



457(b) Eligible Deferred Compensation Plan NEW ACCOUNT APPLICATION

To establish a new account, complete and sign this application. For assistance call us at **(800) 356-2644 ext. 6651035**.

Fax completed form to: (608) 233-5628 or **Mail to:** Madison Funds, Attn: Executive Benefits Dept, 591 0B A 8+6, CUNA Mutual Group, P O Box 391, Madison, WI 53701.

1. EMPLOYER/CREDIT UNION INFORMATION (PLEASE PRINT)

Company Name	<table border="1" style="border-collapse: collapse; text-align: center; width: 100%;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 10px; height: 20px;">-</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> Tax ID Number			-									
		-											
Primary Contact Person at Company Administering the Plan	Contact Daytime Telephone Number												

PLAN INFORMATION (select one):

- This is a new participant account for a Plan already established with Madison Funds. Our Plan/Credit Union Contract Number is: _____ (8-Digit Number)
- This is a new participant account with no Plan established with Madison Funds. Employer **must** complete and attach the 457 Plan Employer Set-up Form.

2. EMPLOYEE/PARTICIPANT INFORMATION (PLEASE PRINT)

First Name	M.I.	Last Name	<table border="1" style="border-collapse: collapse; text-align: center; width: 100%;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 10px; height: 20px;">-</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 10px; height: 20px;">-</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> Social Security Number				-			-				
			-			-								
Home Address (Required by the USA Patriot Act)			Date of Birth											
City State	ZIP		E-Mail Address											
<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident alien <input type="checkbox"/> Nonresident alien _____ <small style="margin-left: 100px;">Country of Citizenship</small>			Daytime Telephone Number											

NOTE: Non-resident aliens must include a government-issued photo ID with this application

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, date of birth, 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.

3. PARTICIPANT INVESTMENT ELECTIONS (ACCOUNT MINIMUM \$50 PER FUND PER MONTH)

Madison Funds allows 457(b) Plans to purchase Class A shares at Net Asset Value. Please select from the available funds listed below. Make allocations in whole percentage increments. Percentages must total 100%.

	CLASS A	PERCENTAGE
<input type="checkbox"/> Madison Conservative Allocation Fund	<input type="checkbox"/> 165	_____
<input type="checkbox"/> Madison Moderate Allocation Fund	<input type="checkbox"/> 166	_____
<input type="checkbox"/> Madison Aggressive Allocation Fund	<input type="checkbox"/> 167	_____
<input type="checkbox"/> Madison Government Money Market Fund.....	<input type="checkbox"/> 1101	_____
<input type="checkbox"/> Madison Core Bond Fund	<input type="checkbox"/> 110	_____
<input type="checkbox"/> Madison High Income Fund	<input type="checkbox"/> 112	_____
<input type="checkbox"/> Madison Diversified Income Fund	<input type="checkbox"/> 111	_____
<input type="checkbox"/> Madison Covered Call & Equity Income Fund	<input type="checkbox"/> 1155	_____
<input type="checkbox"/> Madison Large Cap Value Fund	<input type="checkbox"/> 120	_____
<input type="checkbox"/> Madison Investors Fund	<input type="checkbox"/> 199	_____
<input type="checkbox"/> Madison Mid Cap Fund.....	<input type="checkbox"/> 123	_____
<input type="checkbox"/> Madison Small Cap Fund	<input type="checkbox"/> 124	_____
<input type="checkbox"/> Madison International Stock Fund	<input type="checkbox"/> 122	_____
TOTAL		100%

4. ACCOUNT OPTIONS

DIVIDEND AND CAPITAL GAINS: All dividends and capital gains will be reinvested into additional shares of the same fund at net asset value.

TELEPHONE/INTERNET EXCHANGE: Your account will automatically receive exchange privileges unless you check the box below:

I do NOT want Telephone/Internet exchange privileges on my account.

TELEPHONE PURCHASE AND REDEMPTION: Telephone purchase and redemption privileges are not available to 457 plan accounts.

ACCOUNT STATEMENTS: Participants view and can download their monthly account statements online at www.madisonfunds.com. Once your account is established, you will be required to complete a simple, one-time registration process to establish a unique User ID and password to access your account.

5. SIGNATURES

We have full authority and are of legal age to purchase shares pursuant to this application and have received a current Prospectus and agree to be bound by its terms. 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. Under the penalties of perjury, we certify that the Social Security Number and Taxpayer Identification Number above are correct; that we are not subject to back-up withholding because we have not been notified that we are subject to back-up withholding as a result of a failure to report all interest or dividends, or the IRS has provided notification that we are no longer subject to back-up withholding. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid back-up withholding. We are aware that 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.

Employee/Participant Signature

Date

Employer/Credit Union Authorized Signature

Title

Date

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

Credit Union Number (if applicable)