



IRA Application Institutional Class

For Traditional, ROTH, SEP,
and SIMPLE IRAs

Mail to:
Buffalo Funds
c/o U.S. Bank Global Fund Services
P.O. Box 701
Milwaukee, WI 53201-0701

Overnight Express Mail To:
Buffalo Funds
c/o U.S. Bank Global Fund Services
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.

» 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 9) Original SIMPLE IRA funding data Year _____
 - Contribution
 - Transfer from another SIMPLE IRA Account
 - Rollover (shareholder had receipt of funds)

2 Investor Information

Individual

FULL LEGAL 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 FULL LEGAL 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)

***If a full legal first name is not provided, a copy of a government issued document is required to accompany this application.**

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: All checks must be in U.S. Dollars drawn on a domestic bank. The Fund will not accept payment in cash or money orders. The Fund does not accept post dated checks or any conditional order or payment. To prevent check fraud, the Fund will not accept third party checks, Treasury checks, credit card checks, traveler's checks or starter checks for the purchase of shares.

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

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

Optional Automatic Investment Plan

\$100 Minimum

Check one: Monthly Quarterly

INSTITUTIONAL CLASS

Investment Amount
\$250,000 Minimum

			AMOUNT PER DRAW	AIP START MONTH	AIP START DAY
<input type="checkbox"/> Buffalo Blue Chip Growth Fund	5471	\$	\$		
<input type="checkbox"/> Buffalo Early Stage Growth Fund	5477	\$	\$		
<input type="checkbox"/> Buffalo Flexible Allocation Fund	5470	\$	\$		
<input type="checkbox"/> Buffalo Growth Fund	5472	\$	\$		
<input type="checkbox"/> Buffalo Growth & Income Fund	5479	\$	\$		
<input type="checkbox"/> Buffalo High Yield Fund	5473	\$	\$		
<input type="checkbox"/> Buffalo International Fund	5478	\$	\$		
<input type="checkbox"/> Buffalo Mid Cap Discovery Fund	5475	\$	\$		
<input type="checkbox"/> Buffalo Mid Cap Growth Fund	5476	\$	\$		
<input type="checkbox"/> Buffalo Small Cap Growth Fund	5474	\$	\$		

5 Automatic Investment Plan (AIP)

Your signed Application must be received up to 7 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 preprinted 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

You have the ability to make telephone and/or internet purchases* or exchanges per the prospectus by checking the box below. See the prospectus for minimum and maximum amounts.

* You must provide bank instructions and a voided check or preprinted savings deposit slip in Section 7.

I accept telephone and/or internet transaction privileges.

7 Bank Information

If you selected any options which require banking information, please attach a voided check or preprinted savings deposit slip. We are unable to debit or credit mutual fund or pass-through ("for further credit") accounts.

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

Note: There is a \$15 fee for next day wire and no fee for ACH (transfer takes 2-3 days).

John Doe Jane Doe 123 Main St. Anytown, USA 12345	53289
Pay to the order of _____	\$ _____
_____	DOLLARS
Memo _____	Signed _____
⑆ 1 2 3 4 5 6 7 8 ⑆	⑆ 1 2 3 4 5 6 7 8 5 6 7 8 ⑆

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	%

Secondary

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.

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 Individual Retirement Account (IRA) Disclosure Statement and Account Agreement. I adopt the Buffalo Funds IRA 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 understand the prospectus for the Buffalo Funds (the "Fund"). I understand the Fund's objectives and policies and agree to be bound by 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 regulatory documents such as prospectuses, shareholder reports, proxy statements, 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 Fund 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.

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

The Fund, its transfer agent, and any of their respective agents or affiliates will not be responsible for banking system delays beyond their control. By completing the banking sections of this application, I authorize my bank to honor all entries to my bank account initiated through U.S. Bank, N.A., on behalf of the applicable Fund. The Fund, its transfer agent, and any of their respective agents or affiliates will not be liable for acting upon instructions 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 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 not honored 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. I authorize U.S. Bank Global Fund Services to obtain a third party report for the purposes of authenticating the bank information that I provided.

<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>
DEPOSITOR / LEGALLY RESPONSIBLE INDIVIDUAL'S SIGNATURE	DATE (MM/DD/YYYY)	

Appointment as Trustee accepted:
Great Plains Trust Company of South Dakota



William S. Lenker
President of Great Plains Trust Co of South Dakota

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"/>					
DEALER'S ID	REPRESENTATIVE'S ID						
DEALER HEAD OFFICE INFORMATION:				REPRESENTATIVE BRANCH OFFICE INFORMATION:			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ADDRESS	ADDRESS			ADDRESS		CODE	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CITY / STATE / ZIP	CITY / STATE / ZIP			CITY / STATE / ZIP			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TELEPHONE NUMBER	TELEPHONE NUMBER			TELEPHONE NUMBER			

! 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 Number in Section 2?- Birth Date in Section 2?- Full Name in Section 2?- Permanent street address in Section 3? | <input type="checkbox"/> Enclosed your check made payable to Buffalo Funds? <ul style="list-style-type: none"><input type="checkbox"/> Included a voided check or preprinted savings deposit slip, if applicable?<input type="checkbox"/> Signed your application in Section 10? |
|---|---|

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