



IRA & CESA Transfer Form

Investor Class

If this is for a new IRA Account,
an IRA Application must accompany
this form.

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.

! There may be penalties for withdrawing certain investments before their maturity (i.e., certificates of deposit or annuities). Please contact your current custodian or plan administrator prior to submitting this form to determine the applicable time frames and penalties, if any, or if you need a signature guarantee in Section 8 to order this transfer. U.S. Bank Global Fund Services will initiate your request upon receipt of this form.

1 Investor Information

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FIRST NAME	M.I.	LAST NAME	SOCIAL SECURITY NUMBER
<input type="text"/>		<input type="text"/>	
ADDRESS		CITY / STATE / ZIP	
<input type="text"/>	<input type="text"/>		
DAYTIME PHONE NUMBER	EVENING PHONE NUMBER		

2 Instructions to Current IRA Custodian or Plan Administrator

Please include a copy of your current account statement.

<input type="text"/>		
CURRENT CUSTODIAN OR PLAN ADMINISTRATOR		
<input type="text"/>	<input type="text"/>	<input type="text"/>
ACCOUNT NUMBER	CONTACT PERSON	CONTACT NUMBER
<input type="text"/>		<input type="text"/>
STREET ADDRESS		CITY / STATE / ZIP

Consider this your authorization to redeem my investment and transfer my Traditional IRA, SEP IRA, SIMPLE IRA, Roth IRA, or Inherited IRA, or to directly rollover my qualified retirement plan as directed below: *

All Assets OR \$ or %

Please process this request:*

Immediately OR At Maturity (month / day / year)

* If no option is selected, please transfer all assets immediately.

3 Type of account being transferred/rolled-over

Pension Profit Sharing Plan 401(k) 403(b) Roth 401(k) Roth 403(b) Traditional IRA
 SEP IRA SIMPLE IRA Roth IRA Inherited IRA Other

Original Roth IRA funding year (if applicable):

Original SIMPLE IRA funding date (if applicable):

Send the check representing the assets payable to "The Buffalo Funds FBO [Shareholder's Name]" along with a copy of this form to the address at the top of page one.

4 Investment Selection

A Buffalo Funds IRA Account Application must be completed to process this transfer if a new account is being established. The Fund(s) and the allocation(s) specified on the Application will be used if they are different from those indicated below.

INVESTOR CLASS	NEW	EXISTING	ACCOUNT # (IF APPLICABLE)	AMOUNT		%
<input type="checkbox"/> Buffalo Blue Chip Growth Fund	1441	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OR	<input type="checkbox"/>
<input type="checkbox"/> Buffalo Early Stage Growth Fund	1447	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OR	<input type="checkbox"/>
<input type="checkbox"/> Buffalo Flexible Allocation Fund	1440	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OR	<input type="checkbox"/>
<input type="checkbox"/> Buffalo Growth Fund	1442	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OR	<input type="checkbox"/>
<input type="checkbox"/> Buffalo Growth & Income Fund	1519	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OR	<input type="checkbox"/>
<input type="checkbox"/> Buffalo High Yield Fund	1443	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OR	<input type="checkbox"/>
<input type="checkbox"/> Buffalo International Fund	1449	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OR	<input type="checkbox"/>
<input type="checkbox"/> Buffalo Mid Cap Discovery Fund	1445	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OR	<input type="checkbox"/>
<input type="checkbox"/> Buffalo Mid Cap Growth Fund	1446	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OR	<input type="checkbox"/>
<input type="checkbox"/> Buffalo Small Cap Growth Fund	1444	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OR	<input type="checkbox"/>

5 RMD Age Information

Check one of the following:
(Does not apply to Roth IRAs)

I am under the RMD age and do not turn RMD age at anytime during this calendar year.

OR

I am RMD age or older and understand that no part of my required minimum distribution is eligible for transfer or rollover. I further understand that there may be significant tax penalties if a transfer or rollover of my required distribution occurs.

6 Conversion of Traditional IRA to Roth IRA - Optional

I am converting assets from a Traditional IRA to a Roth IRA. Upon receiving the assets from my current Custodian, I instruct the Fund's transfer agent to invest the proceeds into a new or existing Roth IRA account, as indicated in Section Two. I understand this may be a taxable event. By signing below I agree that I am solely responsible for all tax consequences of this conversion.

OWNER'S SIGNATURE*

DATE (MM/DD/YYYY)

*The Fund's Transfer Agent cannot process the conversion without a signature above.

7 Signature and Certification

I certify that I have established an IRA with the Buffalo Funds, of which Great Plains Trust Co of South Dakota is the trustee (U.S. Bank, N.A., Agent). I agree to contact my present Custodian from whom I am transferring to determine if specific documentation or a signature guarantee is required. I understand that I am responsible for determining my eligibility for all transfers or direct rollovers. I agree to hold the trustee harmless against any and all situations arising from an ineligible transfer or direct rollover. I acknowledge that the trustee or its agent cannot provide legal advice and I agree to consult with my own tax professional for advice.

I authorize U.S. Bank Global Fund Services, to act on my behalf in contacting the current custodian or plan administrator to facilitate the transfer of assets.

X

SIGNATURE OF OWNER [OR GUARDIAN IF IRA OWNER IS A MINOR]

DATE (MM/DD/YYYY)

SIGNATURE GUARANTEE* (FOR TRANSFERS FROM ANOTHER CUSTODIAN)

IMPORTANT: Please contact your current Custodian to determine if a signature guarantee* is required.

* A signature guarantee may be obtained from any eligible guarantor institution, as defined by the Securities and Exchange Commission. These institutions include banks, saving associations, credit unions and brokerage firms. The words "SIGNATURE GUARANTEED" must be stamped or typed near your signature. The guarantee must appear with the printed name, title, and signature of an officer and the name of the guarantor institution. Please note that a Notary Public Seal or Stamp is not acceptable.

8 Acceptance / Custodian Authorization

Great Plains Trust Co of South Dakota, Trustee, hereby accepts its appointment as Trustee of the above IRA account and upon receipt of assets, will deposit such assets in a Buffalo Funds IRA on behalf of the Depositor authorizing this transfer or direct rollover.

Great Plains Trust Company of South Dakota



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

! Before you mail, have you:

- Completed an IRA Account Application if the transfer of direct rollover is going to a new account?
- Included documents from your current custodian or plan administrator, if required?
- Signed your application in Section 8?