Madison FUNDS®

COVERDELL EDUCATION SAVINGS ACCOUNT MAINTENANCE FORM

To request a change to your Education Savings Account, complete the sections below that apply, and sign. Do not use this form for Retirement Plan Accounts. 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, 801 Pennsylvania Ave STE 219083, Kansas City, MO 64105-1307.**

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)

Systematic Withdrawal Plan*

A $5,000 minimum account balance is required to establish a systematic withdrawal plan; $50 minimum exchange per fund.

☐ 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 4)**

☐ Send check to address of record

☐ Send check to optional payee **(complete Section 5)**

*** 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: _____

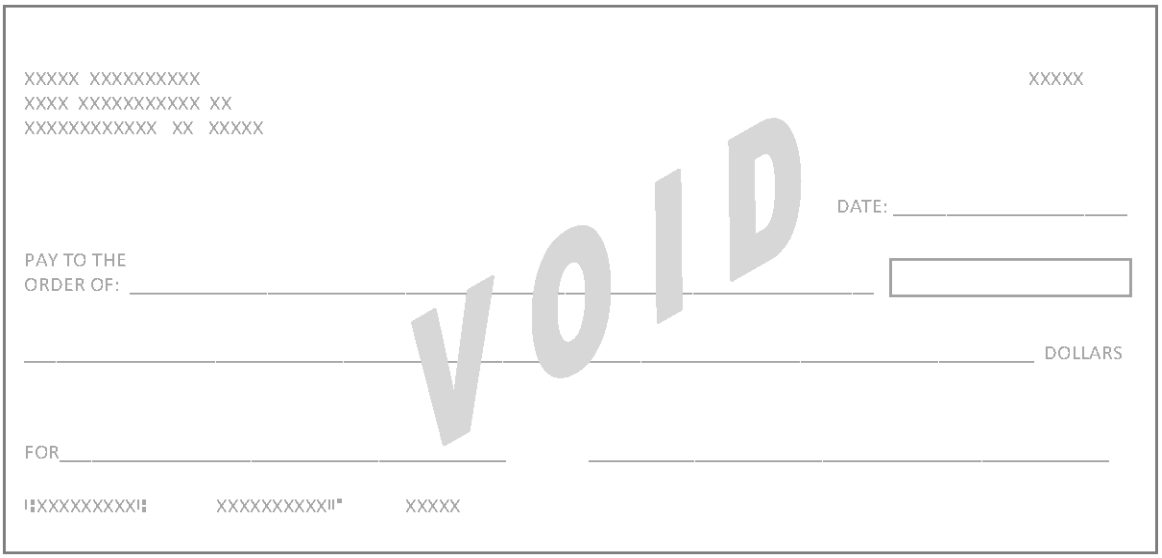
Name(s) Print as Shown on Bank Account Registration: _____

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



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.

_____
Signature of Donor (or Representative of Corporate Entity) 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. OPTIONAL PAYEE

Pay to the Order of

Referencing: Name(s) on Account

Address

Account Number

City

State

ZIP

6. BENEFICIARY

Use the space below to indicate the designated beneficiary for the Account. It may be advisable to designate a "family member" of the Student (see the Coverdell Education Savings Account Disclosure Statement you received when you established the Education Savings Account for a description of qualifying family members) who is the same age or younger than the Student. If the designated beneficiary is a family member of the Student and is under age 30 at the time of the Student's death, the Account may remain an Education Savings Account for the benefit of the designated beneficiary (who is, thereafter, treated as the Student for purposes of administering the Account). Otherwise, the Account may not continue to be administered as a tax-sheltered Education Savings Account.

The Student may change the beneficiary(ies) designated below at any time by filing a new Education Savings Account Maintenance Form with the Custodian. Any such subsequent Designation of Beneficiary will revoke all prior Designations. If the person designated as primary beneficiary does not survive the Student, the Account will pass to the alternate beneficiary (if any) named below if he or she survives the Student. If no designated beneficiary survives the Student, the Account will pass to the Student's estate (unless otherwise required under the laws of the state of the Student's residence). If you wish to designate multiple primary or alternate beneficiaries, you may do so by attaching a separate sheet listing the required information about each designated beneficiary; distributions to them will be in equal shares unless you specify different proportions.

☐ **Primary Beneficiary**

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

☐ **Alternate Beneficiary**

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

7. 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 a U.S. Citizen or Resident alien and 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.

Signature of Donor (or Representative of Corporate Entity)

Date

Student should sign if Student has reached the age of majority in Student's state of residence and controls the administration of the account; otherwise, Parent should sign.