



# Change or Add Account Details

Use this form to change or add options to your account after it has been established.

Mail to:  
Buffalo Funds  
c/o U.S. Bank Global Fund Services  
PO Box 219252  
Kansas City, MO 64121-9252

Overnight Express Mail To:  
Buffalo Funds  
c/o U.S. Bank Global Fund Services  
801 Pennsylvania Ave Suite 219252  
Kansas City, MO 64105-1307

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).

Directions: Please complete Section 1 and any of the other section(s) of your choice. Use one form per account. Also, please note that some sections require a signature guarantee.

## 1 Investor Information

NAME(S) ON YOUR BUFFALO ACCOUNT

BUFFALO ACCOUNT NUMBER

## 2 Change of 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

Duplicate Statement

Complete only if you wish someone other than the account owner(s) to receive duplicate statements.

NAME OF RECIPIENT

STREET

APT / SUITE

CITY

STATE

ZIP CODE

## 3 Telephone and Internet Options

Selecting these options allows us to accept your instructions via telephone. You may also perform these functions by logging into your account at [www.buffalofunds.com](http://www.buffalofunds.com)

Your signed Application must be received at least 15 business days prior to initial transaction.

**Redemption** (not available for IRAs and CESAs) – permits the transfer of funds via:

- Check to address in Section 2
- Federal wire to your bank account below (there is a \$15 charge for each wire [fee subject to change])\*
- Electronic Funds Transfer (EFT), at no charge, to your bank below (funds are typically credited within two business days after redemption)\*

**Purchase (EFT)** \$100 minimum – permits the on-demand purchase of shares from your bank account

**Exchange** \$1,000 minimum – permits the exchange of shares between identically registered accounts.

**E-mail Address** – permits the Fund to send you Fund updates \_\_\_\_\_.

\*The selection of these options requires a signature guarantee. See the Signature Section for more details.

## 4 Start, Change, or Cancel an Automatic Investment Plan (AIP)

Your signed Application must be received at least 7 business days prior to initial transaction.

If you choose this option, funds will be automatically transferred from your bank account to the designated Buffalo Fund monthly or quarterly. Please attach a voided check or savings deposit slip to Section 5 of this application. We are unable to debit mutual fund or pass-through ("for further credit") accounts.

- CHECK ONE:**  Establish a new AIP (if you already have an existing AIP draft, this plan will be in addition to it)  
 Change my existing AIP (your current AIP will be changed according to the information you provide below)  
 Cancel my existing AIP (do not complete any other part of Section 4)

	AMOUNT PER DRAW \$100 minimum	AIP START MONTH	AIP START DAY	Monthly	Quarterly
<input type="checkbox"/> Buffalo Blue Chip Growth Fund				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Buffalo Early Stage Growth Fund				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Buffalo Flexible Allocation Fund				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Buffalo Growth Fund				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Buffalo Growth & Income Fund				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Buffalo High Yield Fund				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Buffalo International Fund				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Buffalo Mid Cap Discovery Fund				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Buffalo Mid Cap Growth Fund				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Buffalo Small Cap Growth Fund				<input type="checkbox"/>	<input type="checkbox"/>

**Please keep in mind that:**

- There is a fee if the automatic purchase cannot be made (assessed by redeeming shares from your account).
- Participation in the plan will be terminated upon redemption of all shares.
- For IRAs, all contributions through this plan will be coded as "current year contributions".

## 5 Voided Check for Bank Information

If you have selected an automatic investment plan, wire redemptions, EFT purchases, EFT redemptions, a systematic withdrawal plan, or cash distributions, a voided bank check or preprinted savings deposit slip (not a counter deposit slip) is required.

We are unable to debit or credit mutual fund or pass-through accounts.

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

John Doe  
Jane Doe  
123 Main St.  
Anytown, USA 12345 53289

Pay to the order of \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ DOLLARS

Memo \_\_\_\_\_ Signed \_\_\_\_\_

⋮ 23456789 ⋮ ⋮ 23456789 ⋮

VOID

## 6 Signature

I (we) request that the options selected be added to my (our) account(s). I understand the Funds' investment 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 certify that I am of legal age and have legal capacity to make this request.

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 3, 4 or 5, 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 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 a 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.

X

SIGNATURE OF OWNER\*

DATE (MM/DD/YYYY)

X

SIGNATURE OF OWNER\*

DATE (MM/DD/YYYY)

\*If shares are registered in (1) joint names, both persons must sign, (2) a custodian for a minor, the custodian should sign, (3) a trust, the trustee(s) should sign, or (4) a corporation or other entity, an officer should sign and print name and title on the space provided for the Joint Owner.

## 7 Signature Guarantee

If you requested certain options in Section 3, your signature must be guaranteed by a bank, brokerage, credit union, or certain other financial institutions.

Place signature guarantee seal here.

**A notary public is not an acceptable grantor.**