



COVERDELL EDUCATION SAVINGS ACCOUNT APPLICATION CLASS Y SHARES

Use this application to open a Coverdell Education Savings Account that will be administered by UMB Bank, n.a. as Custodian for Madison Funds Education Savings Accounts. For assistance call us at (800) 877-6089.

PROCEDURES FOR NEW ACCOUNTS: Carefully complete and sign this application and enclose the initial investment check.

Important Notes:

- Only one Parent can be listed on the application.
The Donor making the contribution, if not the Parent or Student, may designate the initial investments in the Account, but shall have no further rights, interests or obligations related to the Account, except that he or she can make additional contributions...
Only the Donor is required to sign the Application. Even though the Parent/Responsible Individual controls the account, their signature is not required unless they are also listed as the Donor...
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. ACCOUNT REGISTRATION (PLEASE PRINT)

STUDENT INFORMATION

Form fields for Student Information: First Name, M.I., Last Name, Social Security Number, Date of Birth, Street Address, City, State, ZIP, Daytime Telephone Number, and checkboxes for Special Needs Student, Citizenship (U.S. citizen, Resident alien, Non-resident alien), and Country of Citizenship.

PARENT INFORMATION (Only one parent can be Listed)

Form fields for Parent Information: First Name, M.I., Last Name, Social Security Number, Date of Birth, Street Address, City, State, ZIP, Daytime Telephone Number, and checkboxes for Mother, Father, Guardian\*.

DONOR INFORMATION

Form fields for Donor Information: First Name or Corporate Entity, M.I., Last Name, Social Security Number or TIN, Date of Birth, Street Address, City, State, ZIP, Name of Corporate Contact/Daytime Telephone Number.

IMPORTANT NOTICE – THE USA PATRIOT ACT

To help the government fight the funding of terrorism and money laundering activities, Federal Law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means to you: When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you.

## 2. TYPE OF ACCOUNT REQUESTED AND SOURCE OF FUNDS

- Annual Contribution**  
 **Transfer from another Education Savings Account** (attach Madison Education Savings Account Rollover/Transfer Request Form).  
 **Rollover from an existing Education Savings Account** (if you received a check from an existing education savings account within the last 60 days and are enclosing a check for that money)

If you are transferring or rolling over an existing Education Savings Account, check the appropriate box below for the relationship of the Student in Section 1 above to the person who was the student for the existing Education Savings Account. The person in Section 1 is the:

- Same Person    Spouse    Child or Step-child    Sibling    Parent    Step-parent    Grandparent    Child of Sibling  
 Spouse of One of the Above    First Cousin    Other

## 3. INVESTMENT SELECTION (ACCOUNT MINIMUM \$500 PER FUND)

	<u>FUND #</u>	<u>PERCENTAGE</u>	<u>OR</u>	<u>AMOUNT</u>
<input type="checkbox"/> Madison Tax-Free National Fund.....	<input type="checkbox"/> 6397	_____		_____
<input type="checkbox"/> Madison Tax-Free Virginia Fund.....	<input type="checkbox"/> 6394	_____		_____
<input type="checkbox"/> Madison High Quality Bond Fund.....	<input type="checkbox"/> 6391	_____		_____
<input type="checkbox"/> Madison Core Bond Fund.....	<input type="checkbox"/> 6610	_____		_____
<input type="checkbox"/> Madison Dividend Income Fund.....	<input type="checkbox"/> 6401	_____		_____
<input type="checkbox"/> Madison Covered Call & Equity Income Fund.....	<input type="checkbox"/> 6655	_____		_____
<input type="checkbox"/> Madison Investors Fund.....	<input type="checkbox"/> 6399	_____		_____
<input type="checkbox"/> Madison Sustainable Equity Fund.....	<input type="checkbox"/> 6625	_____		_____
<input type="checkbox"/> Madison Mid Cap Fund.....	<input type="checkbox"/> 6623	_____		_____
<input type="checkbox"/> Madison Small Cap Fund.....	<input type="checkbox"/> 6624	_____		_____
<input type="checkbox"/> Madison International Stock Fund.....	<input type="checkbox"/> 6622	_____		_____
<b>Please make check payable to</b>		<b>TOTAL Contribution for Year:</b>	100%	\$
<b>Madison Funds.</b>		_____	_____	_____
		<b>TOTAL Contribution for Year:</b>	100%	\$
		_____	_____	_____

If no contribution year is selected, current year will be used. All dividend and capital gains will be reinvested into additional shares of the same fund at net asset value.

No money need accompany this application if you are purchasing by wire transfer, establishing an Automatic Investment or Payroll Deduction Plan, or if this account is being established with a rollover or transfer of assets. Please indicate below:

- This is a new account for an order already placed by wire transfer.  
 This is a new account being established with an Automatic Investment or Payroll Deduction Plan (**complete Section 4**).  
 This is a new account being established with a rollover or transfer assets (**complete and attach Madison Rollover/Transfer Form**).

Shares purchased by check or ACH electronic funds transfer are not available for redemption until such purchase(s) has cleared the shareholder's financial institution, which may take up to 10 days.

## 4. BENEFICIARY

Use the space below to indicate the designated beneficiary for the Account. The Student (provided the Student has reached age of majority in Student's state of residence) may change the beneficiary(ies) designated below at any time after the Account is established by filing a new Designation of Beneficiary with the Custodian via an Education Savings Account Maintenance Form. 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

**Alternate Beneficiary**

1.	Name	Relationship	Birth Date	Social Security Number	Percentage
2.	Name	Relationship	Birth Date	Social Security Number	Percentage

## 5. ACCOUNT OPTIONS

### Telephone Purchase, Redemption and Exchange

Your account will automatically receive telephone purchase, redemption and exchange privileges unless you check the box(es) below.

I DO NOT WANT:  Telephone Purchase       Telephone Redemption       Telephone Exchange

**You must include a voided check (complete Section 6) to establish telephone purchase privileges\*.**

### Payroll Deduction Plan\*

I wish to invest directly from my payroll. Complete and attach the Madison Payroll Deduction/Direct Deposit Form.

### Automatic Investment Plan\* (also complete Section 6)

**A minimum investment of \$50 per fund per month required. See the prospectus for more information.**

**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.*

<u>Start Date</u> <small>(mm/dd/yyyy)</small>	<u>Fund</u>	<u>Amount</u>	<u>Start Date</u> <small>(mm/dd/yyyy)</small>	<u>Fund</u>	<u>Amount</u>
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____

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

**\*Allow a minimum of 10 days after our receipt of this application before these options can begin.**

**6. FINANCIAL INSTITUTION ACCOUNT INFORMATION**

You must complete this section when signing up for telephone purchase privileges, a systematic investment plan, or if you want redemption proceeds electronically deposited to your bank account. NOTE: Only one voided check or deposit slip need accompany this application.

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

XXXXX

XXXXX XXXXXXXXXXXX  
XXXX XXXXXXXXXXXX XX  
XXXXXXXXXXXX XX XXXXX

DATE: \_\_\_\_\_

PAY TO THE  
ORDER OF: \_\_\_\_\_

\_\_\_\_\_ DOLLARS

FOR \_\_\_\_\_

!XXXXXXXXXX!      XXXXXXXXXXXX\*      XXXXX

**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 Co-owner's Signature (if required)\*                      Date

**SIGNATURE GUARANTEE STAMP**

## 7. SIGNATURES

If this is a rollover Education Savings Account (ESA), the undersigned certifies that any assets transferred in kind are the same assets received in the distribution being rolled over; that no other rollover from the transferring ESA has been made within the one-year period immediately preceding this rollover, and further that the assets being rolled over into this account were not previously rolled over into the transferring ESA within the one-year period immediately preceding this rollover; that such distribution was received within 60 days of making the rollover to this account; and that the Student identified in Section 1 above is either the person for whose benefit the prior ESA was maintained or a member of such person's family (within the meaning of Internal Revenue Code Section 529(e)(2)). If this is an annual contribution ESA, the undersigned certifies that the student is less than 18 years old or is a special needs student and that all contributions made on the student's behalf to this or any other ESA's do not exceed \$2,000 in a single tax year. If this is a transfer or rollover of an existing ESA, the undersigned certifies that the student is less than 30 years old or is a special needs student and that the relationship indicated in Section 2 is correct.

**If student is a U.S. Citizen or Resident alien**, the undersigned certifies that the number shown in Section 1 of this Account Application is the Student's correct Social Security number (or the Student is waiting to be issued a Social Security number). **If student is a Non-resident alien**, the undersigned acknowledges that the IRS does not require consent to any provisions of this document other than the Form W-8BEN certification required to avoid backup withholding and qualify for a tax treaty rate of withholding (see IRS Publication 515).

The undersigned acknowledges having received and read the Coverdell Education Savings Account Disclosure Statement and Custodial Account Agreement relating to this account. The undersigned acknowledges receipt of the Custodial Account Agreement and Education Savings Account Disclosure Statement at least 7 days before the date of signature (as indicated below) and acknowledges that there is no further right of revocation. **Depositor consents to the annual maintenance fee for this type of Account, generally \$10.00 per fund/account (see current fee schedule in Custodial Account Agreement). Depositor has received a current prospectus and agrees to be bound by its terms.**

If this is a contribution from a corporate entity, the undersigned represents that he/she has the requisite authority to sign this account application on behalf of such entity and that the establishment of the account and contribution thereto have been duly approved by all requisite corporate actions.

If the Student is a minor under the laws of the Student's state of residence, acceptance by the Custodian of the contribution to this Account is expressly conditioned upon the agreement of the Parent (identified in Section 1) to be responsible for all requirements of the Student under the documents governing the Account, and to exercise the powers and duties of the Student, with respect to the operation of the Account. Upon reaching the age of majority in the state in which the Student then resides, the Student may advise the Custodian in writing (accompanied by such supporting documentation as the Custodian may require) that he or she is assuming sole responsibility to exercise all powers and duties associated with the administration of the Account. Absent such written notice by Student, Custodian shall have no responsibility to acknowledge Student's exercise of such powers and duties of administration.

The undersigned acknowledges that adverse income tax consequences (including possible penalties) may apply for providing false or incorrect information and certifies that the information provided above is accurate and correct.

\_\_\_\_\_  
Signature of Donor (or Representative of Corporate Entity)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student\*

\_\_\_\_\_  
Date

*\*If Student has attained the age of majority in his/her state of residence, otherwise signature not required.*

**Custodian Acceptance.** UMB Bank n.a. will accept appointment as Custodian of the Account. However, this Agreement is not binding upon the Custodian until the Student has received a statement of the transaction. Receipt by the Student of a confirmation of the purchase of the Fund shares indicated above will serve as notification of UMB Bank n.a.'s acceptance of appointment as Custodian of the Account.

UMB BANK, n.a., CUSTODIAN

## 8. REPRESENTATIVE INFORMATION – IF APPLICABLE (PLEASE PRINT)

\_\_\_\_\_  
Registered Representative Name

\_\_\_\_\_  
Registered Representative Number

\_\_\_\_\_  
Daytime Telephone Number

\_\_\_\_\_  
Branch Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
Dealer/Firm Name

\_\_\_\_\_  
Dealer Number (if known)