

Coverdell Education Savings Account Application

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

» In compliance with the USA PATRIOT Act, all mutual funds are required to obtain the following information for all registered owners and all authorized individuals: full name, date of birth, Social Security number, and permanent street address. This information will be used to verify your true identity. We will return your application if any of this information is missing, and we may request additional information for you for verification purposes. In the rare event that we are unable to verify your identity, the Fund reserves the right to redeem your account as an age-appropriate distribution at the current day's net asset value.

1 Designated Beneficiary | Account Holder

| | | |
|--|----------------------------|--|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| FIRST NAME | M.I. | LAST NAME |
| <input type="text"/> | | <input type="text"/> |
| PERMANENT STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) | | CITY / STATE / ZIP |
| <input type="text"/> | <input type="text"/> | <input type="checkbox"/> Check if minor should receive statements. |
| SOCIAL SECURITY NUMBER | DATE OF BIRTH (MM/DD/YYYY) | |

2 Responsible Party (Guardian)

| | | |
|--|--|------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| FIRST NAME | M.I. | LAST NAME |
| <input type="text"/> | | <input type="text"/> |
| PERMANENT STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) | | CITY / STATE / ZIP |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| DAYTIME PHONE NUMBER | RELATIONSHIP TO DESIGNATED BENEFICIARY | SOCIAL SECURITY NUMBER |
| <input type="text"/> | <input type="text"/> | |
| BIRTHDATE (MM/DD/YYYY) | EMAIL ADDRESS | |

The following 2 options will be added to your account. If you do not want these options, check the boxes below.

- I. The responsible party wishes to continue to control the account after the Account Holder attains age of majority in his/her state in accordance with the terms described in the optional portion of Article V of the Coverdell Education Savings Account agreement.
 - The responsible party does not wish to control the account after age of majority.
- II. The responsible party may change the beneficiary designated under this agreement to another member of the designated beneficiary's family described in Article VI of the Coverdell Education Savings Account agreement.
 - The responsible party may not change the beneficiary.

3 Account Type

Refer to disclosure statement for eligibility requirements and contribution limits.

Select one of the following account types:

Coverdell Education Savings Account (CESA)

For Tax Year _____

Rollover Account – specify the type of rollover:

Account Holder's CESA to Account Holder's CESA

Qualifying Family Member's CESA to Account Holder's CESA

Transfer Account – a direct transfer from current CESA custodian.

4 Investment Choices

By check: Make check payable to the Mairs & Power Funds.

Note: All checks must be in U.S. Dollars drawn on a domestic bank. The Fund will not accept payment in cash or money orders. The Fund does not accept post dated checks or any conditional order or payment. To prevent check fraud, the Fund will not accept third party checks, credit card checks, traveler's checks or starter checks for the purchase of shares.

By exchanging from existing Mairs & Power Fund account # _____.

Amount: \$ _____ or _____ shares (Shares must be equal to at least \$1,000.)

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. Indicate total amount of wire \$ _____

Transfer from another custodian

Investment Amount

\$1,000 Minimum

Mairs & Power Growth Fund 248 \$

Mairs & Power Balanced Fund 249 \$

Mairs & Power Small Cap Fund 250 \$

5 Automatic Investment Plan (AIP)

Your signed Application must be received up to 7 business days prior to initial transaction.

If you choose this option, funds will be automatically transferred from your bank account. Please attach a voided check or savings deposit slip to Section 8 of this application. We are unable to debit mutual fund or pass-through ("for further credit") accounts.

Draw money for my AIP (check one): Monthly Quarterly Every Other Month Semi-Annually Annually

\$100 minimum

If no option is selected, the frequency will default to monthly.

Mairs & Power Growth Fund 248
AMOUNT PER DRAW AIP START MONTH AIP START DAY

Mairs & Power Balanced Fund 249
AMOUNT PER DRAW AIP START MONTH AIP START DAY

Mairs & Power Small Cap Fund 250
AMOUNT PER DRAW AIP START MONTH AIP START DAY

Please keep in mind that:

- There is a fee if the automatic purchase cannot be made (assessed by redeeming shares from your account).
- Participation in the plan will be terminated upon redemption of all shares.
- The day the beneficiary (minor) reaches the age of 18, the AIP will be stopped.

6 Telephone and Internet Options

You automatically have the ability to make telephone and/or internet purchases*, redemptions* (telephone only) or exchanges per the prospectus, unless you specifically decline below. See the prospectus for minimum and maximum amounts.

** You must provide bank instructions and a voided check or savings deposit slip in Section 8.*

Please check the box below if you wish to decline these options. If the options are not declined, you are acknowledging acceptance of these options.

I decline telephone and/or internet transaction privileges.

Should you wish to add the options at a later date, a signature guarantee may be required. Please refer to the prospectus or call our shareholder services department for more information.

7 E-Delivery Options

I would like to:

- Receive statements electronically
- Receive tax statements electronically

By selecting any of the above options, you agree to waive the physical delivery of account statements and/or tax forms. If you have opted to receive your statements or tax forms electronically, you will need to establish on-line access to your account, which you may do once your account has been established by visiting www.mairsandpower.com.

Please note, you must provide your email address in Section 2 to enroll in eDelivery.

8 Bank Information

If you selected any options which require banking information, please attach a voided check or preprinted savings deposit slip. We are unable to debit or credit mutual fund, or pass-through ("for further credit") accounts. Please contact your financial institution to determine if it participates in the Automated Clearing House System (ACH).

| | |
|--|--------------|
| John Doe Jane Doe 123 Main St. Anytown, USA 12345 | 53289 |
| Pay to the order of _____ | \$ _____ |
| _____ | DOLLARS |
| Memo _____ | Signed _____ |
| | |
| | |

9 Beneficiary Information (Due To Death of Account Holder)

If you need more space, please enclose a separate sheet of paper.

Primary

| | | | | | |
|---------------------|-----------------------------|-------------------------------|---------------------------------------|------------------------------|------------------|
| | | | | | |
| <small>NAME</small> | <small>RELATIONSHIP</small> | <small>CITY/STATE/ZIP</small> | <small>SOCIAL SECURITY NUMBER</small> | <small>DATE OF BIRTH</small> | <small>%</small> |
| | | | | | |
| <small>NAME</small> | <small>RELATIONSHIP</small> | <small>CITY/STATE/ZIP</small> | <small>SOCIAL SECURITY NUMBER</small> | <small>DATE OF BIRTH</small> | <small>%</small> |
| | | | | | |
| <small>NAME</small> | <small>RELATIONSHIP</small> | <small>CITY/STATE/ZIP</small> | <small>SOCIAL SECURITY NUMBER</small> | <small>DATE OF BIRTH</small> | <small>%</small> |

Secondary

| | | | | | |
|---------------------|-----------------------------|-------------------------------|---------------------------------------|------------------------------|------------------|
| | | | | | |
| <small>NAME</small> | <small>RELATIONSHIP</small> | <small>CITY/STATE/ZIP</small> | <small>SOCIAL SECURITY NUMBER</small> | <small>DATE OF BIRTH</small> | <small>%</small> |
| | | | | | |
| <small>NAME</small> | <small>RELATIONSHIP</small> | <small>CITY/STATE/ZIP</small> | <small>SOCIAL SECURITY NUMBER</small> | <small>DATE OF BIRTH</small> | <small>%</small> |
| | | | | | |
| <small>NAME</small> | <small>RELATIONSHIP</small> | <small>CITY/STATE/ZIP</small> | <small>SOCIAL SECURITY NUMBER</small> | <small>DATE OF BIRTH</small> | <small>%</small> |

10 Signature

✓ I have read and understand the Disclosure Statement and Custodial Account Agreement. I adopt the Mairs & Power Funds Custodial Account Agreement, as it may be revised from time to time, and appoint the Custodian or its agent to perform those functions and appropriate administrative services specified. I have received and understand the prospectus for the Mairs & Power Funds (the "Fund"). I understand the Fund's objectives and policies and agree to be bound by the terms of the prospectus. Before I request an exchange, I will obtain the current prospectus for each Fund. I acknowledge and consent to the householding (i.e., consolidation of mailings) of regulatory documents such as prospectuses, shareholder reports, proxy statements, and other similar documents. I may contact the Fund to revoke my consent. I agree to notify the Fund of any errors or discrepancies within 45 days after the date of the statement confirming a transaction. The statement will be deemed to be correct, and the Fund and its transfer agent shall not be liable, if I fail to notify the Fund within such time period. I certify that I, as the Responsible Party, am of legal age and have the legal capacity to make this purchase.

✓ I understand that the fees relating to my account may be collected by redeeming sufficient shares. The Custodian may change the fee schedule at any time.

✓ I understand that my mutual fund account assets may be transferred to my state of residence if no activity occurs within my account during the inactivity period specified in my State's abandoned property laws.

✓ The Fund, its transfer agent, and any of their respective agents or affiliates will not be responsible for banking system delays beyond their control. By completing the banking sections of this application, I authorize my bank to honor all entries to my bank account initiated through U.S. Bank, N.A., on behalf of the applicable Fund. The Fund, its transfer agent, and any of their respective agents or affiliates will not be liable for acting upon instructions believed to be genuine and in accordance with the procedures described in the prospectus or the rules of the Automated Clearing House. When AIP or Telephone Purchase transactions are presented, sufficient funds must be in my account to pay them. I agree that my bank's treatment and rights to respect each entry shall be the same as if it were signed by me personally. I agree that if any such entries are not honored with good or sufficient cause, my bank shall be under no liability whatsoever. I further agree that any such authorization, unless previously terminated by my bank in writing, is to remain in effect until the Fund's transfer agent receives and has had reasonable amount of time to act upon a written notice of revocation.

X

DEPOSITOR / LEGALLY RESPONSIBLE INDIVIDUAL'S SIGNATURE

DATE (MM/DD/YYYY)

Appointment as Custodian accepted:
U.S. BANK, N.A.

Joseph Neuberg

11 Dealer Information

DEALER NAME

REPRESENTATIVE'S LAST NAME

FIRST NAME

M.I.

DEALER'S ID

BRANCH ID

REPRESENTATIVE'S ID

DEALER HEAD OFFICE INFORMATION:

REPRESENTATIVE BRANCH OFFICE INFORMATION:

ADDRESS

ADDRESS

CODE

CITY / STATE / ZIP

CITY / STATE / ZIP

TELEPHONE NUMBER

TELEPHONE NUMBER



Before you mail, have you:

- Completed all USA PATRIOT Act required information?
 - Social Security or Tax ID Number in Section 1 & 2?
 - Birth Date in Section 1 & 2?
 - Full Name in Section 1 & 2?
 - Permanent street address in Section 1 & 2?

- Enclosed your check made payable to Mairs & Power Funds?
- Included a voided check or savings deposit slip, if applicable?
- Signed your application in Section 10?

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

Privacy Notice

The Funds collect non-public personal information about you from the following sources:

- information we receive about you on applications or other forms;
- information you give us orally; and/or
- information about your transactions with us or others.

We do not disclose any non-public personal information about our shareholders or former shareholders without the shareholder's authorization, except as permitted by law or in response to inquiries from governmental authorities. We may share information with affiliated parties and unaffiliated third parties with whom we have contracts for servicing the Funds.

We will provide unaffiliated third parties with only the information necessary to carry out their assigned responsibility. All shareholder records will be disposed of in accordance with applicable law. We maintain physical, electronic and procedural safeguards to protect your non-public personal information and require third parties to treat your non-public personal information with the same high degree of confidentiality.

In the event that you hold shares of the Funds through a financial intermediary, including, but not limited to, a broker-dealer, bank or trust company, the privacy policy of your financial intermediary would govern how your non-public personal information would be shared with unaffiliated third parties.