

IRA Optional Services/Change Request Form

This form can be used to establish or change account options for an existing Individual Retirement Account (IRA) such as Systematic Investment Plan, Bank Information and Telephone Withdrawal options.

Part 1 Depositor Inform	nation: (Please type or print.)			
IRA Depositor/Account Owner Name (Fi	rst, Middle Initial, Last)	Date of Birth (MM/DD/YYYY)	Social Se	ecurity Number
☐ Please check if you are changing your a an address outside the United States or				
Street Address or APO/FPO	City		State	ZIP Code
Mobile Phone Number	Hor	ne Phone Number		
Fund/Account Number(s)				
(Attach additional sheets if necessary.)				
Note: If you are changing your address	to a PO Box, a residential addres	s is also required. Please provide yo	our residenti	al address below.
Street Address	City		State	ZIP Code
A. Telephone and Online F Account transactions can be made by	Privileges	ng into your account online at colum	biathreadne	edleus.com/investor.
•	calling 800.422.3737 or by loggi			
calls are recorded. The section for Ban Program (SVP) stamp is required.				
I authorize Columbia Funds, or their des the account or owner's broker to (a) exc (b) purchase shares by Automated Clea proceeds by check, ACH or Fedwire bet purchases, redemptions are subject to p	change share(s) of my account for ring House (ACH), and (c) to redoween my account and the bank a	or share of the same class or equivale eem shares, without signature guarar ccount provided in the section for Ba	ent class of a	any other Columbia fund, my account, by forwarding
Note: Retirement accounts cannot be re	edeemed via the web or automat	ed phone system.		
Exchange Privilege	☐ Add Privilege			
Purchase Privilege by ACH	☐ Add Privilege			
Redemption Privilege by Check*	☐ Add Privilege			
Redemption Privilege by ACH*	☐ Add Privilege			
Redemption Privilege by Wire*	☐ Add Privilege			
*A MSG or SVP stamp is required if you	previously opted out of the Rede	emption Privilege.		
		Optional Acc	ount Privileg	jes continued on next page.

Part 2 Optional Account Privileges (continued)

B. Systematic Plans	S						
A Systematic Investment Plan	n and Syst	ematic Withdra	wal Plan cannot be	set up on the same	e account.		
Systematic Investment Plan	Check only	one: 🗆 Add o	option 🗆 Update	the existing option	☐ Discontinue	the existing option	
If the selected date falls on a v month if you do not choose a c the tax year in which they are r	date. To av	oid an excess c	ontribution, please l	oe aware of your ma	ximum IRA contri	bution amount. All c	
Note: If your Fund account ba balance fee. See the Fund's p				• •		east monthly to avo	id the minimum
Frequency: Dat	te (MM/DD	/YYYY)					
Start my investments on							
☐ All months or check all that	t apply:	☐ January ☐ July	☐ February ☐ August	☐ March ☐ September	☐ April☐ October☐	☐ May ☐ November	☐ June ☐ December
Fund/Account Number				Dollar Amount			
Fund/Account Number				Dollar Amount			
Systematic Exchange Check of	only one:	☐ Add option	☐ Update the exi	sting option Di	scontinue the exi	sting option	
If the selected date falls on a to the 10th of the month if you		-			-		ault
Note: There is a minimum exc the minimum initial investme	•			•	•	tic exchange must	meet
Frequency: Dat	te (MM/DD	/YYYY)					
Start my investments on							
☐ All months or check all that	t apply:	☐ January	☐ February	☐ March	☐ April	☐ May	☐ June
		☐ July	☐ August	September	October	November	December
From Fund/Account Number			To Fund (accour	nt number if applica	ble)	Dollar Amoun	t
						\$	
From Fund/Account Number			To Fund (accour	nt number if applica	ble)	Dollar Amoun	t
						\$	
					Optional Accour	t Privileges continu	ued on next page.

 $For assistance completing this form, please contact a representative at 800.345.6611, Monday through Friday, 8:00 a.m. to 7:00 p.m. \\ Eastern time.$

Part 2 **Optional Account Privileges (continued)**

C. [Divid	lend/	Capita	ıl Gains	Options
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All distributions of \$10 or less will automatically be reinvested into the account to purchase additional shares regardless of your election below. If you

choose to reinvest your dividends, your capital gain distributions will also for Bank Information (MSG required).	r dividends, your capital gain distributions will also be reinvested. When selecting direct deposit, please complete the section MSG required).			
	al gains if you are under the age of 59½. You may wish to consult a tax advisor.			
☐ Dividends & Capital Gains − Cash				
☐ Dividends & Capital Gains − Reinvest				
☐ Dividends − Cash & Capital Gains − Reinvest				
For Cash Dividends and Capital Gains or Cash Dividends only, indicate page 1	ayment method:			
Check to Address of Record				
☐ Direct Deposit to Bank by ACH				
Dividend Diversification				
same share class. A sales charge may apply when you invest distribution	oia fund into another Columbia fund. These investments will be made in the ns made with respect to shares that were not subject to a sales charge red. I have received and carefully read the prospectus for the fund(s) below.			
From Fund/Account Number	To Fund/Account Number			
From Fund/Account Number	To Fund/Account Number			
D. Bank Information: □ Add new bank instructions □ Rep	place existing bank instructions			
Please complete this section if you are requesting to establish Telephon payments by ACH. Please provide banking information and your authoriz System to use these services.	ne and Online Privileges, a Systematic Plan, or Dividends/Capital Gain zation below. Your bank must be a member of the Automated Clearing House			
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)			
X	x			
J. SMITH 123 MAIN STREET	1109			
ANYTOWN, USA 12345	20-			
PAY TO THE ORDER OF				
	Dollars			
Your Bank 123 MAIN STREET				
ANYTOWN, USA 12345 NOTE				
:[123456789]:[09876543210	123,: 1109,			
ABA Routing Bank Account	Check			

number

Number

Number

Part 2

Optional Account Privileges (continued)

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.

Part 3	Ways to	Reduce	Your Sales	Charge
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Statement of Intent (class A shares only) If you agree to invest at least \$50,000 within 13 months, you may pay a lower sales charge on every dollar you invest. See the "Choosing A Share Class" section of the prospectus for complete details. An additional sales charge must be 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 Depositor's Authorization

To be completed by the authorized registered account owner. If signing in capacity, you must be listed as an authorized individual on the account. If you are not the account owner or an authorized individual on the account but have authority to act, indicate your special capacity (executor, administrator, custodian, trustee, etc.). An MSG or SVP stamp may be required with additional documentation. Feel free to contact a representative at 800.345.6611for more information.

If the depositor is a minor under the laws of the depositor's state of residence, a parent or guardian must also sign this form. Until the depositor reaches the age of majority, the parent or guardian will exercise the powers and duties of the depositor.

By electing these options, I agree that neither Columbia Funds, Columbia Management Investment Services Corp. (CMIS), the Custodian, and their respective affiliates, officers, directors, agents and employees will be liable for any loss, injury, damage or expense as a result of acting upon my instructions, and will not be liable for any loss due to unauthorized or fraudulent instructions if reasonable procedures are followed. Furthermore, I agree to indemnify and hold harmless Columbia Funds, CMIS, the Custodian and their respective affiliates, officers, directors, agents and employees that may be involved in transactions authorized by telephone or online, against any claim, loss, expense or damage, including reasonable fees of investigation and counsel in connection with any telephone and online instructions effected for my account. I understand that these options are subject to the terms and conditions set forth in the prospectus of the applicable funds. Telephone and online privileges may be modified or terminated without notice.

The IRA Depositor/Account Owner must print and sign below as the account is registered. If signing in capacity as an authorized individual, a MSG or SVP stamp may be required.

Print Name of IRA Depositor/A	ccount Owner or Authorized individual	Print Name of Parent or Guardian (if depositor is a minor)		
Signature of IRA Depositor/Acc	count Owner or Authorized individual	Signature of Parent or Guardia	n	
Capacity (if applicable)	Date (MM/DD/YYYY)	Capacity (if applicable)	Date (MM/DD/YYYY)	
Affix MSG or SVP Stamp here.		Affix MSG or SVP Stamp here.		
	ffix the guarantee unless all of the		affix the guarantee unless all of the	

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.

Part 5

Return Instructions

Regular mail

Columbia Management Investment Services Corp. P.O. Box 219104 Kansas City, MO 64121-9104 Overnight mail Columbia Management Investment Services Corp. 801 Pennsylvania Ave STE 219104 Kansas City, MO 64105-1307

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 for the Columbia and Threadneedle group of companies. Columbia Management Investment Services Corp. is the transfer agent for Columbia Funds.

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