

PURCHASE APPLICATION FORM (Do not use for an IRA)

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

MAILING INSTRUCTIONS

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

Express Mail: Mairs and Power Funds
(including Certified & Registered Mail) c/o U.S. 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. Other types of accounts require additional documentation. 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.

I. Investor Information
Select one box

A. Individual or Joint Tenant Registrations will be Joint Tenants with Right of Survivorship (JTWROS), unless otherwise specified.

 First Name M.I. Last Name

 Social Security Number Date of Birth (Mo/Day/Yr)

 First Name M.I. Last Name

 Social Security Number Date of Birth (Mo/Day/Yr)

B. Gift / Transfer to a Minor (UGMA / UTMA)

 Custodian's First Name (only one custodian permitted) M.I. Last Name

 Custodian's Social Security Number Custodian's Birthdate

 Minor's First Name (only one minor permitted) M.I. Last Name

 State of Minor's residence Minor's Social Security Number Minor's Birthdate

 Minor's Permanent Street Address / City / State / Zip

C. Trust, Corporation or Other Entity
 Please supply appropriate supporting documentation to substantiate the existence of your organization (submit entire trust document or certificate of trust, Articles of Incorporation/Formation/Organization, Partnership Agreement, etc). Please call 1-800-304-7404 for further assistance.

 Name of Trust, Corporation, Plan, Partnership or Other Entity

 Taxpayer Identification Number Date of Agreement (Mo/Day/Yr)

 Names(s) of Authorized Trustee(s)/Individual(s)/Partner(s) Social Security Number Date of Birth
 (If more than one authorized person, attach a separate list with full names, Social Security numbers, dates of birth and permanent street addresses.)

2. Address

* (If joint tenants in Section 1 have different addresses, attach a separate sheet to this application and provide the name and address of the joint tenant.)

Mailing Address** (No foreign addresses)

() ()

City / State / Zip

Daytime Phone

Evening Phone

**If your mailing address above is a P.O. Box address, a street address is also required by the USA PATRIOT Act.

Permanent Street Address (If different from mailing address above)

City / State / Zip

(Optional) Duplicate Confirmations to: _____

City/State/Zip: _____

3. Initial Investment

Minimum initial investment is \$2,500; subsequent minimum is \$100.

I am investing in (**CHECK ONE**) Growth Fund (Fund #248) or Balanced Fund (Fund #249)

My initial investment amount is: \$_____ (If exchanging or gift transferring, shares must equal to at least \$2,500.)

By check. Checks payable to: *Mairs and Power Growth Fund* or *Mairs and Power Balanced Fund*
(Third party checks are NOT accepted.)

By wire transfer. (Call 1-800-304-7404 before wiring funds. For complete instructions, see Prospectus. A completed application is required in advance of a wire.)

By exchanging or gift transferring from existing Mairs and Power Funds account # _____

4. Distribution Options

All dividends and capital gains will be reinvested if no options are selected.

Income Dividends

Reinvest Cash*

Capital Gains

Reinvest Cash*

*For cash distributions, please select the method of payment.

Send check to mailing address (in Section 2) Deposit to bank account.

(You must complete Section 8, Bank Information to establish this option.)

5. Options for Telephone Purchase/Redemption

You may use the telephone to purchase or redeem fund shares. These features are automatically established unless you check the box(es) below.

I do NOT want: Telephone Purchase Option

Telephone Redemption Option

You must complete Section 8, Bank Information to establish the above options. These options are generally activated 15 business days after your signed application is processed.

If an account has multiple owners, the Fund may rely on the telephone instructions of any one account holder.

6. Automatic Investment Plan (AIP)

(optional)

Automatic Investment Plan – enables you to set up regular automatic investments into your account through deductions from your bank account.

- ◆ The AIP is generally activated 15 business days after your signed 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.
- ◆ If you wish to terminate the AIP, your request must be made in writing and received by the transfer agent, U.S. 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.

Frequency: Monthly Quarterly Every Other Month Semi-annually Annually

Start Date (month/year): _____ **Day of the month:** _____ **Dollar Amount (minimum \$100):** \$ _____

(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.)

You must complete Section 8, Bank Information to establish this option.

7. Systematic Withdrawal Plan (SWP)

(optional)

- ◆ Enables you to set up regular automatic redemptions from your account. A \$10,000 minimum balance is required.
- ◆ The SWP is generally activated 15 business days after your signed application is processed.
- ◆ If you wish to terminate the SWP, your request must be made in writing and received by the transfer agent, U.S. Bancorp Fund Services, LLC. It will take five business days from the date of receipt for the termination to be effective.

Frequency: Monthly Quarterly Every Other Month Semi-annually Annually

Start Date (month/year): _____ **Day of the month:** _____ **Dollar Amount (minimum \$50):** \$ _____

(The transfer will go into effect on the date instructed or the first business day thereafter. If you do not select a date, your SWP will occur on the 15th day of the month.)

Payment Method (select one): Send check to mailing address (in Section 2).

Deposit to bank account.

(You must complete Section 8, Bank Information to establish this option.)

8. Bank Information

(if applicable)

- ◆ This section is applicable only if you have completed Section 5, or 6, or opted in Section 4 or 7 to deposit your proceeds to your bank account.
- ◆ 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.

Type of bank account (select one):

Checking account – Attach a voided check

OR Savings account – Attach a preprinted deposit slip

9. Certification and Signature

I have received and read the current prospectus for the Mairs and Power Growth Fund/Mairs and Power Balanced Fund. I understand the Fund's investment objectives and policies and agree to be bound by the terms of the prospectus. I certify that I am of legal age in my state of residence and have legal capacity to make this purchase.

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.

By selecting the options in Sections 4, 5, 6 or 7, I hereby authorize the Funds to initiate 1) credits (deposits) and debits (withdrawals) to my account at the bank indicated in Section 8 and for the bank to credit or debit the same to such account through the ACH system; and 2) debit or credit entries and adjustments for any entries made in error to my bank account indicated in Section 8. The Fund and the 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 Funds and its transfer agent shall not be liable if I fail to notify the Funds within such time period.

I authorize the Fund to perform a credit check in the event that one is needed to verify or establish identity.

Under the penalties of perjury, I certify that (i) the Social Security Number or Taxpayer Identification Number shown on this form is correct, and (ii) I am not subject to backup withholding either because I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding, and (iii) I am a U.S. person (including a U.S. resident alien). The IRS does not require your consent to any provision of this document other than the required to avoid backup withholding.

Signature of Owner*

Date (Mo/Day/Yr)

Signature of Owner*

Date (Mo/Day/Yr)

*If shares are to be registered in 1) joint names, both persons should sign, 2) a custodian for a minor, the custodian should sign, 3) a trust, all trustees should sign, or 4) a corporation or other entity, an officer should sign and print name and title on the space provided below.

PLEASE PRINT: Name(s) and title(s) of Officer(s) signing for a corporation or other entity.