



IRA Beneficiary Addition / Change Form

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. FL 3
Milwaukee, WI 53202-5207

For additional information or assistance with this form, please call toll-free **1-800-49-BUFFALO** or visit us on the web at **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 number above.

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.

1. Investor Information

FULL NAME _____

ACCOUNT NUMBER(S) _____

2. Beneficiary Information

If you need more space, please enclose a separate sheet of paper. 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 (IRA):

Primary

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

Secondary

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 _____
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.)

GRANTOR / LEGALLY RESPONSIBLE INDIVIDUAL'S SIGNATURE

DATE (Mo / Dy / Yr)