



Individual Retirement Account (IRA) Application

Please complete this form to establish your Baird Funds Traditional/Rollover, Roth, SEP or SIMPLE IRA. If you are opening more than one type of retirement account (Traditional/Rollover, Roth, SEP or SIMPLE IRA), please complete a separate Retirement Account Application for each account. **If this is a conversion from a Traditional IRA to a Roth IRA, please call (toll-free) 1-866-442-2473 for instructions.** If you have questions about this application, call (toll-free) 1-866-442-2473.

Overnight Express Mail to:
 Baird Funds
 c/o U.S. Bancorp Fund Services, LLC
 615 E. Michigan Street, 3rd Floor
 Milwaukee, WI 53202-5207

Mail to:
 Baird Funds
 c/o U.S. Bancorp Fund Services, LLC
 P.O. Box 701
 Milwaukee, WI 53201-0701

In compliance with the USA PATRIOT ACT all financial institutions (including mutual funds) are required to obtain, verify, and record the following information for all registered owners or others who may be authorized to act on an account: **full name, date of birth, Social Security numbers, and permanent street address. Corporate, trust, and other entity accounts require additional documentation.** 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 from 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 at the current day's net asset value.

1. Account Registration

 Owner's Name (First, Middle, Last)

 Social Security Number

 Date of Birth

 Driver's License (For Owner or Custodian, as applicable)

 State of Issue

 Expiration Date

2. Contact Information

Permanent Street Address
 (Residential Address or Principal Place of Business –
 No P.O. Box or foreign addresses)

Mailing Address (If different from street address.) No foreign
 addresses. If completed, this address will be used as the Address
 of Record for all statements, checks, and required mailings.

 Street Address

 Apt/Suite

 Mailing Address

 Apt/Suite

 City/State/Zip

 City/State/Zip

 Daytime Phone Number

 Evening Phone Number

3. Investment Choice

Minimum initial investment is \$1,000 for Investor Class and \$25,000 for Institutional Class.

Baird Core Plus Bond Fund Investor Class (63) \$ _____
 Institutional Class (71) Investment amount

Baird Intermediate Municipal Bond Fund Investor Class (66) \$ _____
 Institutional Class (74) Investment amount

Baird Aggregate Bond Fund Investor Class (64) \$ _____
 Institutional Class (72) Investment amount

Baird LargeCap Fund Investor Class (61) \$ _____
 Institutional Class (69) Investment amount

Baird Intermediate Bond Fund Investor Class (62) \$ _____
 Institutional Class (70) Investment amount

Baird MidCap Fund Investor Class (68) \$ _____
 Institutional Class (76) Investment amount

Baird Short-Term Bond Fund Institutional Class (73) \$ _____
 Investment amount

Funding Method Check \$ _____ (Please make payable to Baird Funds. We are unable to accept third party checks.)
 Wire \$ _____ Date of wire _____ (For wire instructions, call 1-866-442-2473.)

A completed application is required in advance of wiring funds.

3a. Account Selection

If no tax year is indicated, we will assume it is for the current tax year.

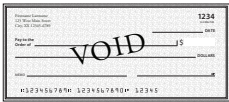
Refer to disclosure statement for eligibility requirements and contribution limits.

- Traditional IRA:** (choose one)
 - For tax year _____ or Rollover from another Traditional IRA (shareholder has receipt of funds)
 - Director Rollover/Transfer** (Complete an *IRA Transfer Form* and/or any additional form(s) required by your Plan Administrator.)
 - IRA to IRA or Rollover IRA to Rollover IRA or Qualified Plan (Pension Plan, 403(b), 401(k), Defined Contribution) to Rollover IRA
- Roth IRA:** (choose one)
 - For tax year _____ or Rollover from another Roth IRA (provide original Roth opening date): _____
 - Conversion of assets** (Call 1-866-442-2473 for instructions.)
 - Transfer of assets – Roth IRA to Roth IRA** (Complete an *IRA Transfer Form*.)
- SEP – IRA (Simplified Employee Pension Plan)**

Each employee must complete an Retirement Account Application and the employee must complete IRS Form 5305-SEP.

 - Contribution or Rollover or transfer from another SEP – IRA (Complete an *IRA Transfer Form*.)
- Simple IRA** (Must be accompanied by IRS forms 5305 SA and 5304 SIMPLE.)

4. Shareholder Account Options



Please include a voided bank check if you are establishing an AIP, Telephone Purchase Option, direct deposit of distributions, or the Telephone Redemption Option via electronic funds transfer (EFT) or wire.

Automatic Investment Plan (AIP) – You can make automatic purchases from your bank account into a Baird Funds account.

Amount invested each time (\$100 minimum) \$ _____

Fund name: _____

Investment frequency: Once a month on the _____ day of the month.

This privilege will be effective 15 days after we receive your application in proper form. If the date you choose falls on a weekend or holiday, your AIP will occur on the next business day.

All purchases made between January 1 and April 15 are to be considered: (choose one)

- Current year contributions
- Prior year contributions

*If no box is checked, all investments will be considered **current** year contributions. Any changes to this election must be made in writing prior to the purchase taking place.*

Each of the following account options will be added to your account. Unless a voided check is enclosed, the Telephone Purchase Option cannot be established with this application. If you do not want these options, check the boxes below.

Telephone Exchange Option – You can sell shares by phone from one Baird funds account and use this money to buy shares in an identically registered Baird Funds account. I do **not** want the Telephone Exchange Option.

Telephone Purchase Option – You can purchase shares by phone with payment from your designated bank account by EFT. I do **not** want the Telephone Purchase Option.

For further information about these account options, refer to the prospectus.

5. Bank Information

If a voided bank check or savings account deposit slip is not enclosed with this application, but you do include a personal investment check, we will use the bank information contained in the personal investment check to establish the options listed in Section 4.

If you initiate Telephone Purchase before 3:00 p.m. Central Standard Time, the transfer of funds from your bank account will normally occur on the following banking day. Robert W. Baird & Co. Incorporated, the applicable fund, its transfer agent and any officers, directors, employees, or agents of these entities (collectively "Baird"), will not be responsible for banking system delays beyond their control.

The following authorization is required for EFT transactions: By signing Section 5, I authorize my bank to honor all entries to my bank account initiated through U.S. Bank, N.A., on behalf of the applicable Baird Fund. Baird will not be liable for acting upon instructions believed 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 collected 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 personally by me. I agree that if any such entries are dishonored with good or sufficient cause, my bank shall be under no liability whatsoever. I 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 a reasonable amount of time to act upon a written notice of revocation.

6. Beneficiary Information

To name multiple primary or secondary beneficiaries, include all information in this section on a separate sheet. Unless noted, Baird Funds will assume equal distribution among beneficiaries.

Beneficiary's Name (first, middle, last) or entity

Taxpayer I.D. Number

Date of Birth

Street address or P.O. Box

City, State, Zip

Relationship to you

Spousal consent: If you want someone other than or in addition to, your spouse and reside in a community or marital property state, including: AZ, CA, ID, LA, NV, NM, TX, WA, or WI, your spouse must consent. Your spouse must sign below to consent to the beneficiary designation.

X

Signature of Spouse

Please Print Name

Date

7. Signatures

I acknowledge that I have read the IRA Disclosure Statement and custodial Account Agreement. I adopt the Baird Funds IRA 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 read the current prospectus for the Fund(s) in which I am investing. I will obtain the current prospectus for each Fund into which I may exchange before I request the exchange. I acknowledge and consent to the householding (i.e., consolidation of mailings) of regulatory documents such as prospectuses, shareholder reports, proxies, and other similar documents. I may contact Baird Funds to revoke my consent. I agree to notify Baird Funds in writing 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 Baird Funds within such time period. I represent that I am of legal age and have legal capacity to make this purchase.

If I am opening a Traditional IRA with a distribution from an employer-sponsored retirement plan, I elect to treat the distribution as a partial or total distribution and certify that the distribution qualifies as a rollover contribution. I understand the following fees may be collected by redeeming sufficient shares from each Fund account balance: (1) an annual \$15.00 maintenance fee per account (\$30.00 maximum), (2) a \$25.00 distribution fee, and (3) a \$25.00 fee for account transfers or refunds in excess contributions. The custodian or transfer agent may change the fee schedule.

To complete the application you must sign here.

X

Signature of Owner

Please Print Name

Date

X

Signature of Custodian (if IRA owner is a minor)

Please Print Name

Date

8. Dealer Information [ONLY IF APPLICABLE]

Be sure to provide representative's full name (including first name and middle initial).

Dealer Name

Representative Name (last, first, middle)

DEALER HOME OFFICE INFORMATION

REPRESENTATIVE'S BRANCH OFFICE INFORMATION

Address

Address

City /State/Zip

City /State/Zip

Phone Number

Phone Number

Branch number

Rep number

Before mailing this application, have you...

- Enclosed your check made payable to Baird Funds?
- Entered your Social Security Number in Section 1?
- Included a voided check, if applicable?

- Signed your application in Section 7?
- Completed an IRA Transfer Form, if applicable?