



403(b) DISTRIBUTION REQUEST FORM

To receive a distribution from your 403(b) account, carefully complete this form, sign it and have your signature guaranteed, if required. For assistance call us at (800) 877-6089. Regular Mail: P.O. Box 219083, Kansas City, MO 64121-9083. Express Mail: Madison Funds, 430 W 7TH Street STE 219083, Kansas City, MO 64105-1407.

1. ACCOUNT INFORMATION (PLEASE PRINT)

Name (as it appears on account)

Address

Address

City

State

ZIP

Account Number

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Social Security Number

Birth Date

Daytime Telephone Number

2. DISTRIBUTION OPTIONS (SELECT ONE)

ALSO COMPLETE SECTION 3.

- Notes:**
- Do not complete here for Required Minimum Distribution (RMD), complete Section 4.
 - Systematic distributions via check are not available; in Section 5, select one of the three distribution options:
 - deposit into your bank account via Automated Clearing House (ACH),
 - reinvest in a new Madison Funds non-retirement account **or**
 - reinvest in an existing Madison Funds non-retirement account.

A. **Total Distribution.** I request a one-time distribution of all fund portfolios associated with my account.

B. **Partial One-Time Distribution.** I request a one-time distribution out of the funds in my account as indicated below:

Fund name and number	Dollar Amount
_____	_____
_____	_____
_____	_____
_____	_____

C. **Systematic Withdrawal Plan.** I request you establish a Systematic Withdrawal Plan out of the funds in my account as indicated below:

Identify the frequency and start date: Monthly Quarterly Semiannual Annual

Make the first distribution in (month) _____ (year) _____

Make distribution on (insert a date between the 4th and 28th) _____

Note: If a distribution is not specified above, the distributions will begin the next available business day after the automatic distribution is established.

Fund name and number	Dollar Amount
_____	_____
_____	_____
_____	_____
_____	_____

3. DISTRIBUTION CLASSIFICATION (SELECT ONE)

NORMAL DISTRIBUTION

Choose this option if you are over age 59½. Note that you must begin taking distributions by April 1 of the calendar year following the year in which you reach 70½. You may elect to take distributions based on your life expectancy alone or your life expectancy in conjunction with that of a designated beneficiary.

SEPARATION FROM SERVICE

Choose this option if you are less than age 59½. You have 60 days to roll over the proceeds of premature distribution to another qualified retirement plan. If you do not complete the rollover within the 60 days period, the proceeds may be subject to taxes and early withdrawal penalties.

TERMINATION OF PLAN Date: _____

RETIREMENT Date: _____

RETURN OF EXCESS CONTRIBUTION

Choose this option if you have made an excess contribution to your IRA. Excess contributions may be returned without incurring the 6% penalty at any time before the tax filing date of the year of which you have made the contribution. If the excess contribution has earned any investment income, this will also be returned in order to avoid the 6% penalty on that amount. However, any investment income returned is subject to the 10% early withdrawal penalty if you are under age 59½. You may choose to have the proceeds issued to you in the form of a check or applied to your IRA as a current year contribution.

Contribution of \$ _____ made on _____ Date _____

Remove earnings

Do not remove earnings

Issue check to participant

Apply as a current year contribution

DISTRIBUTION DUE TO DISABILITY

Choose this option if a physician has certified that you are unable to engage in any substantial gainful activity and the duration of your condition meets IRS standards for continued disability. Attach physician's letter specifying distribution that meets requirements of IRC(M)(7).

DISTRIBUTION DUE TO DEATH

Choose this option if you are the designated spousal beneficiary of the IRA shareholder. You must attach a certified copy of the Shareholder's death certificate, a tax waiver (if required by your state of residence) and a signature guarantee (see Section 7). If the shareholder has not designated a beneficiary or if you are not the spousal beneficiary, you may be asked to provide additional documents. Please contact a shareholder service representative for more information by calling (800) 877-6089.

Issue check to the beneficiary. (SSN: _ _ _ - _ _ - _ _ _ _ _)

Transfer to a new beneficiary IRA – application enclosed

Spousal

Non-Spousal

HARDSHIP

If your plan contained only salary deferral contributions, check one of the following boxes and sign the certification at the bottom of this section. Your signature is required here and in Section 8 in order to process your hardship distribution. If you are under age 59½, a 10% penalty may apply.

Notes: Earnings on salary deferral amounts after December 31, 1988, cannot be withdrawn for hardship; only amounts contributed by salary deferral are distributed due to financial hardship. As of January 1, 1999, a hardship distribution is no longer eligible for rollover to an individual retirement account.

Medical expenses

Tuition payment for you, your spouse, or child for post-secondary education

Prevent eviction from apartment

Prevent foreclosure from home you own

Purchase of *primary* residence

I certify that the amount withdrawn does not exceed the amount required to alleviate the financial need, is not reasonably available from any other resources, and shall be used only for the reason indicated above. I confirm that it is solely my responsibility for demonstrating to the validity of the hardship to the Internal Revenue Service. **Note: You may not make any salary reduction contributions to the Account for a period of 6 months after receiving a hardship withdrawal.**

Signature of Participant _____ Date _____

Required Minimum Distribution (RMD) – Complete Section 4 (next page).

4. REQUIRED MINIMUM DISTRIBUTION (SELECT ONE)

Check either **A** or **B** and complete as necessary. If **B** is selected, Madison Funds requires that a new request be submitted each year.

- Notes:**
- Distributions will be taken proportionately from each fund in your account.
 - Systematic distributions via check are not available; in Section 5, select one of the three distribution options:
 - deposit into your bank account via Automated Clearing House (ACH),
 - reinvest in a new Madison Funds non-retirement account or
 - reinvest in an existing Madison Funds non-retirement account.

A. RMD Calculation by Madison Funds

Calculate my RMD as indicated below:

- Based upon my single life expectancy from IRS Uniform Lifetime Table.
- Based upon joint life expectancy for me and my spousal beneficiary who is more than 10 years younger than I am.
 Name of spousal beneficiary _____
 Birth date of beneficiary _____ Social Security Number ____-____-_____
- I elect to have my payment based on the following number of years: _____, which is less than my life expectancy (or joint life expectancy).

Prior year-end Value: (Select one of the two options below)

- Assets were held with Madison Funds.
- Assets were NOT held with Madison Funds. Provide the value of the assets as of December 31 of the prior calendar year
\$ _____.

Identify the frequency and start date:

All distributions will occur annually unless otherwise indicated: Monthly Quarterly Semiannual

Make the first distribution in (month) _____ (year) _____

Make distribution on (insert a date between the 4th and 28th) _____

NOTE: If a distribution is not specified above, the distributions will begin the next available business day after the automatic distribution is established.

B. RMD One-time Calculation by Participant/Owner

I will calculate my RMD amount each year and notify Madison Funds in writing of how much I would like to take from my account. This year only, I would like to withdraw the following amount(s) from the fund(s) indicated below:

Fund name of number	Dollar Amount
_____	_____
_____	_____
_____	_____
_____	_____

5. PAYMENT OPTIONS (SELECT ONE)

Check one of the following four boxes:

- Reinvest in my existing Madison Funds non-retirement account. Account Number _____
- | Fund | Dollars or Percent | Fund | Dollars or Percent |
|------|--------------------|------|--------------------|
| | | | |
| | | | |
- Reinvest in a new Madison Funds non-retirement account (Attached a completed new account application).
- Electronically deposit the distribution(s) into my financial institution account. **Provide bank information in Section 6.** Payments will be delivered to your bank within three business days following each distribution.
- Send check to Address of Record. **This option is available ONLY for a one-time distribution request in Section 2-A, 2-B or 4-B.** Overnight mail delivery requested (fee will be assessed).

Payee Information – Only complete if the check is to be made payable to someone other than the participant/owner or will be mailed to an address other than the address of record. **If completed, a signature guarantee is required in Section 8.**

Payee name _____

Alternative address _____ City _____ State _____ Zip _____

6. FINANCIAL INSTITUTION ACCOUNT INFORMATION

You must complete this section when signing up for a systematic withdrawal plan or for the RMD proceeds to be electronically deposited to your bank account. NOTE: Only one voided check or deposit slip need accompany this application.

Type of Account: Checking Savings Account Number: _____

Name(s) Print as Shown on Bank Account Registration: _____

Bank Name: _____ Bank Routing Number: _____

A Medallion Signature Guarantee or a Signature Validation Program Stamp is required as described in Section 8 if the mutual fund account owner(s) as identified in Section 1 and the bank account owner(s) identified above DO NOT include at least one common owner. If this is the case, the mutual fund account owner(s) AND the bank account owner(s) must sign in section 8 and have their signatures guaranteed.

If adding banking and redeeming within 30 days, you must include a Signature Guarantee Stamp in Section 8.

**TAPE PREPRINTED
VOIDED CHECK
OR PREPRINTED
SAVINGS ACCOUNT
DEPOSIT SLIP HERE.
PLEASE DO NOT
STAPLE.**

**IF A SAVINGS
ACCOUNT DEPOSIT
SLIP IS NOT AVAILABLE
SUBMIT INFORMATION
ON OFFICIAL
LETTERHEAD FROM
YOUR FINANCIAL
INSTITUTION.**

XXXXX XXXXXXXXXXXX XXXXX

XXXX XXXXXXXXXXXX XX

XXXXXXXXXXXXXXXX XX XXXXX

DATE: _____

PAY TO THE ORDER OF: _____

DOLLARS

FOR _____

!\$XXXXXXXXXX! XXXXXXXXXXXX" XXXXX

7. WITHHOLDING ELECTION

FEDERAL WITHHOLDING ELECTION

Mandatory 20% Withholding applies to all Eligible Rollover Distributions (most distributions under this plan) received by the participant, or in some instances, the spouse of the participant. You may not elect out of mandatory withholding, but you may elect to have more than 20% withheld by completing the following:

Additional withholding: \$ _____ or _____%

Voluntary Withholding generally applies only to death benefits paid to a non-spouse beneficiary, return of after-tax contributions, SIP payments made over a period greater than 10 years of life expectancy, and amounts distributed to satisfy a Required Minimum Distribution (after age 70½). Amounts that exceed your RMD amount for any year are subject to 20% mandatory withholding.

- I do *not* elect to have federal income tax withheld from my Non-Eligible Rollover Distribution payment(s), and I acknowledge receipt of the Notice of Withholding.
- I want my withholding from each periodic payment to be figured using the number of allowances and marital status shown.

Marital status: Single Married Married, but withhold at higher single rate.

Number of exemptions: _____ .

If no election is made, the amount withheld will be based on a married person claiming 3 exemptions.

Optional - Need Not Be Completed: Additional withholding: \$ _____ or _____%

Note: Even if you elect not to have federal income tax withheld, you are liable for payment of federal income tax on the taxable portion of your distribution or withdrawal. You may also be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate.

STATE WITHHOLDING ELECTION

If you are a resident of AR, CA, DC, DE, IA, KS, ME, MA, MI, MS, NE, NC, OK, OR or VT you need to complete the state withholding election below.

For residents of the states listed above we are required to withhold state taxes from your IRA distribution(s) when you have federal taxes withheld, unless otherwise elected. In addition, residents may voluntarily elect to have state taxes withheld, but opt out of federal withholding.

If you do not make an election, we will withhold state taxes from your distribution(s).

Please select one of the following options:

No, do not withhold state income taxes from my IRA distribution(s). I understand that I will be responsible for the state tax due on the taxable portion of my distribution (if any) and that I may incur penalties under the estimated tax payment rules.

Yes, withhold state income taxes on my distribution(s).
In addition to the standard state tax withholding amount, I would like an additional \$ _____ withheld.

Note: State tax withholding is only available to residents of the states listed above. State income tax withholding will be calculated in accordance with the regulations of your state of residence. Some states have additional provisions in order to opt out of automatic state tax withholding, (e.g., Michigan). Consult with your tax advisor or refer to your state's tax laws for more information.

8. SIGNATURE/SIGNATURE GUARANTEE

I acknowledge having received, read and understood a notice from the Plan Administrator or Payor, explaining the federal income tax rules and options that apply to Eligible Rollover Distributions, including a description of the direct rollover option. Even if I have not received this explanation at least seven days before I request the distribution, as required by the IRS, I am nevertheless requesting this distribution be made at this time. The Custodian may conclusively rely on this certification and authorization without further investigation or inquiry. I expressly assume responsibility for any adverse consequences which may arise from the Election(s) and agree that the Custodian, Madison Funds, DST and their agents shall in no way be responsible, and shall be indemnified and held harmless for any tax, legal or other consequences of the Election(s) made on this form.

Participant's Signature

Date

Plan Administrator/Employer's Signature

Date

As Plan Administrator/Employer, I hereby certify that if a distribution is requested in Section 3, the reason for a distribution checked is true.

SIGNATURE GUARANTEE STAMP (if required)*

SIGNATURE GUARANTEE STAMP (if required)*

***A Medallion Signature Guarantee or a Signature Validation Program Stamp is required if you:**

- 1) **completed the Payee Information in Section 5** to request the check be made payable to someone other than the participant/owner or will be mailed to an address other than the address of record; or
- 2) **the mutual fund account owner(s) as identified in Section 1 and the bank account owner(s) identified in Section 6 DO NOT include at least one common owner.** If this is the case, the mutual fund account owner must have their signature guaranteed above AND the bank account owner(s) must sign below and have their signatures guaranteed.

If required, please have each signature separately guaranteed by a bank, savings and loan association, trust company, credit union, broker/dealer, or any other "eligible guarantor institution". These institutions often participate in signature guarantee medallion programs. **A notary public is NOT an acceptable guarantor.**

Bank Account Owner's Signature (if required)*

Date

Bank Account Co-owner's Signature (if required)*

Date

SIGNATURE GUARANTEE STAMP

SIGNATURE GUARANTEE STAMP