



403(b) ACCOUNT MAINTENANCE FORM

To request a change to your account, complete the sections below that apply and sign. 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. CURRENT ACCOUNT INFORMATION (PLEASE PRINT)

Name (as it appears on account)

Account Number

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Street Address

Social Security Number

City

State

ZIP

Daytime Telephone Number

2. ADDRESS CHANGE

New Address

New Daytime Telephone Number

City

State

ZIP

3. SYSTEMATIC EXCHANGE

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 _____ Starting _____ (Month/Day)

Exchange \$ _____ monthly from Fund _____ into Fund _____ Starting _____ (Month/Day)

4. TELEPHONE EXCHANGES

I do not want telephone exchange privileges.

I do want telephone exchange privileges.

5. BENEFICIARY

As Depositor, I hereby make the following designation of beneficiary in accordance with the State Street Bank and Trust Company 403(b) Custodial 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). If any Primary Beneficiary predeceases me, his 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.

IMPORTANT: If you are married and reside in a community property or marital property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin), 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. (See Section 6 for signature.)

Primary Beneficiary(ies)

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

5. BENEFICIARY (continued)

Secondary Beneficiary(ies)

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

6. SIGNATURES

This information accurately reflects my investment objectives and shareholder service selection. I have full authority and am 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 certify (1) that the social security number above is correct and (2) that I am 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 am 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.

Participant/Employee Signature

Date

SPOUSAL CONSENT - For use in community or marital property states (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin). The undersigned, spouse of the individual who established the 403(b) Custodial Account, consents to the foregoing designation of a beneficiary(ies) other than myself. I acknowledge receipt of full and reasonable disclosure of my spouse's property and financial obligations, and that I have had the opportunity to consult a legal adviser. I acknowledge that I am irrevocably giving up any rights I may have to receive amounts from the 403(b) Custodial Account in the event of my spouse's death, and I do so freely and voluntarily.

Signature of Spouse

Date