

Mairs and Power Funds

Growth Fund Balanced Fund

SYSTEMATIC WITHDRAWAL PLAN

(\$10,000 Minimum Account Balance Required)

Account Number : _____

(Please indicate at the top of the form which
Mairs and Power Fund your account is in.)

Return to:
Mairs and Power Funds
c/o US Bancorp Fund Services, LLC
P. O. Box 701
Milwaukee, WI 53201-0701
Inquiries, please call 1-800-304-7404.

Name : _____

Address : _____

City/State/Zip : _____

Telephone : _____

Please withdraw from my *(please check one)* Growth Fund Balanced Fund account as follows:

Start Date (month/year): _____ Day of the month: _____

Frequency: Monthly Quarterly Every Other Month Semi-annually Annually

Dollar Amount (minimum \$50) : \$ _____

Payment Method *(please check one of the following):*

- Please send check to my mailing address, which is my address of record. **or**
- Please deposit my proceeds electronically into my bank account. I understand that this electronic transfer may take up to 3 business days to be completed.
My bank account information is as follows:

Name(s) on Bank Account _____

Account Number _____

Bank Name _____

Bank Address _____

Please attach a voided check (checking account) or a deposit slip (savings account) to ensure proper crediting of your bank account.

NOTE: If you choose this option, your signature(s) below must be signature guaranteed.

Mairs and Power Funds will accept signature guarantees from all institutions which are eligible to provide signature guarantees under federal or state law, provided that the individual giving the signature guarantee is authorized to do so. Institutions which are eligible to provide signature guarantees include commercial banks, trust companies, brokers, national securities exchanges, savings and loan associations, and credit unions. Please note that a signature guarantee is not the same as a notarized signature.

Signature of Shareholder(s) *(For joint accounts, both owners must sign.)*

Date