MAIRS & POWER

Coverdell Education Savings Account (CESA) Distribution Request

- Focused Long-term Investing -

Complete this form to request a distribution from your Mairs & Power Coverdell Educational Savings Account (CESA). Consult your tax or financial adviser for information regarding distributions and taxation. For questions regarding this form, call 1-800-304-7404.

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ACCOUNT NUMBER	DAYTIME	TELEPHONE NUMBER		
RESPONSIBLE INDIVIDUAL'S NAME (FIRST, MI	DDLE, LAST)			
DESIGNATED BENEFICIARY'S NAME (FIRST, M	IDDLE, LAST)			
2 Distribution Reason				
Select the appropriate reason:				
☐ Qualified educational expenses	cational expenses			
Age 30 attained by designated bene	eneficiary Indicate tax year excess contribution was made			
Death or disability of designated ber	neficiary (attach documentation)	1 Other		
3 Distribution Informati	on			
Amount of Distribution: Select one. following the purchase date to assure the	` .	3		up to 15 days
☐ Full Account Distribution (A dis	stribution fee of \$20 will be taken fr	rom the account.)		
☐ Partial Account Distribution W of shares for each fund. (A distribution of shares for each fund.)	()		e taken and the dollar	amount or number
Account Number	Dollar Amount	Number of	Shares Full	Fund Distribution
	\$	or	or	
	\$			

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4 Payment Instructions ☐ Please send a check to the address of record on my account. ☐ Regular Mail ☐ Overnight Mail: A \$15 fee will apply. ☐ Wire Redemption. *A signature guarantee is required* if banking instructions have not previously been established. A wire fee may apply, please see Prospectus. Please attach a voided check, if establishing new bank instructions. ☐ Electronic Funds Transfer. (No fee applies) *A signature guarantee is required if banking instructions have not previously been* established. No fee applies. Please attach a voided check, if establishing new bank instructions. ☐ Alternative payee and/or address other than address of record. *A signature guarantee is required.* Please use the space below for necessary information. Make check payable to: NAME ADDRESS CITY / STATE / ZIP 5 Signature I certify that all information in this Distribution Request is accurate, and agree to hold U. S. Bank Global Fund Services and Mairs & Power Funds harmless for any actions taken as a result of information I have provided. I understand that I am responsible for any tax consequences which may result from the election I have made. I have been advised to consult my tax advisor regarding any questions about this Distribution Request. X RESPONSIBLE INDIVIDUAL'S SIGNATURE DATE SIGNED

AUTHORIZED SIGNATURE GUARANTEE*

(The transfer agent 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 usually are eligible to provide signature guarantees include commercial banks, trust companies, brokers, national securities exchanges, saving and loan associations, and credit unions.)

*A notary public cannot provide a signature guarantee

Return this form to:

Mail to: Mairs & Power Funds c/o U.S. Bank Global Fund Services PO Box 701 Milwaukee, WI 53201-0701 Overnight Express Mail To: Mairs & Power Funds c/o U.S. Bank Global Fund Services 615 E. Michigan St., FL3 Milwaukee, WI 53202-5207