

**COVERDELL EDUCATION SAVINGS ACCOUNT (CESA)
APPLICATION FORM**

Please call 1-800-304-7404 for any assistance.

**MAILING
INSTRUCTIONS**

Regular Mail: Mairs and Power Funds
c/o US Bancorp Fund Services, LLC
P. O. Box 701
Milwaukee, WI 53201-0701

Express Mail: Mairs and Power Funds
(including Certified & Registered Mail)
c/o US Bancorp Fund Services, LLC
615 East Michigan Street, 3rd Floor
Milwaukee, WI 53202-5207

USA PATRIOT ACT: In compliance with the USA PATRIOT Act, all mutual funds are required to obtain, verify and record the following information for all registered owners and all authorized individuals: **Full Name, Date of Birth, Social Security Number and Permanent Street Address. We will return your application if any of this information is missing.** In the rare event that we are unable to verify your identity, the Fund reserves the right to redeem your account at the current day's net asset value.

<p>1. Account Holder / Designated Beneficiary (For identity verification, all bolded information requested must be completed, or your application will be rejected.)</p>	<p>First Name/ M.I./ Last Name _____</p> <p>Permanent Street Address (Residential Address or Place of Business – No P.O. Box addresses or foreign addresses) _____</p> <p>City _____ State _____ Zip _____</p> <p>Daytime Phone Number (____) _____</p> <p>Birthdate _____ Social Security Number _____</p> <p>Mailing Address (No foreign addresses) Address: _____ City/State/Zip: _____</p>
<p>2. Guardian / Responsible Party (If Account Holder is under 18 years of age.) (For identity verification, all bolded information requested must be completed, or your application will be rejected.)</p>	<p>First Name/ M.I./ Last Name _____</p> <p>Permanent Street Address (Residential Address or Place of Business – No P.O. Box addresses or foreign addresses) _____</p> <p>City _____ State _____ Zip _____</p> <p>Daytime Phone Number (____) _____ Evening Phone Number (____) _____</p> <p>Birthdate _____ Social Security Number _____</p> <p>Relationship to Account Holder _____</p> <p>Mailing Address (No foreign addresses) <i>If completed, this address will be used as the Guardian's Address of Record for all statements, checks and required mailings.</i> Address: _____ City/State/Zip: _____</p> <p><input type="checkbox"/> Check this box if 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 Custodial Agreement.</p>
<p>3. Account Type Select ONE</p>	<p>Please refer to the Disclosure Statement for eligibility requirements and contribution limits.</p> <p><input type="checkbox"/> This is a new Coverdell Education Savings Account (CESA). For Tax Year * _____</p> <p><input type="checkbox"/> This is a Rollover (CESA) Account – specify the type of rollover:</p> <p style="padding-left: 20px;"><input type="checkbox"/> Account Holder's CESA to Account Holder's CESA. (Physical receipt of assets have been held for less than 60 days)</p> <p style="padding-left: 20px;"><input type="checkbox"/> Qualifying Family Member's CESA to Account Holder's CESA.</p> <p><input type="checkbox"/> This is a Transfer (CESA) Account – a direct transfer from current CESA custodian. Complete and attach a CESA Transfer Form.</p> <p>*If no tax year is indicated, we will assume it is for the current tax year.</p>

<p>4. Investment (Please check ONE box only)</p> <p>Minimum initial investment is \$1,000; subsequent minimum investment is \$100.</p>	<p><input type="checkbox"/> By check. Amount of check \$_____ (Third party checks are NOT accepted)</p> <p>Make check payable to: (check one) <input type="checkbox"/> Mairs and Power Growth Fund (Fund #248) or <input type="checkbox"/> Mairs and Power Balanced Fund (Fund #249)</p> <p><input type="checkbox"/> By transferring or converting assets from another mutual fund. Please complete and attach a CESA Transfer Form.</p> <p><input type="checkbox"/> By wire: Call 1-800-304-7404 before wiring. Indicate total amount of wire \$ _____</p> <p><input type="checkbox"/> By exchanging or by gift transferring from an existing Mairs and Power Fund account # _____ Amount: \$ _____ or _____ shares (Shares must be equal to at least \$1,000)</p>
<p>5. Option for Telephone Purchases</p>	<p>These features are automatically established unless you check the box below:</p> <p>You may NOT use the telephone to make an initial purchase in a new CESA account. You may NOT use the telephone to redeem shares from a CESA account.</p> <p><input type="checkbox"/> I do NOT want to use the telephone for subsequent purchases.</p> <p>You must complete Section 7, Bank Information to establish this option. This option is generally activated 15 business days after your signed application is processed.</p>
<p>6. Automatic Investment Plan (AIP) (optional)</p>	<p>Automatic Investment Plan – enables you to set up regular automatic investments into your account through deductions from your bank account.</p> <ul style="list-style-type: none"> ◆ The AIP is generally activated 15 days after your application is processed. ◆ If there are insufficient funds in your bank account, or if a stop payment is made, a \$25 fee (subject to change without notice) will be assessed. Your AIP will be terminated after two such consecutive occurrences. ◆ All purchases made through the AIP process will be applied as a current year contribution (purchases may not be used for prior year contributions). It is your responsibility as a shareholder to monitor and ensure that excess CESA contributions will not be made into your CESA account. Please notify US Bancorp Fund Services, LLC in writing to stop your AIP as soon as you have reached the maximum annual contribution amount. ◆ If you wish to terminate the AIP, your request must be made in writing and received by the transfer agent, US Bancorp Fund Services, LLC. It will take five business days from the date of receipt for the termination to be effective. ◆ Participation in the plan will be terminated upon redemption of all shares. <p>Start Date (month/year): _____ Day of the month: _____</p> <p><i>(The transfer will go into effect on the date instructed or the first business day thereafter. If you do not select a date, your AIP will occur on the 15th day of the month.)</i></p> <p>Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Every Other Month <input type="checkbox"/> Semi-annually <input type="checkbox"/> Annually</p> <p>Dollar Amount (minimum \$100): \$ _____</p> <p style="text-align: center;">(COMPLETE AND ATTACH A VOIDED CHECK OR PRE-PRINTED DEPOSIT SLIP IN THE NEXT SECTION.)</p>
<p>7. Bank Information (if applicable)</p>	<ul style="list-style-type: none"> ◆ This section is applicable only if you have completed Section 5 or Section 6. ◆ Your bank must be a member of the Automated Clearing House (ACH) system to use this transfer option. Please call your bank if you are unsure. <p style="text-align: center;">(Type of bank account (select one):)</p> <p style="text-align: center;"><input type="checkbox"/> Checking account – Attach a voided check</p> <p style="text-align: center;">OR <input type="checkbox"/> Savings account – Attach a preprinted deposit slip</p>

8. Signature

I adopt the Mairs and Power Funds Coverdell Education Savings Account and their Custodial Account Agreement, as it may be revised from time to time, and appoint the Custodian or its agent to perform those functions and other administrative services specified. I further agree to follow all of the terms and conditions of the CESA Custodial Agreement.

I have received and read the Disclosure Statement as well as the Prospectus for the Mairs and Power Fund I am investing in. I understand the Fund's objectives and policies and agree to be bound to the terms of the Prospectus. I understand that the fees relating to my IRA may be collected by redeeming sufficient shares. The Custodian may change the fee schedule at any time.

I hereby consent to the delivery of one copy of regulatory documents such as prospectuses, shareholder reports, proxies and other similar documents to all investors who share my same address.

I certify that I, as the Responsible Party, am of legal age and have the legal capacity to make this purchase. I also certify under penalties of perjury that the Social Security number (in Section 1) of the Account Holder is correct.

By selecting the option in Section 5 or Section 6, I hereby authorize the Fund to initiate 1) debits (withdrawals) and 2) debit or credit entries and adjustments for any entries made in error to my bank account indicated in Section 7. The Fund and its transfer agent will not be responsible for banking system delays beyond their control. In the event of any error or discrepancies, I agree to notify the Fund within 45 days after the date of the statement confirming the 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.

Signature of Account Holder or Guardian (if Account Holder is under 18 years of age)

Date

Appointment as custodian accepted by:

U.S. Bank, N.A. _____

Date