



TOA

IRA DIRECT ROLLOVER/TRANSFER/
CONVERSION REQUEST FORM

To rollover, transfer or convert a qualified retirement plan or individual retirement account to a Madison Funds Traditional, Roth or SEP IRA, carefully complete this form, sign it and have your signature guaranteed (if required). Mail it along with an IRA Application. 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, 430 W 7TH Street STE 219083, Kansas City, MO 64105-1407.

1. ACCOUNT OWNER/DEPOSITOR (PLEASE PRINT)

First Name M.I. Last Name

Social Security Number grid

Street Address

City State ZIP

Daytime Telephone Number

2. MADISON FUNDS ACCOUNT INFORMATION

Check this box if transfer is to an existing Madison Funds IRA Account.

Type of Account (select one): Traditional IRA SEP IRA Roth IRA\*

Account Number Fund Name(s) and Amount or Percentage

Check this box if opening a new account - attached is a completed application.

Type of Account (select one): Traditional IRA SEP IRA Roth IRA\*

\*TAX WITHHOLDING ELECTION (COMPLETE ONLY FOR TRANSFER FROM ANOTHER TYPE OF IRA TO A ROTH IRA)

Under IRS rules, a transfer of a Traditional IRA, SEP IRA or SIMPLE IRA to a Roth IRA is treated for income tax purposes as a distribution of taxable amounts in the other IRA. IRS rules also require the custodian to withhold 10% of the amount transferred for federal income taxes unless no withholding has been elected. See IRS Publication 505, Tax Withholding and Estimated Tax for more information. State tax withholding may also apply if federal income tax is withheld. Caution: Withholding income taxes from the amount transferred (instead of paying applicable income taxes from another source) may adversely impact the expected financial benefits of transferring from another IRA to a Roth IRA (consult your financial adviser if you have a question). Because of this impact, by electing to convert a Traditional IRA to a Roth IRA, you are deemed to elect no withholding unless you check the box below. In so doing, by signing this form, you acknowledge that you may be required to pay estimated tax and that insufficient payments of estimated tax may result in penalties.

Withhold 10% for federal income taxes (if you want a greater percentage, indicate here: %)

3. INSTRUCTIONS TO CURRENT CUSTODIAN OR TRUSTEE (TO BE COMPLETED BY OWNER/DEPOSITOR)

Please include a copy of your latest account statement from your current custodian or trustee. It will help expedite your request.

Name of Firm/Fund Company

Account Number

Address

Investment Name (if any)

City State ZIP

Approximate Account Value

To ensure proper credit, make check payable to: Madison Funds, and reference FBO (insert shareholder's name), account number and the name of the fund(s). Mail check and a copy of this form to: Madison Funds, P.O. Box 219083, Kansas City, MO 64121-9083. If you have any questions, please call (800) 877-6089.

(Continued/Signatures on Reverse)

**3. INSTRUCTIONS TO CURRENT CUSTODIAN OR TRUSTEE (CONTINUED)**

**Liquidate and rollover:**  All or  Part \$\_\_\_\_\_. (Rollover from a Qualified Plan [401(k), Profit Sharing, Money Purchase, Pension Plan, etc.] or 403(b) arrangement, eligible 457 plan, or TSA Rollover IRA.)

Check this box if you are requesting a direct rollover from a 401(k) plan to a Roth IRA.

**Liquidate and transfer:**  All or  Part \$\_\_\_\_\_. (Transfer from a Traditional IRA, Roth IRA, Conversion Roth IRA, Simple IRA, SEP-IRA, SAR/SEP.)

**In-kind transfer:**  All or  Part \$\_\_\_\_\_ or \_\_\_\_\_ shares.

**Direct Madison Roth Conversion** (Madison IRA to Madison Roth): Madison Funds Account Number: \_\_\_\_\_ .  
Amount to Convert:  All  Part (specify amount(s) and fund names): \_\_\_\_\_ .

**Direct Roth Conversion from another financial institution:**  All or  Part \$\_\_\_\_\_ or \_\_\_\_\_ shares.

Please transfer from the above account to UMB Bank, n.a. **If I am requesting a movement of non-Roth assets to a Roth IRA, I understand the transaction will be reported by the current custodian or trustee as a taxable conversion or taxable rollover.** Transfer, conversion, or direct rollover should be in cash.

If this is a rollover/transfer to a new or existing Madison Funds IRA Account, **refer to Section 2 for the account type and tax withholding information, if applicable, to process this request.**

**4. SIGNATURE OF OWNER/DEPOSITOR (OBTAIN SIGNATURE GUARANTEE IF REQUIRED\*)**

I, the undersigned Owner/Depositor understand the requirements for a valid transfer to a Traditional IRA, SEP IRA, Roth IRA or SIMPLE IRA are complex and that I have the responsibility for complying with all requirements and for the tax results of any such transfer.

I, the undersigned Owner/Depositor, certify to the current IRA custodian or trustee I have established a successor Individual Retirement Custodial Account meeting the requirements of Internal Revenue Code Section 408(a), 408(k), 408(p) or 408A (as the case may be) to which assets will be transferred, and certify to UMB Bank, n.a. that the account from which assets are being transferred meets the requirements of Internal Revenue Code and that the transfer satisfies the requirement for nontaxable transactions.

\_\_\_\_\_  
Signature (Depositor/Owner)

\_\_\_\_\_  
Date

**\*Madison Funds recommends you contact the current custodian or trustee to ask if they require a signature guarantee to process this transfer request; it will help expedite your request. If required, a bank, credit union or dealer firm that offers this service needs to complete and sign below. A notary public is NOT an acceptable guarantor.**

**Signature Guaranteed by:**

\_\_\_\_\_  
Name of Bank, Credit Union or Dealer Firm

SIGNATURE  
GUARANTEE  
STAMP

\_\_\_\_\_  
Signature of Officer

\_\_\_\_\_  
Title

**5. ACCEPTANCE BY NEW CUSTODIAN**

DST Asset Manager Solutions, Inc., as custodial agent for UMB Bank, n.a., agrees to accept funds from the current custodian, and deposit them into a qualified retirement plan on behalf of the owner named in the accompanying transfer request, in accordance with the applicable provisions of the Internal Revenue Service Code.

**6. REPRESENTATIVE INFORMATION (PLEASE PRINT)**

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

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

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

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP

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

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