



457 PLAN EMPLOYER SET-UP FORM

To establish a 457 Plan for your organization with Madison Funds, carefully complete and sign this form. This form needs to be completed only once per organization. It will provide Madison Funds with a primary person to contact regarding the Plan and your elections to receive account statements and remit contributions on behalf of your employees.

For assistance call us at 1-800-356-2644, ext. 6651035. Fax completed form to: 608-233-5628 or mail to: Madison Funds, Attn: Executive Benefits Dept, 5910 B A8+6, CUNA Mutual Group, P O Box 391, Madison, WI 53701.

1. EMPLOYER/CREDIT UNION INFORMATION (PLEASE PRINT)

Company Name _____

Tax ID Number

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Street Address (Required by USA Patriot Act)* _____

Credit Union Contract Number (8-Digit Number) _____

City _____ State _____ ZIP _____

Primary Contact Person at Company Administering the Plan _____

*To have mail delivered to a post office box, please complete below:

Primary Contact E-Mail Address _____

P O Box _____ City _____ State _____ ZIP _____

Daytime Telephone Number _____

USA PATRIOT ACT NOTICE: 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. To open your account we require your name, street address and other information that will allow us to identify you. This information will be verified to ensure the identity of all individuals opening a mutual fund account.

2. STATEMENT OPTIONS (SELECT ONE)

Madison Funds offers two methods to provide monthly participant account statements for your Plan. Select the option your organization will use from the list below (select one):

- Electronic. We would like to view participant account values through the Internet. This option provides your organization Administrator access to participant account values. Participants will also view their account statements online.
- By Mail. We would like to receive paper statements for each participant account. This option provides a paper statement mailed to the attention of your organization's "primary contact" only. Participants will view their account statements online.

3. CONTRIBUTION REMITTANCE OPTIONS (SELECT ONE)

Madison Funds offers three methods to remit participant contributions. Select the option your organization will use from the list below (select one):

- Check. We will mail a check to Madison Funds.
- Wire. We will initiate a wire to Madison Funds.
- Electronic Funds Transfer (EFT). We would like Madison Funds to pull the proceeds via EFT from the following account:

Type of Account: Checking Savings Account Number: _____

Name on Account: _____

Financial Institution Name _____ Routing # _____

Address _____

City _____ State _____

Once your Plan is established, you will use the 457 Plan Employer Participant Contribution Remittance Form to remit contributions to Madison Funds. You will need to fax the form and call Madison Funds if you choose the wire or EFT option, or mail the form if you choose to remit contributions by check.

4. SIGNATURE (AUTHORIZED BY EMPLOYER/CREDIT UNION)

We authorize Madison Funds to establish a 457 Plan for our organization. Under the penalties of perjury, we certify that the Taxpayer Identification Number above is correct. We agree to complete a New Account Application for each participant enrolled in our Plan and to remit employee contributions to Madison Funds. 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 telephone instructions) believed to be genuine. We are aware Madison Funds are not FDIC insured. Shares of the funds are not deposits or obligations of, or guaranteed or endorsed by the Adviser or Distributor, 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 _____

Date _____

Provide Signer Name and Daytime Telephone No. (if different than above) _____