



# IRA Beneficiary Addition/Change Form

For Traditional, Roth, SEP, and SIMPLE IRAs

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

**Overnight Delivery:**  
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).

**IMPORTANT NOTICE:** This designation will not be in force unless it is signed and received by the custodian, at one of the addresses above, before the death of the IRA Grantor (shareholder). The terms, provisions, and limitations of the IRA Plan and Custodial Agreement, as amended from time to time, are controlling at all times and govern the rights of the Grantor and any beneficiaries. The Custodial Agreement is available upon request by calling the toll-free number on your statement.

Unless otherwise noted, payments upon death will be made to the primary beneficiary(ies) first. The secondary beneficiary(ies) inherit only if all primary beneficiaries are deceased or disclaim their inheritance.

Please complete all sections as appropriate, including the name of the fund you own. Sign and return the form to one of the addresses above.

## 1 Investor Information

FULL NAME

ACCOUNT NUMBER(S)

## 2 Beneficiary Designation

Please note that designations such as "per stirpes," "spouse," or "children" will not be accepted; all beneficiaries must be named.

I hereby revoke all prior designations of beneficiary(ies) and designate the following as my beneficiary(ies) of my individual Retirement Account(s) (IRA):

**Primary** (If you need more space, please continue on the back of the form.)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

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"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

NAME RELATIONSHIP CITY/STATE/ZIP SOCIAL SECURITY NUMBER DATE OF BIRTH %

**Secondary** (If you need more space, please continue on the back of the form.)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

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"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

NAME RELATIONSHIP CITY/STATE/ZIP SOCIAL SECURITY NUMBER DATE OF BIRTH %

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.

<input type="text"/>	<input type="text"/>
----------------------	----------------------

SIGNATURE OF SPOUSE

DATE

## 3 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. If the Grantor is a minor under the laws of the Grantor's state of residence, a parent or guardian must sign this form (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.)

<input type="text"/>	<input type="text"/>
----------------------	----------------------

GRANTOR / SHAREHOLDER SIGNATURE

DATE (MM/DD/YYYY)