



TOA

COVERDELL EDUCATION SAVINGS ACCOUNT TRANSFER REQUEST FORM

To rollover/transfer an existing Coverdell Education Savings Account to a Madison Funds Education Savings Account, carefully complete this form, sign it and have your signature guaranteed (if required). Mail it along with an Education Savings Account Application. 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)

NAME OF PERSON WHO CONTROLS THE ACCOUNT BEING TRANSFERRED

First M.I. Last

Social Security Number grid

Street Address

City State ZIP

Daytime Telephone Number

Relationship (check one): Mother Father Guardian (If guardian, submit proof of guardianship)

NAME OF STUDENT

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 Education Savings 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

(Continued/Signatures on reverse).

4. INSTRUCTIONS FOR CURRENT CUSTODIAN

Liquidate and directly transfer: All or Part \$_____.

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

To ensure proper credit, make check payable to: Madison Funds and reference FBO (insert shareholder's name), account number and the name of the fund(s). Mail check and a copy of this form to: Madison Funds, P.O. Box 219083, Kansas City, MO 64121-9083. If you have any questions, please call (800) 877-6089.

5. SIGNATURE AND ACCEPTANCE

I understand that the requirements for a valid transfer to a Coverdell Education Savings Account are complex and that I have the responsibility for complying with all requirements and for the tax results of any such transfer. I acknowledge having sole responsibility for the foregoing investment choices and having received a current prospectus for the Fund(s) selected.

The undersigned certifies to the present Education Savings Account custodian or trustee that the undersigned has established a successor Education Savings Custodial Account meeting the requirements of Internal Revenue Code to which assets will be transferred, and certifies to UMB Bank n.a. that the Education Savings Account from which assets are being transferred meets the requirements of Internal Revenue Code.

Signature (Check one): Student Parent Guardian

_____ Date

Signature (Controlling Person, if different than above)

_____ Date

Note: If the Student is a minor under the law of the Student's state of residence, the parent or guardian must execute this Coverdell Education Savings Account Transfer Request Form.

UMB Bank n.a. agrees to accept transfer of the above amount for deposit to the Student's Madison Funds/UMB Bank n.a. Coverdell Education Savings Custodial Account, and requests the liquidation and transfer of assets as indicated above.

Authorized Signature (Madison/UMB Bank n.a.)

_____ Date

6. 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)

7. SIGNATURE GUARANTEE STAMP

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

Signature Guaranteed by

SIGNATURE
GUARANTEE
STAMP

Name

Title