



Coverdell Education Savings Account 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. Designated Beneficiary

(Account Holder)

FIRST NAME _____ M.I. _____ LAST NAME _____
PERMANENT STREET ADDRESS (PO BOX NOT ACCEPTABLE) _____ CITY / STATE / ZIP _____
PHONE NUMBER _____ BIRTH DATE (Mo / Dy / Yr) _____
SOCIAL SECURITY NUMBER _____ Check if minor should receive statements

2. Responsible Party

*The address of the Responsible
Party will be the Address of
Record.*

FIRST NAME _____ M.I. _____ LAST NAME _____
PERMANENT STREET ADDRESS (PO BOX NOT ACCEPTABLE) _____ CITY / STATE / ZIP _____
DAYTIME PHONE NUMBER _____ RELATIONSHIP TO DESIGNATED BENEFICIARY _____
SOCIAL SECURITY NUMBER _____ BIRTH DATE (Mo / Dy / Yr) _____

The following 2 options will be added to your account. If you do not want these options, check the boxes below.

- I. The responsible party wishes to continue to control the account after the Account Holder attains age of majority in his/her state in accordance with the terms described in the optional portion of Article V of the Coverdell Education Savings Account agreement.
 The responsible party does not wish to control the account after age of majority.
- II. The responsible party may change the beneficiary designated under this agreement to another member of the designated beneficiary's family described in Article VI of the Coverdell Education Savings Account agreement.
 The responsible party may not change the beneficiary.

Mailing Address (if different than above)

STREET _____ APT / SUITE _____
CITY _____ STATE _____ ZIP CODE _____
DAYTIME PHONE NUMBER _____ EVENING PHONE NUMBER _____

Duplicate Statement

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. Account Type

Refer to disclosure statement for eligibility requirements and contribution limits.

Select one of the following account types:

- Coverdell Education Savings Account (CESA)
For the Tax Year 20_____.
- Rollover Account – specify the type of rollover:
 - Account Holder’s CESA to Account Holder’s CESA
 - Qualifying Family member’s CESA to Account Holder’s CESA
- Transfer Account – a direct transfer from current CESA custodian

4. Beneficiary Information (Due to death) (If you need more space, please enclose a separate sheet of paper.)

Primary

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

Secondary

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

5. 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		
			Amount to Draw \$100 minimum	AIP Start Month	Day
<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 Fund is currently closed to new investors. It is included here to facilitate re-registration of existing accounts.

6. Automatic Investment Plan

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 8:

- \$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.

7. 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 (attached voided check or savings deposit slip to section 8).
- Exchange** (\$1,000 minimum) – permits the exchange of shares between identically registered accounts.

E-mail Address – permits the Fund to send you Fund updates. _____

8. Bank Information

Please attach a voided check or savings deposit clip if you selected the Automatic Investment Plan or Purchase by Telephone.

**PLEASE ATTACH A VOIDED CHECK
OR SAVINGS DEPOSIT SLIP HERE**

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

9. 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 as the Responsible Party am of legal age and have the legal capacity to make this purchase.

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 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 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? <ul style="list-style-type: none">- Social Security or Tax ID numbers in Sections 1 and 2?- Birth dates in Sections 1 and 2?- Full names in Sections 1 and 2?- Permanent street addresses in Sections 1 and 2? | <input type="checkbox"/> Enclosed your check made payable to Buffalo Funds?
<input type="checkbox"/> Included a voided check, if applicable?
<input type="checkbox"/> Signed your application in Section 9? |
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