



# EDUCATION SAVINGS ACCOUNT DISTRIBUTION REQUEST FORM

To receive a distribution from your Education Savings Account, carefully complete this form, sign it and have your signature guaranteed, if required. 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. ACCOUNT INFORMATION (PLEASE PRINT)

### STUDENT INFORMATION

_____	_____	_____	-	_____	-	_____	_____	_____	_____	
First Name	M.I.	Last Name		Social Security Number						
_____					_____					
Street Address					Date of Birth					
_____			_____		_____					
City			State		ZIP				Daytime Telephone Number	
<input type="checkbox"/> Student is a Special Needs Student										

### PARENT/GUARDIAN INFORMATION

					<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Guardian*			
*If "guardian," submit proof of guardianship.										
_____	_____	_____	-	_____	-	_____	_____	_____	_____	_____
First Name	M.I.	Last Name		Social Security Number						

## 2. DISTRIBUTION OPTIONS (SELECT ONE)

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

**Partial Distribution.** I request the following distribution(s) out of funds in my account as indicated below:

Fund	Dollars or Percent	Fund	Dollars or Percent
_____	_____	_____	_____
_____	_____	_____	_____

**Systematic Withdrawal Plan.** I request you establish a Systematic Withdrawal Plan as follows:

Beginning Month/Day\* \_\_\_\_\_  Twice Monthly (24/Yr.)  Monthly  Bimonthly (6/Yr.)  Quarterly  Semiannual  Annual

Fund	Dollars or Percent	Fund	Dollars or Percent
_____	_____	_____	_____
_____	_____	_____	_____

**Payment Options (select one):**

Send Check to Address of Record.

Directly deposit into my financial institution account. **Please complete Section 4.**

## 3. DISTRIBUTION CLASSIFICATION (SELECT ONE)

**Note:** *Withdrawal of the account balance is mandatory once the Student reaches the age of 30, unless designated a Special Needs Student. Consult your tax advisor or the Education Savings Account Disclosure Statement & Custodial Account Agreement to determine what your options are prior to or once that age has been reached.*

**QUALIFIED EDUCATION EXPENSES (Higher Education or Elementary and Secondary Education Expenses)**  
Check with your tax advisor or the Education Savings Account Disclosure Statement & Custodial Account Agreement to determine which expenses qualify. The amount withdrawn must not exceed your qualified education expenses for that year. This distribution will be tax-free.

**NON-QUALIFIED EXPENSES**  
Account earnings that are withdrawn may be subject to a 10% withdrawal penalty, as well as income tax.

**3. DISTRIBUTION CLASSIFICATION (CONTINUED)**

**RETURN OF EXCESS CONTRIBUTION**

Choose this option if you have made an excess contribution to your Education Savings Account.

Contribution of \$ \_\_\_\_\_ made on \_\_\_\_\_ Date

- Remove earnings
- Issue check to participant
- Do not remove earnings
- 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 IRS requirements.

**DISTRIBUTION DUE TO DEATH**

Choose this option if you are the designated beneficiary of the Education Savings Account. 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 5). If the shareholder has not designated a beneficiary, you may be asked to provide additional documents. Please contact a shareholder services representative for more information by calling (800) 877-6089.

- Issue check to the beneficiary. (SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_)
- Beneficiary (Family member under the age of 30 or Special Needs Student)
  - Transfer to a new Education Savings Account – application enclosed
  - Transfer to my existing Education Savings Account. Account # \_\_\_\_\_ Fund #/dollars \_\_\_\_\_
- Non-Family Member Beneficiary
  - Distribute proceeds. The beneficiary option to rollover an Education Savings Account is available only to "family members".

**4. FINANCIAL INSTITUTION ACCOUNT INFORMATION**

You must complete this section when signing up for telephone purchase privileges, a systematic investment plan, or if you want redemption, dividend or capital gains proceeds 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 5 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 5 and have their signatures guaranteed.

*If adding banking and redeeming within 30 days, you must include a Signature Guarantee Stamp in Section 5.*

**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

XXXXXXXXXXXX XX XXXXX

DATE: \_\_\_\_\_

PAY TO THE ORDER OF: \_\_\_\_\_

\_\_\_\_\_ DOLLARS

FOR \_\_\_\_\_

!XXXXXXXXXX! XXXXXXXXXXXX\* XXXXX

**5. SIGNATURE/SIGNATURE GUARANTEE**

I certify that I am the participant authorized to make these elections and that all information provided is true and accurate. I further certify that no tax or legal advice has been given to me by the Custodian, Madison Funds, DST or any agents of them, and that all decisions regarding the elections made on this form are my own. The Custodian is hereby authorized and directed to distribute funds from my account in the manner requested. I acknowledge that it is my responsibility to properly calculate, report, and pay all taxes due with respect to the elections made on this form. 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.

\_\_\_\_\_  
Signature of Donor (or Representative of Corporate Entity)    Date

(Student should sign if Student has reached the age of majority in Student's state of residence and controls the administration of the account; otherwise, Parent/Guardian should sign.)

**SIGNATURE GUARANTEE STAMP** (if required)\*

**\*A Medallion Signature Guarantee or a Signature Validation Program Stamp is required if the mutual fund account owner(s) as identified in Section 1 and the bank account owner(s) identified in Section 4 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**