

Application for Services For Existing Non-Retirement Accounts Only

Use this form to establish or change account options for existing retail accounts, such as Systematic Investment Plan, Systematic Withdrawal Plan, Bank Information and Telephone withdrawal options.

e of Trust or Entity ease check if you are changing your address of record. Pleadate to an address outside the United States or one of its et Address or APO/FPO ile Phone Number Home Phone //Account Number(s) ch additional sheets if necessary.) c: If you are changing your address to a PO Box, a resident et Address 2 Optional Account Privileges Telephone and Online Privileges	ase be advised that territories will resu City Number	It in a purchase restriction	e Taxpayer Ide	entification Number oreign Account Policy, and on your account. ZIP Code
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Home Phone /Account Number(s) ch additional sheets if necessary.) c: If you are changing your address to a PO Box, a resident et Address Optional Account Privileges	Number	. Please provide your re	sidential addre	ess below.
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2 Optional Account Privileges	City		State	Zii Code
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ount transactions can be made by calling 800.422.3737 o or your financial advisor may redeem shares from your fund are recorded. The section for Bank Information must be o gram (SVP) stamp is required.	d account by telep	hone and send the proc	eeds to your b	ank account. All telepho
horize Columbia Funds, or their designated agents, to accepter of the account or owner's broker to (a) exchange share(s) mbia fund, (b) purchase shares by Automated Clearing House count, by forwarding proceeds by check, ACH or Fedwire be mation. Telephone and online exchanges, purchases, redem	of my account for se (ACH), and (c) to etween my account	share of the same class redeem shares, without and the bank account p	or equivalent of signature gua rovided in the s	class of any other trantee, held in section for Bank
ange Privilege hase Privilege by ACH □ Add Privilege emption Privilege by Check* □ Add Privilege emption Privilege by ACH* □ Add Privilege emption Privilege by Wire* □ Add Privilege				
ASG or SVP stamp is required if you previously opted out of	the Redemption Pr	ivilege.		

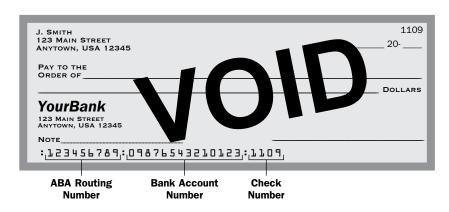
Part 2 Optional Account Privileges (continued)

B. Systematic Pla	ans						
A Systematic Investment	Plan and Sys	tematic Withdr	awal Plan canno	ot be set up on the	same account.		
Systematic Investment Pl	lan Check only	one: Add	option 🗌 Upda	ate the existing opti	on 🗆 Discontin	ue the existing op	tion
If the selected date falls o month if you do not choos		•		•	next business da	y. Transactions wi	ll default to the 5th of th
Note: If your Fund account balance fee. See the Fund				, -		at least monthly	to avoid the minimum
Frequency:	Date (MM/DI	D/YYYY)					
Start my investments on							
☐ All months or check all	that apply:	☐ January ☐ July	☐ February ☐ August	☐ March☐ September	☐ April☐ October	☐ May ☐ November	☐ June ☐ December
Fund/Account Number			\$	ollar Amount			
Fund/Account Number			D- \$	ollar Amount			
Systematic Exchange Che If the selected date falls o	•	·	·	G .		0 ,	ll default to the 10th of
the month if you do not ch				•		=	4014411 (5 4.10 104.1 61
Note: There is a minimum minimum initial investmen will use the cost basis me set to reinvest.	nt for the targ	et fund. When	exchanging sha	res, non-covered sh	ares will be depl	eted first. The ren	naining covered shares
Frequency:	Date (MM/DI	D/YYYY)					
Start my investments on							
\square All months or check all	that apply:	☐ January ☐ July	☐ February ☐ August	☐ March☐ September	☐ April☐ October	☐ May ☐ November	☐ June ☐ December
From Fund/Account Numb	er		To Fund (acc	count number if app	licable)	Dollar Am	ount
From Fund/Account Numb	er		To Fund (acc	count number if app	licable)	Dollar Am	ount
					Optional Ac	count Privileges	continued on next page.

Systematic Withdrawal D				ied)			
Systematic Withurawal P	Plan Check only	one: Add	option \square Upo	late the existing opti	on Discontin	ue the existing o	pption
If the selected date falls of the month if you do not		•		•	•	•	
Note: Your account balan first. The remaining cover					_	,	
Send payments to (choos	se one):	☐ Sen	d to my address	s of record	☐ Send to m	y bank by ACH	
		☐ Sen	d to Special Pay	ee listed below (MS	G is required):		
Frequency:	Date (MM/DD)/YYYY)					
Start my withdrawals on							
All months or check all	that apply:	☐ January	☐ February	☐ March☐ September	☐ April☐ October	☐ May ☐ November	☐ June ☐ December
Fund/Account Number				Dollar	Amount	OR	Total Annual %
				\$			
Fund/Account Number				Dollar /	Amount	OR	Total Annual %
Special Payee's Informati	ion:						
Name of Payee							
Address of Payee				City		State	Zip Code
Special Payee's Bank Ac	count Informat	tion (if applicab	ole):				
Name of Bank				Bank ABA Ro	uting Number	Bank Accoun	t Number
C. Dividend/Cap All distributions of \$10 or		•	vested into the	account to purchase	e additional share	es regardless of	your election below.
C. Dividend/Cap All distributions of \$10 or lf you choose to reinvest y the section for Bank Inform	less will auton your dividends,	natically be rein your capital ga		*		_	
All distributions of \$10 or f you choose to reinvest y the section for Bank Information Dividends & Capital G	less will auton your dividends, mation (MSG re Gains – Cash Gains – Reinves	natically be rein your capital ga equired).		*		_	
All distributions of \$10 or If you choose to reinvest y the section for Bank Infor Dividends & Capital G Dividends & Capital G	less will auton your dividends, mation (MSG re Gains – Cash Gains – Reinves Capital Gains –	natically be rein your capital ga equired). st Reinvest	in distributions	will also be reinvest		_	
All distributions of \$10 or f you choose to reinvest y the section for Bank Informing Dividends & Capital Good Dividends & Capital Good Dividends - Cash & Company Capital Good Dividends - Cash & Capital Good Dividends - Capital Good	less will auton your dividends, mation (MSG re Gains – Cash Gains – Reinves Capital Gains – apital Gains or Record	natically be rein your capital ga equired). st Reinvest	in distributions	will also be reinvest		_	
All distributions of \$10 or f you choose to reinvest y the section for Bank Information Dividends & Capital Good Dividends & Capital Good Dividends - Cash & Cor Cash Dividends and Cor Check to Address of For Cash Cor Ca	less will auton your dividends, mation (MSG re Gains – Cash Gains – Reinves Capital Gains – apital Gains or Record	natically be rein your capital ga equired). st Reinvest	in distributions	will also be reinvest		_	
All distributions of \$10 or f you choose to reinvest you choose to reinvest you che section for Bank Information Dividends & Capital Good Dividends - Cash & Compared to Compared to Bank Information Dividends - Cash & Compared to Bank Information Dividend Diversification Please diversify my portfoloame share class. A sales	less will auton your dividends, mation (MSG re Gains – Cash Gains – Reinves Capital Gains – apital Gains or Record lk by ACH lio by investing s charge may a	natically be rein your capital ga equired). st Reinvest Cash Dividends distributions fr	in distributions s only, indicate rom one Columbinvest distribution	will also be reinvest payment method: oia fund into another ons made with respo	ed. When selecting the columbia fund.	ng direct deposit These investment were not subject	ts will be made in the to a sales charge a
All distributions of \$10 or f you choose to reinvest y the section for Bank Information Dividends & Capital Complete Dividends - Cash & Complete Co	less will auton your dividends, mation (MSG re Gains – Cash Gains – Reinves Capital Gains – apital Gains or Record lk by ACH lio by investing s charge may a se. Accounts m	natically be rein your capital ga equired). st Reinvest Cash Dividends distributions fr	in distributions s only, indicate rom one Columbinvest distribution	payment method: pia fund into another ons made with respendent of the control of	ed. When selecting the columbia fund.	ng direct deposit These investment were not subject	ts will be made in the to a sales charge a

Part 2 Optional Account Privileges (continued)

D. Bank Information: □ Add new bank instructions □ Replace exi	isting bank instructions
Please complete this section if you are requesting to establish Telephone and O payments by ACH. Please provide banking information and your authorization be System to use these services.	
Bank Account Type: ☐ Checking ☐ Savings	
Bank Account Information:	
Bank ABA Routing Number (Enter nine digit number; see below)	Bank Account Number (Do not use spaces or dashes; see below)
For Further Credit to the Account of (if applicable; for wire transactions):	
Name of Bank	Bank Phone Number
Name of Bank Account Owner	Name of Joint Bank Account Owner (if applicable)
Bank Account Owner(s) Authorization:	
Signature of Bank Account Owner (required)	Signature of Joint Bank Account Owner (required)



If you elected Section A, B or D, please read the following carefully:

- I authorize Columbia Management Investment Services Corp. (CMIS) to initiate Automatic Clearing House (ACH) debits against a designated financial account for the amount listed on the dates noted. This authorization shall continue until terminated by me in writing to CMIS and will be effective within 30 days after receipt of notification. I understand that this service is governed by the Fund's prospectus and the rules of the ACH Association, as amended from time to time.
- CMIS and my bank are not liable for any loss resulting from delays or dishonored ACH debits.
- If an ACH debit request is rejected by my bank, I understand that I may not be notified and that CMIS may reverse the purchase and charge my account \$15.
- CMIS can revoke the investment privilege without prior notice if an ACH debit request is not paid upon presentation.
- CMIS has no obligation to notify me if the bank does not honor an ACH debit request.

Ις	
, , ,	you may pay a lower sales charge on every dollar you invest. See the "Choosing A Share Class ional sales charge must paid if you do not complete this Statement of Intent.
I agree to Invest	
Dollar Amount \$	Date (MM/DD/YYYY) over a 13-month period beginning
Part 4 Authorization/Signature(s)	
If you are not the account owner or an authorized individu	wner(s). If signing in capacity, you must be listed as an authorized individual on the account. It also but have authority to act, indicate your special capacity (executor, stamp may be required with additional documentation. Feel free to contact a representative
officers, directors, agents and employees will be liable for not be liable for any loss due to unauthorized or fraudule hold harmless Columbia Funds, CMIS, and their respective authorized by telephone or online, against any claim, loss with any telephone and online instructions effected for many control of the control o	Funds, Columbia Management Investment Services Corp. (CMIS), and their respective affiliates or any loss, injury, damage or expense as a result of acting upon my instructions, and will ent instructions if reasonable procedures are followed. Furthermore, I agree to indemnify and live affiliates, officers, directors, agents and employees that may be involved in transactions as, expense or damage, including reasonable fees of investigation and counsel in connection my account. I understand that these options are subject to the terms and conditions set forth in online privileges may be modified or terminated without notice.
All registered account owners must print and sign below	ow as the account is registered. If signing in capacity as an authorized individual, a MSG or
SVP stamp may be required.	
SVP stamp may be required. Print Name of Account Owner or Authorized Individual	Print Name of Co-Account Owner or Authorized Individual
	Print Name of Co-Account Owner or Authorized Individual Signature of Co-Account Owner or Authorized Individual
Print Name of Account Owner or Authorized Individual Signature of Account Owner or Authorized Individual	Signature of Co-Account Owner or Authorized Individual
Print Name of Account Owner or Authorized Individual Signature of Account Owner or Authorized Individual	Signature of Co-Account Owner or Authorized Individual

The Transfer Agent may require a Medallion Signature Guarantee (MSG) or Signature Validation Program (SVP) stamp for your signature in order to process certain transactions. A MSG or SVP stamp may be executed by any eligible institution, including, but not limited to, the following: brokers or dealers, banks, credit unions, and savings associations. A MSG or SVP stamp helps assure that a signature is genuine and not a forgery. Notarization by a notary public is not an acceptable signature guarantee. The Transfer Agent reserves the right to reject a signature guarantee and to request additional documentation for any transaction. You may refer to the Fund's prospectus for more information.

Guarantor, please do not affix the guarantee unless all of the

information on this page has been completed.

Guarantor, please do not affix the guarantee unless all of the

information on this page has been completed.

Part 5

Return Instructions

Regular mail

Columbia Management Investment Services Corp. P.O. Box 219104
Kansas City, MO 64121-9104

430 W 7th Street, STE 219104 Kansas City, MO 64105-1407

For assistance completing this form, please contact a representative at 800.345.6611, Monday through Friday, 8:00 a.m. to 7:00 p.m. Eastern time. Columbia Threadneedle Investments (Columbia Threadneedle) is the global brand name of the Columbia and Threadneedle group of companies. Columbia Management Investment Services Corp. is the transfer agent for Columbia Funds.

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