MAIRS & POWER

Focused Long-term Investing

Trusted Contact 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 form is used to designate a trusted contact, that is 18 years or older, for your Mairs & Power Funds account(s). Any information provided on this form will replace the information currently on file.

Designating a trusted contact is not required and does not authorize the named individual(s) to transact on or make changes to your account, but it does authorize Mairs & Power Funds to communicate with the trusted contact(s) for any of the following reasons:

- To address instances of possible or confirmed financial exploitation or fraud related to you and/or your account(s), including notice of a temporary hold
- To inquire about your current contact information or health status
- To identify any individual with legal authority to act on your behalf (e.g., legal guardian or conservator, executor, trustee, or power of attorney)

1 Account Information

Note: If you are using this form for an Entity relationship (ex. a business account), we will assign the Trusted Contact(s) to the Authorized Individual that signs this form.

NAME(S) OF ACCOUNT OWNER(S)

SOCIAL SECURITY NUMBER / TAX ID NUMBER

EMAIL ADDRESS

2 Accounts Included

Please check only one:

❑ All eligible accounts associated with the above Social Security number(s)/Tax ID Number(s)

❑ ONLY the account(s) listed below:

ACCOUNT NUMBER

ACCOUNT NUMBER

ACCOUNT NUMBER

3 Trusted Contact Information

Note: The trusted contact must be someone other than the owner(s) of the account and should not be the financial professional on record.

Primary Trusted Contact:

NAME

PHONE NUMBER

STREET ADDRESS

CITY / STATE / ZIP

EMAIL ADDRESS

Alternate Trusted Contact:

NAME

PHONE NUMBER

STREET ADDRESS

CITY / STATE / ZIP

EMAIL ADDRESS

4 Signature & Certification

I understand that this form only authorizes Mairs & Power Funds to communicate with my trusted contact(s) and disclose information about designated accounts to address possible financial exploitation or confirm specifics about my current contact information, health status, or the identity of any legal guardian, executor, or holder of power of attorney, or as otherwise permitted. I understand that this does not authorize my trusted contact(s) to separately access or transact on my account(s) and that this trusted contact designation is optional and I may withdraw it at any time by notifying Mairs & Power Funds by telephone or in writing. I acknowledge that if I want to allow my trusted contact(s) to direct action related to my account(s), I will need a Power of Attorney establishing the trusted contact'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