

## IRA/Qualified Plan Distribution Request Form Do not complete this form if request is for a Required Minimum Distribution (RMD). If request is for a RMD, please complete the Required Minimum Distribution Form.

Regular Mail: Buffalo Funds

c/o U.S. Bank Global Fund Services PO Box 219252 Kansas City, MO 64121-925

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

1 Account Information	
NAME (AS IT APPEARS ON YOUR ACCOUNT REGISTRATION)	MUTUAL FUND NAME AND ACCOUNT NUMBER
ADDRESS	XXX - XX - SOCIAL SECURITY NUMBER
CITY	DATE OF BIRTH
STATE ZIP CODE	DAYTIME PHONE
Note: If the address listed above is different than the address curr Social Security number to reflect your new address. All future cor otherwise. Distributions to a new address will require a signature 2 Type of Distribution   Select One	respondence will be sent to the new address until you advise us
I request a distribution from my Retirement Account. I understand from my account are made in compliance with all Internal Revenue apply per the Fund's prospectus. We recommend that you considistribution.  ☐ Normal Distribution. I have reached age 59 ½.  ☐ Premature Distribution. I am under age 59 ½. I understand that I may be responsible for paying a 10% premature withdrawal penalty in addition to normal income tax for an early withdrawal.  *To claim an exception from the premature distribution penalty, you should file IRS Form 5329.  ☐ 72(t) Substantially Equal Periodic Payments. (under IRS Code Section 72(t)(2)(A)(iv)). Please see your professional tax advisor for guidance.  ☐ Death Distribution. Death Distribution for Inherited IRA Accounts and Death Distribution for Roth IRA Accounts.  ☐ Excess Contribution Removal. I am withdrawing the excess contribution. Earnings will be removed with the excess contribution. Earnings will be removed with the excess contribution if corrected before the Federal income tax-filing deadline, pursuant to Internal Revenue Code Section 408(d) (4) and IRS Publication 590. The IRS may impose a 10% premature withdrawal penalty on the earnings if you are under	Service (IRS) regulations. I understand that a distribution fee may
age 59 ½.	☐ Coverdell ESA Distribution. Distributions not used for qualified education expenses may be subject to a penalty. No tax withholding is permitted.

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## 3 Distribution Instructions

A One-Time Distribution						
☐ I wish to liquidate my entire account.						
☐ I wish to make a one-time distribution of \$_	h to make a one-time distribution of \$or shares, and the distribution should be paid out immediately.					
☐ I wish to convert \$ or	□ I wish to convert \$ or shares to my existing or new Roth IRA account #					
☐ Check this box if a new Roth IRA	account needs to be established					
☐ I wish to recharacterize \$						
☐ I wish to withdraw the excess contribution contribution	of \$ made for the tax	year	and any earnings a	attributa	able to such	
(select one box below).*						
<ul> <li>□ I wish to have my excess contribution and my earnings distributed to my address of record.</li> <li>□ I wish to have my excess contribution and any earnings applied to my IRA/Qualified Plan contribution for tax-year</li> </ul>						
•				•		
<ul> <li>□ I wish to have my excess contribution applied to my IRA/Qualified Plan contribution for tax-year, and my earnings distributed to my address of record.</li> <li>□ I wish to have my excess contribution and any earnings applied to my Non-IRA account, Fund Number, Account Number OR open a new Non-IRA account for distributions (a New Account Application must be attached).</li> <li>*Earnings must remain in the account if the excess contribution is removed after October 15th following the year in which the contribution</li> </ul>						
was made.						
B Periodic Distributions*						
☐ I wish to take periodic distributions in the a Frequency: ☐ Monthly ☐ Quarterly ☐						
START DATE (MONTH, YEAR)  DAY(S) OF THE MONTH  *If you do not indicate a month and day for your periodic distribution(s), they will begin on or about the 5th day of the current month. If you do not indicate a frequency, your distribution(s) will be made annually on December 5th.						
C Please list the amount you wish to take from each fund.  (The totals you enter here must match the amount you give in section B)						
	Dollar Amount	OR	% of Total Distribution	OR	All	
☐ Buffalo Blue Chip Growth Fund	\$	]	%		☐ All	
☐ Buffalo Early Stage Growth Fund	\$		%		☐ All	
☐ Buffalo Flexible Allocation Fund	\$		%		☐ All	
☐ Buffalo Growth Fund	\$		%		☐ All	
☐ Buffalo Growth & Income Fund	\$		%		☐ All	
☐ Buffalo High Yield Fund	\$		%		□ All	
☐ Buffalo International Fund	\$	]	%		□ All	
☐ Buffalo Mid Cap Discovery Fund	\$	]	%		□ All	
☐ Buffalo Mid Cap Growth Fund	\$		%		□ All	
☐ Buffalo Small Cap Growth Fund	\$	]	%		□ All	

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Delivery instructions					
Please send a check to the address of record currently on my account.  Regular Mail  Overnight Mail: A \$15 fee will apply.					
Deposit distribution proceeds directly into my existing Non-IRA account, Fund Number, Account Number, OR open a new Non-IRA account for distributions (a New Account Application must be attached).					
ACH (Automated Clearing House): Electronic Funds Transfer to the bank instructions currently on my account. No fee applies. If you are establishing or changing your bank instructions, please attach a voided check in Section 5. You must obtain a signature guarantee if establishing or changing your bank instructions.					
<b>■ Wire Redemption</b> : Wire distribution proceeds to the bank instructions currently on my account. A \$15 wire fee applies. If you are establishing or changing your bank instructions, please attach a voided check in Section 5. You must obtain a signature guarantee if establishing or changing your bank instructions.					
Alternate payee and/or address other than the address of record. You must obtain si proceeds payable to a third party or sent to an address that is currently not listed on the					
Please complete the boxes below with the payee information.					
NAME OF PAYEE ADDRESS CITY/STA	NTE / ZIP				
5 Bank Information					
<ul><li></li></ul>					
Please attach a voided check or pre-printed deposit slip.   Checking Savings  (We are unable to draft or credit to your account via ACH if it is a mutual fund or pass-through	("further credit to") account.)				
John Doe 53289 Jane Doe 123 Main St. Anytown, USA 12345	Adding or changing bank information may require a signature guarantee per the Fund's prospectus.				
Pay to the order of\$DOLLARS					
MemoSigned					

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## 6 Tax Withholding Election

Please consult IRS Form W-4R available from www.irs.gov/pub/irs-pdf/fw4r.pdf. You may use these tables to help you select the appropriate withholding rate for this payment or distribution. Add your income from all sources and use the column that matches your filing status to find the corresponding rate of withholding. Review the "Suggestion for determining withholding" section of the instructions to help determine the rate of withholding appropriate to your tax situation.

Federal withholding will automatically be deducted from distributions at the rate of 10% for IRAs (20% for Qualified Plans), unless you check one of the boxes below. Certain Roth IRA distributions may not be subject to withholding. Withholding from a Qualified Plan generally must be at least 20% unless the distribution is to satisfy a Required Minimum Distribution (RMD).

You may elect a withholding rate from 0 to 100%. If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. Please be advised that withholding will be taken from the proceeds of your distribution. Should you wish to receive a specific net amount, you may want to consider increasing the amount of your distribution in the Distribution Instructions section. For systematic distributions, your withholding election will remain in effect until you revoke or change it, which you may do at any time.

Some states require withholding regardless of your federal withholding election. Furthermore, state withholding is not available for certain states.

Specifying a rate other than the default, 10% for IRAs or 20% for Qualified Plans, affirms that you have consulted IRS Form W-4R, and the Marginal Rate Tables within, to determine your withholding percentage.

☐ Do not take federal withholding. I understand that I am	responsible for payment of any federal or state taxes on my distribution(s).
☐ Please take federal withholding at a rate ofstate's guidelines for further information).	_% from my distribution(s). State withholding may also apply (refer to your
☐ Do not take state withholding.	

## 7 Signature and Certification

I, the undersigned, authorize and request that U.S. Bank Global Fund Services, make the above distribution(s) from the account listed in Section One. I certify that all information in this distribution request is accurate, and I agree to hold the Fund, its advisors, and U.S. Bank Global Fund Services, any affiliate, and/or directors, trustees, employees, and agents harmless for any actions taken as a result of the information that I have provided. The undersigned acknowledges that it is his/her responsibility to properly calculate, report, and pay all taxes due with respect to the distribution(s) herein specified. I have been advised to consult my tax advisor regarding any questions about this distribution request. 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.

SIGNATURE OF IRA OWNER			CAPACITY, IF APPLICABLE*	
DATE SIGNED				
	<u>s</u>	IGNATURE GUARANTEE	·	DATE

Note to Financial Institution: Please verify that the surety limit of your signature guarantee is equal to or greater than the value of this transaction request.

\*If someone other than the registered account owner is signing this request, we will require the capacity of the signer to process the transaction. Please provide one of the following as the signer's capacity: Administrator, Conservator, Guardian, Executor, Personal Representative, Appropriate Person by Small Estate Affidavit, Power of Attorney.

Your signature must be guaranteed if you are requesting any of the following:

- A distribution greater than the signature guarantee threshold per the Fund's prospectus.
- · Adding or changing banking instructions.
- A distribution to an address other than the address of record.
- A distribution to any address of record changed within the last 15 or 30 days per the Fund's prospectus.
- A distribution made payable to a third party.
- · A distribution to an account registered other than, or in addition to, the IRA holder (i.e. RMD being distributed to a Joint Tenant account).

If required, the signatures must be guaranteed by a bank, savings association, credit union, a member firm of a domestic stock exchange, or the Financial Industry Regulatory Authority, that is an eligible guarantor institution. A notary public is NOT an acceptable guarantor.