



First American Funds, Inc.

MAIL TO:
First American Funds
P.O. Box 701
Milwaukee, WI 53201- 0701

OVERNIGHT ADDRESS:
First American Funds
615 East Michigan St.
Milwaukee, WI 53202-5207

Please print clearly, and complete all applicable sections.

FOR MORE INFORMATION CALL: 800.677.3863. Visit our website at FirstAmericanFunds.com

Fund # _____ **Account #** _____

1. SHAREHOLDER REGISTRATION

Check if changing address of record

Name in which shares are registered (Your full name, or name of corporation, or trustee)

Address

City _____ State _____ Zip _____
() ()
Daytime phone _____ Evening phone _____

Social Security or Tax ID number

U.S. citizen

2. DIVIDEND INCOME & CAPITAL GAINS

Check your choice of dividend/capital gain distribution and choose your payment method, if applicable.

Check one only; if none is checked, all dividend income and capital gains, if any, will be reinvested automatically.

- Reinvest all dividend income and capital gains.
- Pay dividends in cash and reinvest capital gains.
- Pay capital gains in cash and reinvest dividends.
- Pay all dividend income and capital gains in cash.

Method of Payment: If dividend income or capital gains are to be distributed in cash, select one of the following:

- Check sent to the address of record.
- Cash via Automated Clearing House (ACH). (See section 4.)

3. SPECIAL DIVIDEND SERVICE

Special dividend service allows you to invest income and capital gains from one First American Fund into another First American Fund account.

Check here if you want this service.

I hereby authorize the investment of dividends and capital gains as indicated below:

Invest both dividends and capital gains.

FROM:

TO:

(Fund name)

(Fund name)

(Account number)

(Account number)

Invest only the dividends.

FROM:

TO:

(Fund name)

(Fund name)

(Account number)

(Account number)

4. BANK & WIRE INSTRUCTIONS

If you wish to redeem shares with payment via ACH or wire transfer, or make use of the systematic investment plan or systematic withdrawal plan, you must attach a voided check below for the bank account you wish to use. Any change in these instructions must be made in writing to First American Funds and accompanied by a signature guarantee.

5. SYSTEMATIC EXCHANGE PLAN

For systematic exchanges from a presently held First American Fund.

Originating fund	Share class	Monthly \$ amount	Receiving fund	Share class
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Month in which exchanges are to begin _____

Day of month exchanges are to occur _____

Note:

Originating fund and receiving fund must be of the same share class.

Monthly exchange amount must be at least \$100.

Systematic exchange will stop when the originating fund's balance is reduced to zero or counter instructions have been received.

6. DEALER INFORMATION CHANGES

(Dealer must have approved agreement with fund distributor, Quasar Distributors, LLC.)

Firm

Address

City State Zip

Phone Branch number Rep ID

Name of representative/number (please print)

Signature of branch manager (if dealer is requesting change)

Please staple your voided check here.

7. SYSTEMATIC INVESTMENT PLAN

If you choose this option, you must attach a voided check, on page 2, of the bank account you wish to use. Each fund must have a minimum initial investment of \$2,500.

Check here if you want this service.

I authorize the fund distributor, Quasar Distributors, LLC, to draw on my bank account on a periodic basis as indicated below, for investments in my First American Funds account. I understand that if there are insufficient funds in my account, finance charges may apply.

I have attached a voided check

Periodic investment amount \$ _____
(\$100 minimum).

Name of fund _____

To specify additional systematic investments, please attach a separate sheet.

Preferred Investment Schedule:

Semi-monthly, on the _____ and _____ days of each month beginning _____
(Month)

Monthly, on the _____ day of each month beginning _____
(Month)

8. SYSTEMATIC WITHDRAWAL PLAN

If you choose payment by ACH, you must attach a voided check on page 2.

Check here if you want this service.

To establish a systematic withdrawal plan (SWP), an investor must own or purchase shares of First American Funds having a current net asset value of at least \$5,000.

Name of fund _____

To specify additional SWP investments, please attach a separate sheet.

Amount and Frequency of Payments:

Class A shares

Beginning in _____ please make payments of _____.
(Month, Year)

(Indicate percentage or dollar amount to withdraw in space provided, \$100 minimum, UGMA or UTMA.)

Monthly Quarterly Semi-annually Annually

Payments to be made on the _____ of the month.

Monthly Quarterly Semi-annually Annually

Payments to be made on the _____ of the month.

Payment Instructions (*check one*):

I wish to have payments under the SWP made via ACH to my bank account. (Please attach a voided check, on page 2, from the bank account you wish to use.)

I wish to have payments under the SWP made to me by check and sent to the address on my account.

I wish to have payments under the SWP made to me by check at the following address:

Address _____

City _____ State _____ Zip _____

(If address supplied is different than currently registered address on account, signature guarantee is required.)

9. SIGNATURE AND CERTIFICATION (required)

I affirm that I have received and read the current prospectus(es) and agree to its terms. I agree that Quasar Distributors, LLC, the transfer agent, First American Funds, Inc., or any affiliate or their officers, directors, or employees will not be liable for any loss, expense, or cost for acting upon any instructions or inquiries believed genuine.

I understand that U.S. Bancorp Asset Management, Inc. serves as the advisor to the First American Funds. I understand that these investment products are not FDIC insured, are not deposits of, obligations of, or guaranteed by any bank, and involve investment risks, including possible loss of the principal invested.

Under certain circumstances, if no activity occurs in an account within a time period specified by state law, your shares in the Fund may be transferred to that state.

By signing this form, I hereby certify under penalties of perjury that the information on this application is complete and correct.

I agree that a facsimile copy of this executed form will have the same force and effect as the originally executed document.

Signature of account holder

Date

Signature (joint registrant, if any)

Date

Signature and title (corporate officer, partner, trustee, etc.)

Date

Signature Guarantee, if noted as a requirement for the selected options above.

Please check with a customer service representative at 800.677.3863 for applicability of signature guarantee.