



# IRA MAINTENANCE FORM

To request a change to your IRA account, complete the sections below that apply and sign the form. 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 7<sup>TH</sup> Street STE 219083, Kansas City, MO 64105-1407.

## 1. CURRENT ACCOUNT INFORMATION (PLEASE PRINT)

Name (as it appears on account) \_\_\_\_\_ Account Number \_\_\_\_\_  
 Street Address \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Daytime Telephone Number \_\_\_\_\_

## 2. ADDRESS CHANGE

New Address \_\_\_\_\_ New Daytime Telephone \_\_\_\_\_  
 City \_\_\_\_\_ 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 (ALSO COMPLETE SECTION 4, 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. Contributions will be posted current year only.

- 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.

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

### 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)

\* You must complete Section 4 to add banking information to establish telephone purchase privileges, an automatic 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. FINANCIAL INSTITUTION ACCOUNT INFORMATION**

- Add bank information for telephone purchase privileges, a systematic investment 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 XXXXXXXXXXXX  
XXXXX XXXXXXXXXXXX XX  
XXXXXXXXXXXXXXXX XX XXXXX

XXXXX

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

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

\_\_\_\_\_ DOLLARS

FOR \_\_\_\_\_

!XXXXXXXXXX!      XXXXXXXXXXXX\*      XXXXX

VOID

**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 sign below and have their signatures guaranteed.**

\_\_\_\_\_  
Individual Signature Date

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

**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 Owner's Signature (if required)\* Date

**SIGNATURE GUARANTEE STAMP**

## 5. BENEFICIARY

Please **add** the following Beneficiary information to my account. I currently do not have Beneficiary(ies) listed on my account.

Please **change** my current beneficiary information and update it with the information listed below.

I hereby make the following designation of beneficiary in accordance with the Madison Funds Traditional or Roth Individual Retirement Account: In the event of my death, pay any interest I may have under my account to the following Primary Beneficiary(ies) who survive me. Make payment in the proportions specified below (or in equal proportions if no different proportions are specified). Percentages or proportions for Beneficiaries must total 100%. If any Primary Beneficiary predeceases me, his/her share is to be divided among the Primary Beneficiaries who survive me in the relative proportions assigned to each such surviving Primary Beneficiary. If none of the Primary Beneficiaries survive me, pay any interest I may have under my Account to the following Secondary Beneficiary(ies) who survive me under similar terms as described above.

Unless Per Stirpes is indicated below, the following Pro Rata rule will be in place at my death. If any primary beneficiary dies before me, his or her interest shall terminate completely, and the percentage share of any remaining primary beneficiary(ies) shall be increased equally. If no primary beneficiary(ies) survives me, the contingent beneficiary(ies) shall acquire the designated share of my IRA. If no primary or contingent beneficiaries survive me, my spouse will be deemed my beneficiary. If there is no surviving spouse at the time of my death, my estate will be deemed my beneficiary.

- Per Stirpes -- I understand that if any of my beneficiaries dies before me, my estate will need to identify the descendants who are to receive my IRA assets. If any primary beneficiary does not survive me, but leaves descendants surviving me, then any share otherwise payable to such beneficiary shall instead be paid to such beneficiary's descendants surviving me. The percentage share of the remaining beneficiaries will remain the same.

### Primary Beneficiary(ies)

My Primary Beneficiary Designation(s) are made using:  Pro Rata  Per Stirpes

1.	_____	_____	_____	_____	_____
	Name	Relationship	Birth Date	Social Security Number	Percentage
2.	_____	_____	_____	_____	_____
	Name	Relationship	Birth Date	Social Security Number	Percentage
3.	_____	_____	_____	_____	_____
	Name	Relationship	Birth Date	Social Security Number	Percentage

### Secondary Beneficiary(ies)

My Secondary Beneficiary Designation(s) are made using:  Pro Rata  Per Stirpes

1.	_____	_____	_____	_____	_____
	Name	Relationship	Birth Date	Social Security Number	Percentage
2.	_____	_____	_____	_____	_____
	Name	Relationship	Birth Date	Social Security Number	Percentage
3.	_____	_____	_____	_____	_____
	Name	Relationship	Birth Date	Social Security Number	Percentage

**IMPORTANT: If you are married and reside in a community property or marital property state, you will need to obtain your spouse's consent if you have not designated your spouse as primary beneficiary for at least half of your Account (signature required below).**

**Spousal Consent - For use in community or marital property states (AZ, CA, ID, LA, NV, NM, TX, WA and WI).**

As the spouse of the account owner named in Section 1, I expressly consent to the primary beneficiary(ies) designated above.

\_\_\_\_\_

First Name M.I. Last Name

\_\_\_\_\_

Signature Date

## 6. SIGNATURES

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

Date