

New Account Application

Federal Law requires us to obtain information from you which we will use to verify your identity. If you do not provide the information, we may not be able to open your account. If we are unable to verify this information, we reserve the right to close or limit your account.

Note: You must be a US Citizen or resident alien residing in the US or a US Territory with a valid US Taxpayer Identification Number to open the account. Requests to open an account for persons residing outside of the US or a US Territory will not be accepted.

Part 1 Investor Information: (Complete only one section. If applicable, check the box for your registration type. Please print clearly.)

A. **Individual** **Joint Tenant** **TOD** **UGMA/UTMA** – All joint tenant accounts will be with Rights of Survivorship unless otherwise indicated. For TOD accounts a completed **Transfer on Death Form** is required.

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

B. **C Corp** **S Corp** **Partnership** **LLC** **Single Member LLC**

Statutory Trust (if you are establishing a non-statutory trust, please proceed to part C) **Other** (such as a Non-Profit Organization)

You must complete a **Certificate of Authorization, Control Person and Beneficial Owners Form**, listing required information for individuals with trading authority over the account, a designated control person and beneficial owners of the legal entity. You will also need to provide a copy of one for the following documents verifying the existence of the entity: certified articles of incorporation, business license or partnership agreement.

Name of Corporation, Partnership or Other Business Entity Taxpayer Identification Number

C. **Trust** – You must complete a **Trustee Certification Form**, listing required information for all trustees of the trust and provide a Trust Summary Document or the pages of the trust that reflect the following: name of trust, date of trust, trustee information, and signature section. Please refer to section B above if you are establishing a statutory trust. You will need to complete the Certificate of Authorization, Control Person and Beneficial Owners Form in place of the Trustee Certification Form.

Trust Name Trust Date (MM/DD/YYYY) Trust Taxpayer Identification Number

Trustee Name Trustee Date of Birth (MM/DD/YYYY) Social Security Number

Co-Trustee Name Co-Trustee Date of Birth (MM/DD/YYYY) Social Security Number

D. **Estate** – You must provide a copy of Letters of Administration or Letters of Testamentary naming executor, administrator or personal representative.

Deceased Owner's Name (First, Middle Initial, Last) Estate Taxpayer Identification Number

Executor, Administrator or Personal Rep's Name Executor, Administrator or Personal Rep's Date of Birth Executor, Administrator or Personal Rep's Social Security Number

Co-Executor, Administrator, or Personal Rep's Name Co-Executor, Administrator, or Personal Rep's Date of Birth Co-Executor, Administrator or Personal Rep's Social Security Number

Part 2 Federal Tax Classification

Check appropriate box for Federal Tax Classification (Required); check only **ONE** of the following seven boxes:

Individual/Sole Proprietor or single-member LLC C Corporation S Corporation Partnership Trust/Estate

Limited Liability Company. Enter the tax classification (C = C Corporation, S = S Corporation, P = Partnership) _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see Form W-9 instructions) _____

Exemptions (codes apply only to certain entities, not individuals; see Form W-9 Instructions):

Exempt payee code (if any) _____

Foreign Account Tax Compliance Act (FATCA) reporting is required for accounts maintained outside of the U.S. at certain foreign financial institutions. If you are only submitting this form for an account you hold in the U.S., you may leave this field blank.

Exemption from FATCA reporting code (if any) _____

Part 3 Account Mailing Address

Street Address or APO/FPO	City	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Mobile Phone Number	Home Phone Number	Email Address
<input type="text"/>	<input type="text"/>	<input type="text"/>

Principal place of business for an entity or a residential address is required (must provide if different from above; address must be within the US or a US Territory, and may not be a PO Box)

Street Address	City	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Residency Declaration: (Select One)

U.S. Citizen
 Resident Alien. If you are a resident alien, please indicate the country of origin _____

Notice Regarding Unclaimed Property: If no activity occurs in your account within the time period specified by applicable state law your property may be transferred to the appropriate state.

Part 4 Investment Information:

(Minimum investment is \$2,000 per fund or \$100 with a monthly systematic investment plan; see the fund's prospectus.)

Class A shares C shares (see prospectus for fund share class limits)

I am making this investment

<input type="checkbox"/> By check made payable to the fund(s). Checks payable to any other payee will not be accepted.	<input type="checkbox"/> By bank wire on (MM/DD/YYYY): <input type="text"/>	<input type="checkbox"/> By transfer (enclose a Transfer of Ownership Form) <input type="text"/>
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Invest In: Fund Name	Dollar Amount
<input type="text"/>	\$ <input type="text"/>
Fund Name	Dollar Amount
<input type="text"/>	\$ <input type="text"/>
Fund Name	Dollar Amount
<input type="text"/>	\$ <input type="text"/>

Part 5 SEC Rule 206(4)-5 Government Account Designation

To assist us in complying with the recordkeeping requirements of the SEC's "Pay to Play" Rule 206(4)-5 under the Investment Advisers Act, please check the box below if the account being opened is for:

- A **plan or program** of a government entity that is a participant-directed investment program or plan sponsored or established by a state or political subdivision or any agency, authority or instrumentality thereof, including, but not limited to, a "qualified tuition plan" authorized by section 529 of the Internal Revenue Code, a retirement plan authorized by section 403(b) or 457 of the Internal Revenue Code, or any similar program or plan.

Part 6 Cost Basis Method Election: (Check one.)

Columbia Management Investment Services Corp. (CMIS) will provide cost basis and holding period information to you and the IRS for mutual fund shares acquired on and after January 1, 2012 (known as mutual fund covered shares).

Note: Cost basis does not apply to retirement, 529 or money market accounts.

Please choose **ONE** cost basis accounting method from the list below by marking an X in the box of your chosen method. **The cost basis accounting method you elect will be used for all new accounts established with this application.**

This election will only apply to mutual fund covered shares (shares acquired after January 1, 2012). If you have questions about which cost basis accounting method is best for you, please consult a tax advisor.

NOTE:

- Changes to or from the Average Cost method must be made in writing. Changes can also be made electronically at columbiathreadneedleus.com/investor by registered users.
- If you do not specify a cost basis method, all redeemed mutual fund covered shares will be subject to our Fund default method of Average Cost.
- If you elect to change from Average Cost to another method **before** selling any mutual fund covered shares, the method change will apply to covered shares currently owned and those that you acquire in the future.
- If you elect to change from Average Cost to another method **after** selling any mutual fund covered shares, the method change will apply only to shares acquired after the date we receive your written request.
- Your elections will carry over to any new Fund account opened by an exchange of Fund shares from an account listed on this form.
- When redeeming shares, non-covered shares will be depleted first.
- When a mutual fund account has both covered and noncovered shares, average cost will be calculated separately for the covered and noncovered shares.

<input type="checkbox"/>	ACST	Average Cost — A method for valuing the cost of shares in an account by averaging the cost of all transactions in the account. The basis for determining gain/loss is calculated by taking the cumulative dollar cost of the shares owned and dividing it by the number of shares in the account.
<input type="checkbox"/>	FIFO	First In, First Out — A standing order to sell the oldest shares in the account first.
<input type="checkbox"/>	LIFO	Last in, First Out — A standing order to sell the newest shares in an account first.
<input type="checkbox"/>	HIFO	High Cost, First Out — A standing order to sell shares acquired at the highest cost first.
<input type="checkbox"/>	LOFO	Low Cost, First Out — A standing order to sell shares acquired at the lowest cost first.
<input type="checkbox"/>	LGUT	<p>Loss/Gain Utilization — A standing order accounting method that evaluates losses and gains, and selects lots based on the potential loss/gain in conjunction with the holding period. The Loss/Gain Utilization election method depletes lots with losses before lots with gains.</p> <ul style="list-style-type: none"> ▪ For redeemed shares that yield a loss, short-term shares will be redeemed before long-term shares. ▪ For redemptions that yield a gain, long-term shares will be redeemed before short-term shares. With favorable long-term capital gains rates, long-term gain shares are given priority over short-term gain shares. ▪ Shares may be used only once to calculate the cost basis.
<input type="checkbox"/>	SLID	<p>Specific Lot Identification (SLID) — You designate which specific lots to sell at the time of each redemption. You may elect a secondary cost basis method to be used as an alternate in the event the lots selected are not available. The secondary method you elect below will also be used for any automated transactions, however if no secondary method is selected, First-In, First Out will be used. Please check one of the following:</p> <p><input type="checkbox"/> First In, First Out <input type="checkbox"/> High Cost, First Out <input type="checkbox"/> Last In, First Out <input type="checkbox"/> Low Cost, First Out <input type="checkbox"/> Loss/Gain Utilization</p>

Part 7 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. 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 for Automated Clearing House (ACH) or Fedwire transactions.

Unless otherwise indicated below, I authorize Columbia Funds, or their designated agents, to accept telephone and online 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 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. Exchanges, purchases, and redemptions are subject to procedures and conditions set forth in the prospectus.

Columbia funds, and their designated agents, will employ reasonable procedures specified by the Columbia fund to confirm that such telephone instructions are genuine. Neither Columbia funds, nor their designated agents, will be liable for any loss due to unauthorized or fraudulent instructions if such procedures are followed. Telephone and online privileges may be modified or terminated without notice. Furthermore, I agree to indemnify and hold harmless Columbia Funds, Columbia Management Investment Services Corp. 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.

- | | | | |
|-------------------------------|----------------------------------|---------------------------|----------------------------------|
| Redemption Privilege by Check | <input type="checkbox"/> Decline | Exchange Privilege | <input type="checkbox"/> Decline |
| Redemption Privilege by ACH | <input type="checkbox"/> Decline | Purchase Privilege by ACH | <input type="checkbox"/> Decline |
| Redemption Privilege by FFW | <input type="checkbox"/> Decline | | |

B. Systematic Plans

Please see the corresponding prospectus for Columbia Fund's requirements and applicable fund minimums.

Systematic Investment Plan

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.

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 Name _____ Dollar Amount \$ _____

Fund Name _____ Dollar Amount \$ _____

Systematic Exchange

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. When exchanging shares the cost basis method you have selected above will apply.

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

Start my exchanges on _____

From Fund: _____ To Fund (account number if applicable): _____ Dollar Amount \$ _____

From Fund: _____ To Fund (account number if applicable): _____ Dollar Amount \$ _____

Optional Account Privileges continued on next page.

B. Systematic Plans

Systematic Withdrawal Plan

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.

Note: When redeeming shares the cost basis method you have selected above will apply.

Send payments to (choose one): Send to my address of record Send to my bank Send to Special Payee listed below:

Frequency: Date (MM/DD/YYYY)

Start my payments on

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

Fund Name Dollar Amount OR Total Annual %
 \$

Fund Name Dollar Amount OR Total Annual %
 \$

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

If no distribution option is selected, distributions will be reinvested in additional fund shares. All distributions of \$10 or less will automatically be reinvested in additional shares. 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.

- 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 (if applicable) To Fund/Account Number (if applicable)

From Fund/Account Number (if applicable) To Fund/Account Number (if applicable)

Optional Account Privileges continued on next page.

Part 7 Optional Account Privileges (continued)

D. Bank Information

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.

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 transfers):

Name of Bank

Bank Phone Number

Name of Bank Account Owner

Name of Joint Bank Account Owner (if applicable)

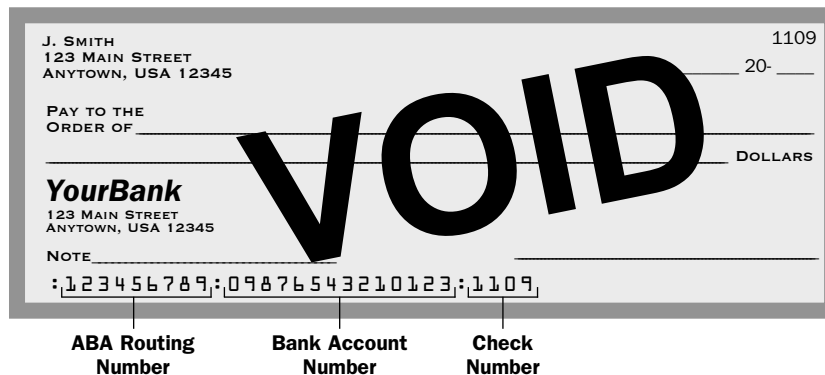
Bank Account Owner(s) Authorization:

Signature of Bank Account Owner (required)

Signature of Joint Bank Account Owner (required)

X

X



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 8 Financial Advisor's Firm

Your financial advisor should complete this section. Please note, missing or incomplete information may result in our failure to establish the account.

Financial Advisor's Name

Financial Advisor's ID Number

Financial Advisor's Phone Number

Branch Office Phone Number

Name of Financial Officer's Firm

Branch Number

Branch Office Address

State

ZIP Code

Main Office City

State

Authorized Signature of Financial Advisor's Firm

Part 9 Ways to Reduce Your Sales Charge

You and members of your immediate family as defined in the funds prospectus: domestic partner, spouse, parent, step-parent, legal guardian, child, step-child, father-in-law, mother-in-law with the same mailing address, may be eligible for a reduced sales charge. The combined value of your accounts must be \$50,000 or more to qualify. List any accounts you would like linked so that this and future purchases are eligible for a reduced sales charge.

Fund Account Number

Social Security Number or Taxpayer Identification Number

Fund Account Number

Social Security Number or Taxpayer Identification Number

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

Amount

\$

over a 13-month period beginning

Date (MM/DD/YYYY)

Part 10**Signature and Taxpayer Identification Number Certification****Under penalties of perjury, I certify that:**

- (1) The number shown on this form is my correct taxpayer identification number; and
- (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- (3) I am a U.S. citizen or other U.S. person; (defined in the Form W-9 instructions, which are available upon request or at www.irs.gov); and
- (4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

Each person signing on behalf of an entity represents that his/her actions are authorized. I acknowledge that I:

- have received and read the prospectus.
- understand that this application is subject to acceptance.
- understand the terms of investment described in the prospectus and in this application.
- understand that certain redemptions may be subject to contingent deferred sales charges.
- agree that the Columbia Funds, Columbia Management Investment Services Corp. and their respective affiliates, officers, directors, agents and employees will not be liable for any loss, liability, damage or expense which may arise as a result of relying on this form or any instruction believed genuine.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Print Name of Account Owner or Authorized Individual

Print Name of Co-Account Owner or Authorized Individual

Signature of Account Owner or Authorized Individual

X

Signature of Co-Account Owner or Authorized Individual

X

Capacity (if applicable)

Capacity (if applicable)

Date (MM/DD/YYYY)

Date (MM/DD/YYYY)

Part 11**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.
c/o DST Asset Manager Solutions, Inc.
430 W 7th Street, STE 219104
Kansas City, MO 64105-1407

For assistance completing this form, please contact shareholder services 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.