# 457 PLAN EMPLOYER PARTICIPANT CONTRIBUTION REMITTANCE FORM

**To direct participant contributions to Madison Funds, carefully complete and sign this form. Employer needs to fax (if wire or EFT) or mail (if sending a physical check) this form to Madison Funds with each payment.**

To receive same day pricing, the form and payment must be received in good order by the close of trading on the New York Stock Exchange (typically 4 p.m. EST).

## 1. EMPLOYER/CREDIT UNION INFORMATION (PLEASE PRINT)

Employer/Credit Union Name

Plan/Credit Union Contract Number (8-Digit Number)

Employer/Credit Union Primary Contact

Daytime Telephone Number

**Our Plan has established the following remittance option (Select One):** ☐ Wire ☐ EFT ☐ Mail (check enclosed)

**INSTRUCTIONS if using WIRE or EFT option: Fax the completed form to: 816-218-0470 and call Madison Funds at 1-800-877-6089 and provide notice that the form has been faxed.** If wire option, wire the proceeds to Madison Funds. If EFT option, Madison Funds will process and pull the proceeds from the bank instructions on file for your organization.

**WIRE INSTRUCTIONS**
State Street Bank & Trust Company
ABA#: 0110-0002-8
FOR: Madison Funds
DDA#: 9905-510-5
FBO: *Employer/Credit Union Name, Plan ID (8-Digit Number)*

**MAIL INSTRUCTIONS if sending this form and check by mail:**

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

## 2. PARTICIPANT/MUTUAL FUND ACCOUNT INFORMATION (Participant fund allocation is not needed)

| Participant Name | Social Security Number | Madison Funds Account Number | Contribution ($) |
|---|---|---|---|
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TOTAL: $_____

## 3. SIGNATURE (AUTHORIZED BY CREDIT UNION/EMPLOYER)

We have full authority to direct the purchase of shares on behalf of the participants listed above pursuant to this contribution remittance form. We agree that the Fund and its Transfer Agent, Distributor or Adviser or any subsidiary, affiliate or agent, including their officers, trustees, directors or employees will not be liable for acting upon instruction (including faxed and telephone instructions) believed to be genuine.

Signature

Date

Provide Signer Name and Daytime Telephone Number (if different than above)



RETAIN A COPY FOR YOUR RECORDS