



Coverdell Education Savings Account Application Investor Class

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.

» 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 for 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 Designated Beneficiary | Account Holder

FULL LEGAL FIRST NAME*		M.I.	LAST NAME
PERMANENT STREET ADDRESS (P.O. BOX NOT ACCEPTABLE)		CITY / STATE / ZIP	
			☐ Check if minor should receive statements.
SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)		

2 Responsible Party

FULL LEGAL FIRST NAME*		M.I.	LAST NAME
PERMANENT STREET ADDRESS (P.O. BOX NOT ACCEPTABLE)		CITY / STATE / ZIP	
DAYTIME PHONE NUMBER	RELATIONSHIP TO DESIGNATED BENEFICIARY	SOCIAL SECURITY NUMBER	
BIRTHDATE (MM/DD/YYYY)	EMAIL ADDRESS		

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

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.

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 Tax Year _____
- ☐ 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 Investment Choices

☐ **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.

INVESTOR CLASS		Investment Amount \$250 Minimum	Optional Automatic Investment Plan		
			Check one: ☐ Monthly ☐ Quarterly		
			AMOUNT PER DRAW	AIP START MONTH	AIP START DAY
☐ Buffalo Blue Chip Growth Fund	1441	\$	\$		
☐ Buffalo Early Stage Growth Fund	1447	\$	\$		
☐ Buffalo Flexible Allocation Fund	1440	\$	\$		
☐ Buffalo Growth Fund	1442	\$	\$		
☐ Buffalo Growth & Income Fund	1519	\$	\$		
☐ Buffalo High Yield Fund	1443	\$	\$		
☐ Buffalo International Fund	1449	\$	\$		
☐ Buffalo Mid Cap Discovery Fund	1445	\$	\$		
☐ Buffalo Mid Cap Growth Fund	1446	\$	\$		
☐ Buffalo Small Cap Growth Fund	1444	\$	\$		

5 Automatic Investment Plan (AIP)

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

Based on the instructions in Section 4, funds will be automatically transferred from your checking or savings account. Please attach a voided check or 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.
- An AIP will cease on the day the beneficiary (minor) reaches the age of 18.

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 savings deposit slip in Section 7.

☐ **I accept telephone and/or internet transaction privileges.**

7 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 _____

⑆ 1 2 3 4 5 6 7 8 ⑆

⑆ 1 2 3 4 5 6 7 8 5 6 7 8 ⑆

8 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	DATE OF BIRTH	%
NAME	RELATIONSHIP	CITY/STATE/ZIP	SOCIAL SECURITY NUMBER	DATE OF BIRTH	%
NAME	RELATIONSHIP	CITY/STATE/ZIP	SOCIAL SECURITY NUMBER	DATE OF BIRTH	%
NAME	RELATIONSHIP	CITY/STATE/ZIP	SOCIAL SECURITY NUMBER	DATE OF BIRTH	%

Secondary

NAME	RELATIONSHIP	CITY/STATE/ZIP	SOCIAL SECURITY NUMBER	DATE OF BIRTH	%
NAME	RELATIONSHIP	CITY/STATE/ZIP	SOCIAL SECURITY NUMBER	DATE OF BIRTH	%
NAME	RELATIONSHIP	CITY/STATE/ZIP	SOCIAL SECURITY NUMBER	DATE OF BIRTH	%
NAME	RELATIONSHIP	CITY/STATE/ZIP	SOCIAL SECURITY NUMBER	DATE OF BIRTH	%

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

9 Signature

✓ I have read and understand the Coverdell Education Savings Account Disclosure Statement and Account Agreement. I adopt the Buffalo Funds 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, 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.

✓ 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.

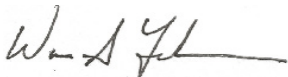
✓ The Fund, its transfer agent, and any of their respective agents or affiliates will not be responsible for banking system delays beyond their control. By completing the banking sections of this application, I authorize my bank to honor all entries to my bank account initiated through U.S. Bank, N.A., 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.

X

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

10 Dealer Information

DEALER NAME

DEALER'S ID BRANCH ID

DEALER HEAD OFFICE INFORMATION:

ADDRESS

CITY / STATE / ZIP

TELEPHONE NUMBER

REPRESENTATIVE'S LAST NAME FIRST NAME M.I.

REPRESENTATIVE'S ID

REPRESENTATIVE BRANCH OFFICE INFORMATION:

ADDRESS CODE

CITY / STATE / ZIP

TELEPHONE NUMBER