

## 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.

### Part 1 Investor Information: (Please type or print.)

Account Owner or UGMA/UTMA Minor (First, Middle Initial, Last)    Date of Birth (MM/DD/YYYY)    Social Security Number

Co-Account Owner or UGMA/UTMA Custodian    Date of Birth (MM/DD/YYYY)    Social Security Number

Name of Trust or Entity  Trust Date (MM/DD/YYYY), if applicable  Taxpayer Identification Number

Please check if you are changing your address of record. Please be advised that in accordance with Columbia Funds Foreign Account Policy, an update to an address outside the United States or one of its territories will result in a purchase restriction being placed on your account.

Street Address or APO/FPO  City  State  ZIP Code

Mobile Phone Number  Home Phone Number

Fund/Account Number(s)

(Attach additional sheets if necessary.)

**Note: If you are changing your address to a PO Box, a residential is also required. Please provide your residential address below.**

Street Address  City  State  ZIP Code

### Part 2 Optional Account Privileges:

#### A. Telephone and Online Privileges

Account transactions can be made by calling 800.422.3737 or by logging into your account online at [columbiathreadneedleus.com/investor](http://columbiathreadneedleus.com/investor). You or your financial advisor may redeem shares from your fund account by telephone and send the proceeds to your bank account. All telephone calls are recorded. The section for Bank Information must be completed and a Medallion Signature Guarantee (MSG) or Signature Validation Program (SVP) stamp is required.

I authorize Columbia Funds, or their designated agents, to accept online and telephone instructions from any person identifying himself as owner of the account or owner's broker to (a) exchange share(s) of my account for share of the same class or equivalent class of any other Columbia fund, (b) purchase shares by Automated Clearing House (ACH), and (c) to redeem shares, without signature guarantee, held in my account, by forwarding proceeds by check, ACH or Fedwire between my account and the bank account provided in the section for Bank Information. Telephone and online exchanges, purchases, redemptions are subject to procedures and conditions set forth in the prospectus.

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 Redemption Privilege.

Optional Account Privileges continued on next page.

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

**B. Systematic Plans**

**A Systematic Investment Plan and Systematic Withdrawal Plan cannot be set up on the same account.**

**Systematic Investment Plan** Check only one:  Add option  Update the existing option  Discontinue the existing option

If the selected date falls on a weekend or holiday, the transaction will be processed on the next business day. Transactions will default to the 5th of the month if you do not choose a date. The section for Bank Information must be completed.

**Note: If your Fund account balance is below the minimum initial investment, you must make investments at least monthly to avoid the minimum balance fee. See the Fund's prospectus for more information about the Small Account Policy.**

**Frequency:** Date (MM/DD/YYYY)

Start my investments on

- All months or check all that apply:  January  February  March  April  May  June  
 July  August  September  October  November  December

Fund/Account Number  Dollar Amount \$

Fund/Account Number  Dollar Amount \$

**Systematic Exchange** Check only one:  Add option  Update the existing option  Discontinue the existing option

If the selected date falls on a weekend or holiday, the transaction will be processed on the next business day. Transactions will default to the 10th of the month if you do not choose a date. I have received and carefully read the prospectus for the fund(s) below.

**Note: There is a minimum exchange of \$100. The destination fund must already be established or the systematic exchange must meet the minimum initial investment for the target fund. When exchanging shares, non-covered shares will be depleted first. The remaining covered shares will use the cost basis method on your account, unless you are using the Specific Lot Identification method. Dividends and Capital Gains must be set to reinvest.**

**Frequency:** Date (MM/DD/YYYY)

Start my investments on

- All months or check all that apply:  January  February  March  April  May  June  
 July  August  September  October  November  December

From Fund/Account Number  To Fund (account number if applicable)  Dollar Amount \$

From Fund/Account Number  To Fund (account number if applicable)  Dollar Amount \$

**Optional Account Privileges** continued on next page.

## Part 2 Optional Account Privileges (continued)

**Systematic Withdrawal Plan** Check only one:  Add option  Update the existing option  Discontinue the existing option \_\_\_\_\_

If the selected date falls on a weekend or holiday, the transaction will be processed on the previous business day. Transactions will default to the 20th of the month if you do not choose a date. The section for Bank Information must be completed to send payments by ACH (MSG required).

**Note: Your account balance must meet the class minimum initial investment amount. When redeeming shares, non-covered shares will be depleted first. The remaining covered shares will use the cost basis method on your account, unless you are using the Specific Lot Identification method.**

**Send payments to** (choose one):  Send to my address of record  Send to my bank by ACH  
 Send to Special Payee listed below (MSG is required):

**Frequency:** \_\_\_\_\_ **Date (MM/DD/YYYY)** \_\_\_\_\_

Start my withdrawals on \_\_\_\_\_

All months or check all that apply:  January  February  March  April  May  June  
 July  August  September  October  November  December

Fund/Account Number \_\_\_\_\_ Dollar Amount \_\_\_\_\_ OR Total Amount \_\_\_\_\_  
\$ \_\_\_\_\_

Fund/Account Number \_\_\_\_\_ Dollar Amount \_\_\_\_\_ OR Total Amount \_\_\_\_\_  
\$ \_\_\_\_\_

### Special Payee's Information:

Name of Payee \_\_\_\_\_

Address of Payee \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

### Special Payee's Bank Account Information (if applicable):

Name of Bank \_\_\_\_\_ Bank ABA Routing Number \_\_\_\_\_ Bank Account Number \_\_\_\_\_

## C. Dividend/Capital Gains Options

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 be reinvested. When selecting direct deposit, please complete the section for Bank Information (MSG required).

- Dividends & Capital Gains – Cash  
 Dividends & Capital Gains – Reinvest  
 Dividends – Cash & Capital Gains – Reinvest

For Cash Dividends and Capital Gains or Cash Dividends only, indicate payment method:

- Check to Address of Record  
 Direct Deposit to Bank by ACH

### Dividend Diversification

Please diversify my portfolio by investing distributions from one Columbia fund into another Columbia fund. These investments will be made in the same share class. A sales charge may apply when you invest distributions made with respect to shares that were not subject to a sales charge at the time of your initial purchase. Accounts must be identically registered. 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 \_\_\_\_\_

Optional Account Privileges continued on next page.

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

**D. Bank Information:**  Add new bank instructions  Replace existing bank instructions

Please complete this section if you are requesting to establish Telephone and Online Privileges, a Systematic Plan, or Dividends/Capital Gain payments by ACH. Please provide banking information and your authorization below. Your bank must be a member of the Automated Clearing House 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

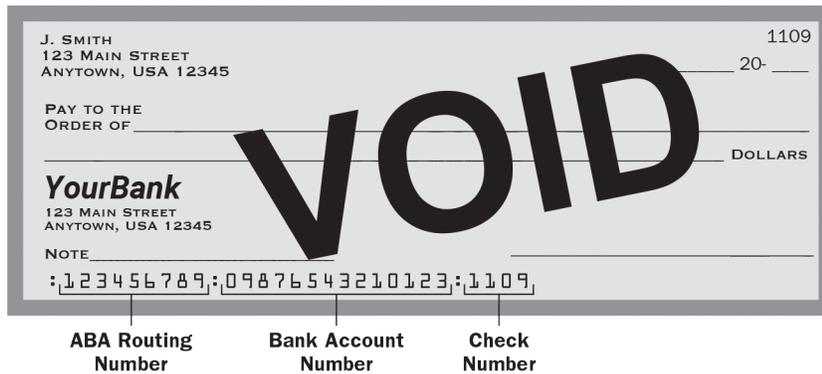
Name of Bank Account Owner

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.

### Part 3 Ways to Reduce Your Sales Charge

#### Statement of Intent (Class A share only.)

If you agree to invest at least \$50,000 with 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

\$

over a 13-month period beginning

Date (MM/DD/YYYY)

### Part 4 Authorization/Signature(s)

To be completed by the authorized registered account owner(s). 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 800.345.6611 for more information.

By electing these options, I agree that neither Columbia Funds, Columbia Management Investment Services Corp. (CMIS), 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, 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.

**All registered account owners 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 Account Owner or Authorized Individual

Print Name of Co-Account Owner or Authorized Individual

Signature of Account Owner or Authorized Individual

Signature of Co-Account Owner or Authorized Individual

Capacity (if applicable)

Date (MM/DD/YYYY)

Capacity (if applicable)

Date (MM/DD/YYYY)

**Affix MSG or SVP Stamp here**

Guarantor, please do not affix the guarantee unless all of the information on this page has been completed.

**Affix MSG or SVP Stamp here**

Guarantor, please do not affix the guarantee unless all of the information on this page has been completed.

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