



LETTER OF INSTRUCTION TO RE-REGISTER ACCOUNT

To request a registration change to your account, complete the information below, sign the form and have your signature guaranteed. For assistance, please call us at 1-800-877-6089. **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.**

Account Number: _____

Registered in name(s) of: _____

I hereby authorize Madison Funds to:

- Add a secondary owner** to the above referenced account. A New Account Application is attached. *(Both owners must sign.)*
- Remove the secondary owner** on the above referenced account as shown on the New Account Application which is attached. *(Both owners must sign.)*
- Re-Register Custodial Account** into the name of _____ as sole owner. Member has now attained the age at which UTMA/UGMA/or Coverdell Education Savings account can be transferred. A New Account Application and copy of birth certificate is attached *(Both Owner and former Custodian must sign this form.)*
- Re-Register Account** into the name of the beneficiary(ies) due to death of the primary owner. A New Account Application for each beneficiary requesting the transfer of ownership and a certified copy of the death certificate is attached.
- Re-Register Trust/Guardianship/Conservatorship/Estate** account as shown on the New Account Application which is attached because of death of fiduciary. *(Include original document showing Successor. This form must be signed by Successor Trustee, etc.)*
- Re-Register** my account to my new name of _____ *(Include photocopy of legal name change document, e.g. a divorce decree, marriage certificate or legal name change) This form must be signed with both the old and new names.)*

SIGNATURES

I (We) hereby confirm the above instructions to change registration on the above referenced account, accepting assets and account responsibilities associated therewith, and also understand I/we may be relinquishing all rights to any shares of the funds mentioned above because of such request. *Note: All parties named on the account are required to sign this authorization form.*

Signature _____

Date _____

Signature _____

Date _____

SIGNATURE GUARANTEE STAMP

Signature Guaranteed by _____

SIGNATURE
GUARANTEE
STAMP

Name _____ Title _____