



TOA

TRANSFER REQUEST FORM

To transfer an existing account to Madison Funds, carefully complete this form, sign it and have your signature guaranteed (if needed). Mail it along with an Application (if establishing a new account with this transfer). Please use one form for each account being transferred. Do not use this form to transfer a Retirement Account. For assistance call us at (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. NAME/ADDRESS (PLEASE PRINT)

Owner Name: First M.I. Last

Social Security Number grid

Street Address

City State ZIP

Daytime Telephone Number

2. MADISON FUNDS ACCOUNT INFORMATION

Check this box if transfer is to an existing Madison Funds Account.

Account Number Fund Name(s) and Amount or Percentage

Check this box if opening a new account - attached is a completed application.

3. PRESENT ACCOUNT INFORMATION

(Please include a copy of your latest statement. It will help expedite your request.)

Name of Firm/Fund Company

Account Number

Address

Investment Name (if any)

City State ZIP

Approximate Account Value

4. INSTRUCTIONS FOR CURRENT CUSTODIAN

Liquidate: All Part \$ of the account listed above and transfer the proceeds directly to my Madison Funds.

In-kind transfer: All Part \$ or shares.

To ensure proper crediting, make check payable to: Madison Funds, and reference the shareholder's name, account number and the name of the fund(s). Mail check and a copy of this form identifying it as a transfer of non-retirement dollars to: Madison Funds, P.O. Box 219083, Kansas City, MO 64105-1407. If you have any questions, please call (800) 877-6089.

(Continued/Signatures on Reverse)

## 5. SIGNATURES AND ACCEPTANCE

I/We hereby authorize a transfer of non-retirement dollars as indicated in Section 3 and 4 to Madison Funds.

\_\_\_\_\_  
Signature (Owner)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Co-owner)

\_\_\_\_\_  
Date

Madison Funds has established the account referenced in Section 2 and will accept the transfer of non-retirement dollars as indicated in Section 4. If you have any questions, please call (800) 877-6089.

\_\_\_\_\_  
Authorized Signature – Madison Funds

\_\_\_\_\_  
Date

## 6. SIGNATURE GUARANTEE STAMP

If required by current custodian, Madison Funds recommends you call the current custodian to ask if they require. It will help expedite your request. **A notary public is NOT an acceptable guarantor.**

\_\_\_\_\_  
Signature Guaranteed by

SIGNATURE  
GUARANTEE  
STAMP

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

## 7. REPRESENTATIVE INFORMATION (PLEASE PRINT)

\_\_\_\_\_  
Registered Representative Name

\_\_\_\_\_  
Registered Representative Number

\_\_\_\_\_  
Daytime Telephone Number

\_\_\_\_\_  
Branch Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
Dealer/Firm Name

\_\_\_\_\_  
Dealer Number (if known)