchases, EFT redemptions, a systematic withdrawal plan, or cash distributions, a voided bank check or preprinted savings deposit slip (not a counter deposit slip) is required. We are unable to debit or credit mutual fund or pass-through accounts.

Please contact your financial institution to determine if it participates in the Automated Clearing House system (ACH).

John Doe Jane Doe 123 Main St. Anytown, USA 12345	53289
Pay to the order of _____	\$ _____
_____	DOLLARS
Memo _____	Signed _____
	
⑆ 2345678 ⑆    ⑆ 23456785678 ⑆	

## 8 Beneficiary Information | If you need more space, please enclose a separate sheet of paper.

### Primary

NAME	RELATIONSHIP	CITY/STATE/ZIP	SOCIAL SECURITY NUMBER	DATE OF BIRTH	%
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Secondary

NAME	RELATIONSHIP	CITY/STATE/ZIP	SOCIAL SECURITY NUMBER	DATE OF BIRTH	%
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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.

<b>X</b>	
SIGNATURE OF SPOUSE	DATE

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

## 9 SIMPLE IRA Plans Only

### Employer Information:

<input type="text"/>		<input type="text"/>	
EMPLOYER (COMPANY) NAME		EMPLOYER STREET ADDRESS	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
EMPLOYER CITY / STATE / ZIP CODE	EMPLOYER CONTACT NAME	EMPLOYER CONTACT BUSINESS PHONE	

## 10 Signature

I have read and understand the Disclosure Statement and Custodial Account Agreement. I adopt the Buffalo Funds Custodial Account Agreement, as it may be revised from time to time, and appoint the Custodian or its agent to perform those functions and appropriate administrative services specified. I have received and read the prospectus for the Buffalo Funds (the "Fund"). I understand the Fund's 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 Fund to revoke my consent. I agree to notify the Fund 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 Fund and its transfer agent shall not be liable if I fail to notify the 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 custodian may change the fee schedule at any time.

Your mutual fund account may be transferred to your state of residence if no activity occurs within your account during the inactivity period specified in your State's abandoned property laws.

I authorize the Fund to perform a credit check in the event that one is needed to verify or establish identity.

The 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 5, 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 Fund's 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 (MM/DD/YYYY)

Appointment as Trustee accepted:  
Great Plains Trust Co. of South Dakota, Trustee, US Bancorp Fund Services, LLC, Agent



## 11 Dealer Information

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DEALER NAME	REPRESENTATIVE'S LAST NAME	FIRST NAME	M.I.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DEALER'S ID	REPRESENTATIVE'S ID		
<b>DEALER HEAD OFFICE INFORMATION:</b>			
<input type="text"/>	<input type="text"/>		
ADDRESS	ADDRESS		
<input type="text"/>	<input type="text"/>		
CITY / STATE / ZIP	CODE		
<input type="text"/>	<input type="text"/>		
TELEPHONE NUMBER	TELEPHONE NUMBER		



### Before you mail, have you:

- Completed all USA PATRIOT Act required information?
  - Social Security or Tax ID Number in Section 2?
  - Birth Date in Section 2?
  - Full Name in Section 2?
  - Permanent street address in Section 3?
- Enclosed your check made payable to Buffalo Funds?
- Included a voided check, if applicable?
- Signed your application in Section 10?

**For additional information please call toll-free 1-800-492-8332 or visit us on the web at [www.buffalofunds.com](http://www.buffalofunds.com).**