

Redemption Request Form For Non-Retirement Accounts

Complete this form if you would like to redeem assets from your non-retirement account.

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

Account Owner or UGMA/UTMA Minor (First, Middle Initial, Last)	Date of Birth (MM/DD/YYYY)	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Co-Account Owner or UGMA/UTMA Custodian	Date of Birth (MM/DD/YYYY)	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Trust or Entity, if applicable	Trust Date (MM/DD/YYYY), if applicable	Taxpayer Identification Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please check if you are changing your address of record. A Medallion Signature Guarantee (MSG) is required.

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
<input type="text"/>	<input type="text"/>

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

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

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 instructions. 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 Redemption Information

In accordance with cost basis regulations, all redemptions of covered shares (shares acquired on or after January 1, 2012) will be processed with the elected cost basis method on file, unless you indicate another accounting method in Part 4. If you did not elect a cost basis method, all redeemed covered shares will be subject to our default method of Average Cost. **If you have questions about which cost basis method is best for you, you may wish to consult a tax advisor.**

If you are requesting a partial redemption using the Specific Lot Identification method, and the lots selected are not available or not enough shares have been requested, shares will be depleted using the selected secondary cost basis accounting method on your account. If you have not selected a secondary method, shares will then be depleted in **First In, First Out (FIFO)** order.

Note: When redeeming shares, non-covered shares (shares acquired before January 1, 2012) will be depleted first, unless you are using the Specific Lot Identification method. The remaining covered shares will use the cost basis method on your account, unless you indicate a one-time override method on this form.

I/We authorize Columbia Management Investment Services Corp. (CMIS) to redeem the amount indicated from the account number(s) listed below. The payment amount will be net of any contingent deferred sales charges, if applicable.

Fund Number	Account Number	Share Amount	Dollar Amount	Check Box for All Shares
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>

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. ET.

Part 4 Cost Basis Method Selection

The cost basis method that is currently on your account will be used to deplete the shares for this transaction unless you indicate another accounting method below.

<input type="checkbox"/>	Current Accounting Method: Shares will be redeemed using the cost basis accounting method that is currently on the account.
<input type="checkbox"/>	Override Accounting Method: Selecting this option will override the current method on the account for this transaction only and will utilize the method checked below. Note: Not available if you have previously sold covered shares in your account using the Average Cost method.
<input type="checkbox"/>	FIFO – First In, First Out
<input type="checkbox"/>	LIFO – Last In, First Out
<input type="checkbox"/>	HIFO – High Cost, First Out
<input type="checkbox"/>	LOFO – Low Cost, First Out
<input type="checkbox"/>	LGUT – Loss/Gain Utilization
<input type="checkbox"/>	SLID – Specified Lot Identification (Complete Part 5)

Note: To permanently change your cost basis method you must complete and enclose a Cost Basis Election form.

Part 5 Specific Tax Lots for Depletion of Shares

Complete this section ONLY if this is a partial redemption and you would like to use the Specific Lot Identification method on an account. This cost basis method will permanently remove any average cost basis tracking from non-covered shares.

Please provide the fund and account number, purchase (trade) date and number of shares to indicate the specific share lots you would like to use for this partial redemption. (If there are additional share lots than space allows, please make a copy of this page or use a separate sheet of paper.)

1. Fund Number		Account Number		Check Box for All Shares in Lot
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Trade Date (MM/DD/YYYY)	<input type="text"/>	Number of Shares	<input type="text"/>	<input type="checkbox"/>
Trade Date (MM/DD/YYYY)	<input type="text"/>	Number of Shares	<input type="text"/>	<input type="checkbox"/>
Trade Date (MM/DD/YYYY)	<input type="text"/>	Number of Shares	<input type="text"/>	<input type="checkbox"/>
Trade Date (MM/DD/YYYY)	<input type="text"/>	Number of Shares	<input type="text"/>	<input type="checkbox"/>
2. Fund Number		Account Number		Check Box for All Shares in Lot
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Trade Date (MM/DD/YYYY)	<input type="text"/>	Number of Shares	<input type="text"/>	<input type="checkbox"/>
Trade Date (MM/DD/YYYY)	<input type="text"/>	Number of Shares	<input type="text"/>	<input type="checkbox"/>
Trade Date (MM/DD/YYYY)	<input type="text"/>	Number of Shares	<input type="text"/>	<input type="checkbox"/>
Trade Date (MM/DD/YYYY)	<input type="text"/>	Number of Shares	<input type="text"/>	<input type="checkbox"/>
3. Fund Number		Account Number		Check Box for All Shares in Lot
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Trade Date (MM/DD/YYYY)	<input type="text"/>	Number of Shares	<input type="text"/>	<input type="checkbox"/>
Trade Date (MM/DD/YYYY)	<input type="text"/>	Number of Shares	<input type="text"/>	<input type="checkbox"/>
Trade Date (MM/DD/YYYY)	<input type="text"/>	Number of Shares	<input type="text"/>	<input type="checkbox"/>
Trade Date (MM/DD/YYYY)	<input type="text"/>	Number of Shares	<input type="text"/>	<input type="checkbox"/>

Part 6 Payment Instructions: (Please choose one election in either section A or B and complete C if applicable.)

A. Account Owner or Authorized Individual Election:

- 1. Make the check payable to the registered account owner(s) and mail to the address of record.
- 2. Make the check payable to and mail as indicated below in section C. A Medallion Signature Guarantee (MSG) is required.
 - a. Mail the check via regular mail.
 - b. Mail the check via overnight or expedited delivery. The applicable fee will be deducted from the mutual fund account.
- 3. Deposit the redemption to the bank account below via Automated Clearing House (ACH). Funding in two or three business day. No fee is deducted from the mutual fund account.
 - a. Into the existing bank instructions on file.
 - b. Into new bank instructions. Complete the Bank Information in Part 7. A MSG is required.
- 4. Deposit the redemption to the bank account below via Fedwire (must be \$500 or greater). Funding the next business day. A fee of \$7.50 will be deducted from the mutual fund account (additional bank fees may apply).
 - a. Into the existing bank instructions on file.
 - b. Into new bank instructions. Complete the Bank Information in Part 7. A MSG is required.

Part 6 Payment Instructions (continued)

B. Estate or Beneficiary Election:

Complete this section of the form and the payee information in section C if you are acting as the Executor or Beneficiary for the registered account. If you are acting as the Executor, a MSG is required. If you are acting as the Beneficiary, a Signature Guarantee or MSG is required (see the table below). A certified copy of the death certificate(s) is required for the account owner(s).

- 1. Make the check payable to and mail as indicated below in section C.
 - a. Mail the check via regular mail.
 - b. Mail the check via overnight or expedited delivery. The applicable fee will be deducted from the mutual fund account.
- 2. Deposit the redemption to the bank account in section C via ACH. Funding in two or three business day. No fee is deducted from the mutual fund account.
- 3. Deposit the redemption to the bank account in section C via Fedwire (must be \$500 or greater). Funding the next business day. A fee of \$7.50 will be deducted from the mutual fund account (additional bank fees may apply).

Signature Guarantee (or MSG) Required	Medallion Signature Guarantee Required
<ul style="list-style-type: none"> ▪ The redemption check is mailed to an address other than the address of record ▪ The redemption is going to a bank account not on file. If the bank account registration matches the beneficiary, a Signature Guarantee is acceptable along with a copy of a voided check or deposit slip. 	<ul style="list-style-type: none"> ▪ The redemption check is made payable to anyone other than the beneficiary. ▪ The redemption is going to a bank account not on file and the bank account registration does not match the listed beneficiary. ▪ The amount of the redemption exceeds \$100,000. ▪ If someone is signing the form in a legal capacity (examples: Executor, POA, Custodian or Guardian).

C. Payee Information:

Payee or Beneficiary Name (First, Middle Initial, Last)	Beneficiary or Estate Tax Identification Number	Beneficiary Date of Birth (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address	City	State ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile Phone Number	Relationship to Account Owner	Date of Death for Account Owner (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Bank Account Information (if applicable)

Name of Bank	Bank ABA Routing Number	Bank Account Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Federal law requires us to obtain certain information from you, which we may use to verify your identity. If we are unable to verify this information, we reserve the right to close or limit your account.

Part 7 Bank Information

Please complete this section if you are requesting to have redemption proceeds sent to a bank account not on file. A Medallion Signature Guarantee is required. The bank information will be permanently added to your account, unless you indicate below, this is a one-time wire or ACH request.

Yes, this is a one-time wire or ACH request. Do not add bank information to my account at this time.

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)

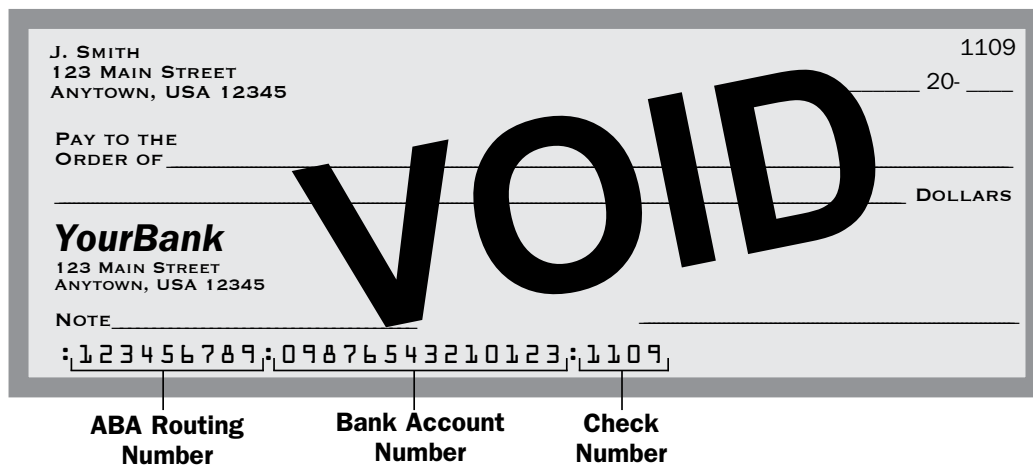
Bank Account Owner(s) Authorization

Signature of Bank Account Owner (required)

Signature of Joint Bank Account Owner (required)

X

X



Part 8 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 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.

Part 8 Signature and Taxpayer Identification Number Certification (continued)

I certify that I am the proper party to receive payment(s) from this account and that all information provided by me is true and accurate. If acting in a special capacity (executor, administrator, custodian, trustee, corporate officer, beneficiary, etc.) the capacity (title) must be indicated. I further certify that no tax advice has been given to me by Columbia Funds, Columbia Management Investment Services Corp., and their respective affiliates, officers, directors, agents and employees. All decisions regarding this redemption are my own. I expressly assume the responsibility for any adverse consequences which may arise from this redemption and I agree that Columbia Funds, Columbia Management Investment Services Corp., and their respective affiliates, officers, directors, agents and employees shall in no way be held responsible.

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 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.

For your account safety and security, please enter the information from Part 1 of this form below. All registered owners or authorized individuals must sign below.

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

The Internal Revenue Service does not require your consent to any provision of the document other than the certification 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)	Date (MM/DD/YYYY)	Capacity (if applicable)	Date (MM/DD/YYYY)

Affix Signature Guarantee or MSG Stamp here

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

Affix Signature Guarantee or MSG 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 Guarantee stamp for your signature in order to process certain transactions. A MSG or Signature Guarantee 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 Signature Guarantee 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 9 Return Instructions

<p>Regular mail Columbia Management Investment Services Corp. P.O. Box 219104 Kansas City, MO 64121-9104</p>	<p>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</p>
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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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