



ACCOUNT MAINTENANCE FORM

To request a change to your account, complete all sections below that apply, sign the form, and have your signature guaranteed, if required. Do not use this form for individual retirement or Coverdell education savings accounts. 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 7th 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	Tax ID Number		

2. ADDRESS CHANGE

New Street Address			Previous Daytime Telephone		
City	State	ZIP	New Daytime Telephone		

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 (COMPLETE SECTION 5, 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

Systematic Investment Plan*

A minimum investment per fund per month is required: Class A & C Shares - \$50; Class Y Shares - \$1,000. See the prospectus for more information.

- 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 minimum account balance is required to establish a systematic exchange plan: Class A, B & C Shares - \$5,000; Class Y Shares - \$25,000. Minimum exchange per fund per month: Class A, B & C Shares - \$50; Class Y Shares - \$1,000. See the prospectus for more information.

- Exchange \$ _____ monthly from Fund _____ into Fund _____ Start Date _____ (mm/dd/yyyy)
- Exchange \$ _____ monthly from Fund _____ into Fund _____ Start Date _____ (mm/dd/yyyy)

Systematic Withdrawal Plan*

A minimum account balance is required to establish a systematic withdrawal plan: Class A, B & C Shares - \$5,000; Class Y Shares - \$25,000. Minimum withdrawal per month \$50. See the prospectus for more information.

- I wish to establish regular redemptions from this account (select one):
- Twice Monthly (24/Yr.) Monthly Bimonthly (6/Yr.) Quarterly Semiannually

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

PAYMENT OPTIONS:

- Directly deposit into my bank account* (complete Section 5)
- Send check to address of record
- Send check to optional payee (complete Section 6)

*You must complete Section 5 to add banking information to establish telephone purchase privileges, a systematic 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. DISTRIBUTION OPTIONS

All dividends and capital gains will be reinvested into additional shares of the same fund at net asset value unless otherwise indicated.

- Pay my dividends and capital gain distributions in cash (select payment option below).
- Pay my dividends in cash and my capital gain distributions in additional shares (select payment option below).
- Pay my capital gains distributions in cash and my dividends in additional shares (select payment option below).

Payment Options

- Directly deposit into my financial institution account. **(Complete Section 5 if account information not on file.)**
- Send check to the address of record.
- Send check to an optional payee. **(Complete Section 6)**
- I wish all of my cash distributions to be reinvested into a different Madison Fund as indicated below.
(You must have an existing account in that fund or be establishing one with this application.)
Name of Other Fund _____

5. FINANCIAL INSTITUTION ACCOUNT INFORMATION

- Add bank information for telephone purchase privileges, a systematic investment or withdrawal 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: _____

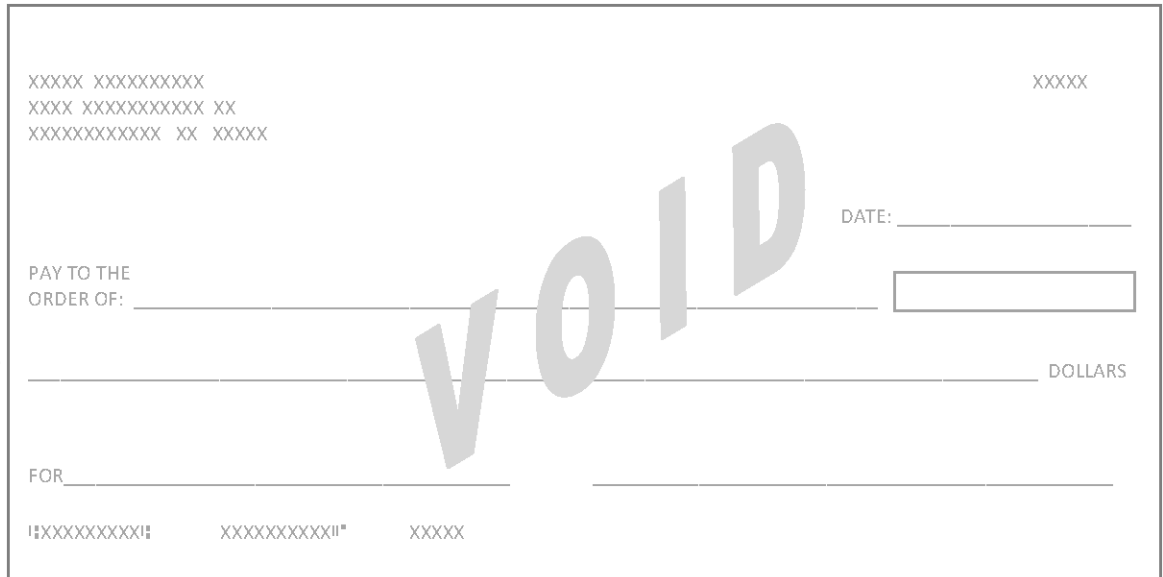
Name(s) Print as Shown on Bank Account Registration: _____

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.**



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 have their signatures guaranteed in Section 8.

6. OPTIONAL PAYEE

Pay to the Order of _____

Referencing: Name(s) on Account _____

Address _____

Account Number _____

City _____

State _____

ZIP _____

7. TRANSFER ON DEATH

- Please **add** the following Transfer on Death information to my account. I currently do not have Transfer on Death listed on my account.
- Please **remove** my current beneficiary information and reregister my account without a Transfer on Death designation.
- Please **change** my current beneficiary information and update it with the information listed below.

Transfer on Death account registration is optional and available only for Individual and Joint Tenants with Right of Survivorship registrations. It is not available for Tenants in Common, Tenants by the Entirety, or Community Property registrations. When establishing a custodial account, Transfer on Death is not applicable.

You may elect to have your shares transferred upon death directly to your designated beneficiaries. If you choose to name one or more beneficiaries for the account(s) you are opening with Madison Funds, all shares in the account, including those purchased in the future, will be transferred directly to the designated beneficiaries upon your death. If you designate one or more beneficiaries for your account(s), you have the right to change or revoke the beneficiary designation at any time in the future. If you elect to use this method of transferring the shares in your account upon your death, please complete the form below. Minors may be beneficiaries of a TOD account only if a custodian, trustee, or guardian is set for the minor. By not providing this information the owner is representing that all of the named beneficiaries have reached the age of majority and therefore are not minors.

I request that mutual fund account(s) that are opened with this application be registered in beneficiary form under the Uniform Transfer on Death Security Registration Act. I assign ownership upon my death to the beneficiary(ies) named below. I direct the Transfer Agent to transfer the shares in such accounts and any unpaid dividends and capital gain distributions in accordance with this direction and the provisions of applicable law. If the account(s) created with this application is/are established as Joint Tenants with Right of Survivorship, no transfer of ownership of shares under this beneficiary designation will occur until the death of all owners of the account(s). This beneficiary designation may be modified or revoked for any such account any time prior to the death of the last surviving owner of the account.

I understand the Madison Funds will use the "Pro Rata" method of beneficiary designation, where beneficiary rights end with the death of the beneficiary, unless I check the "Per Stirpes" box below in which case the ownership will pass to the legal descendants of the beneficiary in the event a designated beneficiary dies before the account owner(s). Percentages will be split equally if none are chosen.

Per stirpes

1.	_____	_____	_____	and/or	_____	_____
	Name	Relationship	Birth Date		Social Security Number	Percentage
	Guardian, if minor	Address	City		State	ZIP
2.	_____	_____	_____	and/or	_____	_____
	Name	Relationship	Birth Date		Social Security Number	Percentage
	Guardian, if minor	Address	City		State	ZIP
3.	_____	_____	_____	and/or	_____	_____
	Name	Relationship	Birth Date		Social Security Number	Percentage
	Guardian, if minor	Address	City		State	ZIP

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 (signature required below). If this is a joint account and the owners identified in Section 1 are married to each other, no spousal consent is required.

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

8. SIGNATURE/SIGNATURE GUARANTEE

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 or Corporation, Owner, Custodian Date

SIGNATURE GUARANTEE STAMP (if required)*

Co-owner (required for joint account) Date

SIGNATURE GUARANTEE STAMP (if required)*

***A Medallion Signature Guarantee or a Signature Validation Program Stamp is required if you:**

- 1) **completed the Optional Payee Information in Section 6** to request the check be made payable to someone other than the participant/owner or will be mailed to an address other than the address of record; or
- 2) **the mutual fund account owner(s) as identified in Section 1 and the bank account owner(s) identified in Section 5 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