



ACCOUNT MAINTENANCE FORM

To request a change to your account, complete all sections below that apply, sign the form, and have your signature guaranteed, if required. Do **not** use this form for individual retirement or Coverdell education savings accounts. For assistance, please call us at **1-800-877-6089**.
Regular Mail: Madison Funds, 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. CURRENT ACCOUNT INFORMATION (PLEASE PRINT)

Name (as it appears on account)	Account Number <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> </tr> </table>												
Street Address	Social Security Number <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> </tr> </table>												
City	State	ZIP	Tax ID Number <table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> <td style="width: 10%;"> </td> </tr> </table>										

2. ADDRESS CHANGE

New Street Address	Previous Daytime Telephone
City	New Daytime Telephone
State	ZIP

Please note, for your protection, redemption requests within 30 days of an address change must be received in writing, with a signature guarantee.

3. ACCOUNT OPTIONS (COMPLETE SECTION 5, IF APPLICABLE)

Telephone Purchase, Redemption and Exchange

Update my account for telephone purchase, redemption or exchange privileges as indicated below (check all that apply):

- ADD: Telephone Purchase* Telephone Redemption* Telephone Exchange
- DISCONTINUE: Telephone Purchase Telephone Redemption Telephone Exchange

Automatic Investment Plan*

A minimum investment of \$50 per fund per month is required.

- I wish to invest directly from my bank account (select one): Twice Monthly (24/Yr.) Monthly Bimonthly (6/Yr.) Quarterly
Investment will occur on the 15th of the month if no selection is made. Exact date may vary 1-2 days.

<u>Start Date</u> (mm/dd/yyyy)	<u>Fund</u>	<u>Amount</u>	<u>Start Date</u> (mm/dd/yyyy)	<u>Fund</u>	<u>Amount</u>
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____

Systematic Exchange Plan

A \$5,000 minimum account balance is required to establish a systematic exchange plan; \$50 minimum exchange per fund.

- Exchange \$ _____ monthly from Fund _____ into Fund _____ Start Date _____
(mm/dd/yyyy)
- Exchange \$ _____ monthly from Fund _____ into Fund _____ Start Date _____
(mm/dd/yyyy)

Systematic Withdrawal Plan*

A \$5,000 minimum account balance is required to establish a systematic withdrawal plan; \$50 minimum exchange per fund.

- I wish to establish regular redemptions from this account (select one):
- Twice Monthly (24/Yr.) Monthly Bimonthly (6/Yr.) Quarterly Semiannually

<u>Start Date</u> (mm/dd/yyyy)	<u>Fund</u>	<u>Amount</u>
_____	_____	\$ _____
_____	_____	\$ _____

PAYMENT OPTIONS:

- Directly deposit into my bank account* (complete Section 5)
- Send check to address of record
- Send check to optional payee (complete Section 6)

*You must complete Section 5 to add banking information to establish telephone purchase privileges, a systematic investment plan, or to have future redemption proceeds electronically deposited to your bank account.

Allow a minimum of 10 days after our receipt of this application before these options can begin.

4. DISTRIBUTION OPTIONS

All dividends and capital gains will be reinvested into additional shares of the same fund at net asset value unless otherwise indicated.

- Pay my dividends and capital gain distributions in cash (select payment option below).
- Pay my *dividends in cash* and my *capital gain distributions in additional shares* (select payment option below).
- Pay my *capital gains distributions in cash* and my *dividends in additional shares* (select payment option below).

Payment Options

- Directly deposit into my financial institution account. **(Complete Section 5 if account information not on file.)**
- Send check to the address of record.
- Send check to an optional payee. **(Complete Section 6)**
- I wish all of my cash distributions to be reinvested into a different Madison Fund as indicated below.
(You must have an existing account in that fund or be establishing one with this application.)
Name of Other Fund _____

5. FINANCIAL INSTITUTION ACCOUNT INFORMATION

- Add bank information for telephone purchase privileges, a systematic investment or withdrawal plan, or to have future redemption proceeds electronically deposited to your bank account.
- Update the bank information on my account for all existing account options.

Type of Account: Checking Savings Account Number: _____

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

Bank Name: _____ Bank Routing Number: _____

You must attach an original voided check or preprinted savings account deposit slip below, or include a copy of your account statement with this form.

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 XXXXXXXXXXXXX	XXXXX
XXXX XXXXXXXXXXXXX XX	
XXXXXXXXXXXXXXXX XX XXXXX	
PAY TO THE ORDER OF: _____	DATE: _____
_____ DOLLARS	
FOR _____	
!\$XXXXXXXXXX! XXXXXXXXXXXXII* XXXXX	

A Medallion Signature Guarantee or a Signature Validation Program Stamp is required if the mutual fund account owner 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 AND the bank account owner(s) must have their signatures guaranteed in Section 8.

8. SIGNATURE/SIGNATURE GUARANTEE

This information accurately reflects my/our investment objectives and shareholder service selection. I/We have full authority and am/are of legal age to purchase shares pursuant to this form, have received a current prospectus, and agree to be bound by its terms. Under the penalties of perjury I/we certify (1) that the social security number(s) or taxpayer identification number(s) above is/are correct and (2) that I/we am/are not subject to back-up withholding as a result of failure to report all interest or dividends or the IRS has provided notification that I/we am/are no longer subject to back-up withholding. **[Cross out (2) if incorrect.]** I/we also realize that the Madison Funds are not FDIC insured. Shares of the funds are not deposits or obligations of, or guaranteed or endorsed by the Advisor or Distributor. Shares of the funds are not federally insured by the U.S. Government, the Federal Deposit Insurance Corporation, the Federal Reserve Board or any other agency. Investment return and principal value will vary as a result of market conditions or other factors so that shares of the funds, when redeemed, may be worth more or less than their original cost. An investment in the funds involves investment risks, including the possible loss of principal.

Individual Signature or Corporation, Owner, Custodian Date

SIGNATURE GUARANTEE STAMP (if required)*

Co-owner (required for joint account) Date

SIGNATURE GUARANTEE STAMP (if required)*

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

- 1) **completed the Optional Payee Information in Section 6** 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 5 DO NOT include at least one common owner.** If this is the case, the mutual fund account owner(s) must have their signatures 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

SIGNATURE GUARANTEE STAMP

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

SIGNATURE GUARANTEE STAMP