MAIRS & POWER

Focused Long-term Investing

# Third Party Authorization Form

**Regular Mail:**
Mairs & Power Funds
c/o U.S. Bank Global Fund Services
PO Box 219337
Kansas City, MO 64121-9337

**Overnight Mail:**
Mairs & Power Funds
c/o U.S. Bank Global Fund Services
801 Pennsylvania Ave Suite 219337
Kansas City, MO 64105-1307

» **IMPORTANT:** This level of authority permits an authorized individual to inquire about share balances and account history for the account(s) specified below. No financial transactions are permitted by the authorized individual. The signature of each authorized account owner must be included in the Signatures & Certification section in order for this change to be valid.

## 1 Investor Information

NAME OF TAXABLE OWNER / TRUST / CORPORATION / ENTITY

SOCIAL SECURITY NUMBER / TAX ID NUMBER

EMAIL ADDRESS

PHONE NUMBER

ACCOUNT NUMBER

ACCOUNT NUMBER

ACCOUNT NUMBER

## 2 Third Party Information

❑ If this box is checked, I authorize the following individual to receive duplicate statements.

### Authorized Party #1

COMPANY NAME

NAME

STREET

APT / SUITE

CITY

STATE

ZIP CODE

## 2 Third Party Information continued

❑ If this box is checked, I authorize the following individual to receive duplicate statements.

**Authorized Party #2**

COMPANY NAME

NAME

STREET | APT / SUITE

CITY | STATE | ZIP CODE

## 3 Signature & Certification

By signing this form, I understand that all authorized third-party designees will be entitled to receive and request general account information, including account balances and history. I understand that this does not authorize the designees to transact on my account(s) or access non-public personal information including social security number or date of birth. I acknowledge that I may withdraw this authorization at any time by notifying Mairs & Power Funds by telephone or in writing. I acknowledge that if I want to allow the authorized designees to direct action related to my account(s), I will need a Power of Attorney establishing the authorized designee's authority to do so. I certify that all information provided on this form is true, accurate, and complete.

X

SIGNATURE OF OWNER / AUTHORIZED INDIVIDUAL | DATE (MM/DD/YYYY)

PRINTED NAME

X

SIGNATURE OF OWNER / AUTHORIZED INDIVIDUAL | DATE (MM/DD/YYYY)

PRINTED NAME

X

SIGNATURE OF OWNER / AUTHORIZED INDIVIDUAL | DATE (MM/DD/YYYY)

PRINTED NAME

**For additional information please call toll-free 1-800-304-7404 or visit us on the web at www.mairsandpower.com.**