



**POWER OF ATTORNEY  
REGISTRATION AGREEMENT**

To designate a Power of Attorney on your account, complete, sign and have your signature notarized. **Mail to: Madison Funds, P.O. Box 219083, Kansas City, MO 64121-9083.**

**Shareholder's Name(s):** \_\_\_\_\_

**Account Registration(s):** \_\_\_\_\_

**Account Number(s):** \_\_\_\_\_

**Daytime Phone:** \_\_\_\_\_ **Evening Phone:** \_\_\_\_\_

I, \_\_\_\_\_, of \_\_\_\_\_  
Shareholder/Grantor of Power Address, City, State and ZIP

do hereby make, constitute and appoint \_\_\_\_\_

whose specimen signature is \_\_\_\_\_ my true and lawful attorney or agent ("Agent") for me and in my name, place and stead: (1) to transmit to the transfer agent DST Asset Manager Solutions Inc. ("DST") either orally or in writing in accordance with procedures established by DST from time to time, instructions for the purchase, sale, exchange or transfer of shares with respect to any account(s) I may hold with the above named mutual fund(s); (2) to make, draw, sign, endorse, negotiate, cash, deliver and make a stop payment on checks drawn on any of my accounts with said mutual funds; and (3) to enter into all other lawful transactions with respect to any of my said mutual fund account(s) including transfer into the name of said or direct remittance of the proceeds of sale to said Agent.

I hereby agree to indemnify and hold DST and the above named mutual fund(s) harmless from acting upon instructions, either oral or in writing, believed to have originated from said Agent and from any and all acts of said Agent with respect to the shares held in my account(s) with any of these mutual funds.

This authorization and indemnity is a continuing one and shall remain in full force and effect and shall be binding upon the undersigned's heirs, executors, successors, beneficiaries or assigns until revoked by the undersigned by a written notice addressed to DST and delivered to its main office, such revocation will become effective as soon as DST has had a reasonable amount of time to act upon it. The revocation shall not effect any liability in any way resulting from transactions initiated prior to DST's acting on such revocation within a reasonable amount of time. In case of the death, disability or incompetence of the undersigned, this authorization shall continue and DST and the above named mutual fund(s) shall not be responsible for any action taken on the basis of this authorization until DST has received written notice thereof addressed to DST and delivered to its main office.

The undersigned has read the foregoing in its entirety before signing.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Shareholder/Grantor of Power (L.S.)

State of: \_\_\_\_\_ ) s.s.:  
County of: \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me personally appeared, \_\_\_\_\_, to me personally known to be the individual described in and who executed the foregoing instrument, and acknowledged that he/she executed the same.

\_\_\_\_\_  
\_\_\_\_\_, Notary Public  
Print Name  
My Commission Expires: \_\_\_\_\_

SEAL