

Trustee Certification Form

This form must accompany any New Account Application requesting a trust registration or can also be used to change trustee information on an existing account.

For new trust accounts or to add trustees to an existing account, please complete Parts 1, 4, and 5. To change trustees due to resignation, incapacity or death of a trustee, please complete all sections of this form. The trustee(s) authorized on this form will supersede any prior designation.

Federal law requires Columbia Management Investment Services Corp. (CMIS) to obtain certain information from you which we will use to verify your identity. If you do not provide the information or if we are unable to verify this information, we reserve the right to close or restrict your account. Please note that we are committed to your privacy and restrict access to your present information.

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

Trust Name	Trust Date (MM/DD/YYYY)	Trust Taxpayer Identification Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Trustee Name	Trustee Date of Birth (MM/DD/YYYY)	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Co-Trustee Name	Co-Trustee Date of Birth (MM/DD/YYYY)	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address or APO/FPO	City	State ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile Phone Number	Home Phone Number	
<input type="text"/>	<input type="text"/>	
Account Number(s), if applicable		
<input type="text"/>	<input type="text"/>	<input type="text"/>

(Attach additional sheets if necessary.)

Part 2 Successor Trustee Designation

Complete this section of the form only if you are replacing trustee(s) on an existing account.

Successor Trustee Name	Trustee Date of Birth (MM/DD/YYYY)	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address or APO/FPO	City	State ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Daytime Phone		
<input type="text"/>		
Successor Co-Trustee Name	Co-Trustee Date of Birth (MM/DD/YYYY)	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address or APO/FPO	City	State ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Daytime Phone		
<input type="text"/>		

For assistance completing this form, please contact a representative at 1.800.345.6611, Monday through Friday, 8:00 a.m. to 7:00 p.m. Eastern time.

Part 3 Reason for Change in Trustee(s)

Complete this section of the form if this change is due to the resignation, death or the incapacity of a trustee. **The following individual(s) are to be removed as trustee:**

Name of Trustee: (Please print name.)	Reason for change: (Check only one.) <input type="checkbox"/> Resignation of a trustee (resigning trustee must sign below in section A.) <input type="checkbox"/> Death of a trustee (part 4 must be completed by successor trustee(s)) <input type="checkbox"/> Incapacity of a trustee (part 4 must be completed by successor trustee(s))
Name of Trustee: (Please print name.)	Reason for change: (Check only one.) <input type="checkbox"/> Resignation of a trustee (resigning trustee must sign below in section A.) <input type="checkbox"/> Death of a trustee (part 4 must be completed by successor trustee(s)) <input type="checkbox"/> Incapacity of a trustee (part 4 must be completed by successor trustee(s))

A. Resigning trustee certification and signature(s)

Each of the individuals signing below hereby certifies that they are resigning as a trustee of the Trust named in the Investor Information section of this form as of effective date _____ (MM/DD/YYYY).

Signature of Resigning Trustee

Signature of Resigning Co-Trustee

X _____

X _____

Date (MM/DD/YYYY)

Date (MM/DD/YYYY)

Part 4 Certification of Investment Authority

The undersigned trustee(s) certify as follows:

(a) The name of the Trust is specified in the Investor Information section of this form.

(b) The date of the Trust is _____ (MM/DD/YYYY).

(c) The name(s) of the new trustee(s) that will appear in the account registration is/are: (Please print clearly.)

Name _____

Name _____

Name _____

Name _____

(d) Columbia Management Investment Services Corp. (Transfer Agent) has the authority to accept instructions relative to the trust account from those individuals or entities listed directly above in this section of the form. They may execute documents on behalf of the Trust which the Transfer Agent may require. (Unless it is specified otherwise, any one of the trustees listed above may individually act on behalf of the Trust.)

(e) All trustees of the trust are listed in item (c) above.

(f) Should only one person execute this agreement, it shall be representation that the signer is the sole trustee. Where applicable, plural references in this certification shall be deemed singular.

(g) We certify that we have the power under the trust agreement and applicable law to sell, assign, transfer and /or deliver any and all stocks, bonds or other securities and to enter into all transactions, including purchases, exchanges and redemptions of mutual funds.

(h) We, the trustees, jointly and severally, indemnify the Columbia Funds, the Transfer Agent, and their respective affiliates, officers, directors, agents and employees, and hold them harmless from any liability for effecting any transactions pursuant to the instructions given by the trustees.

(i) We agree to inform the Transfer Agent, in writing, of any amendment to the trust, change in the composition of the trustee(s), or other event that could alter the certifications made above.

(j) The named trustee(s) authorizes all transactions, including telephone transactions.

Part 5 Authorization/Signature(s)

I/We certify that I am/we are the trustee(s) of the above named Trust in accordance with the terms of the Trust Agreement.
A Medallion Signature Guarantee (MSG) or Signature Validation Program (SVP) Stamp is required.

Print Name of Initial or Successor Trustee

Print Name of Initial or Successor Co-Trustee

Signature of Initial or Successor Trustee

Signature of Initial or Successor Co-trustee

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

A Medallion Signature Guarantee (MSG) or Signature Validation Program (SVP) Stamp may be executed by any eligible institution, including, but not limited to, the following: banks, credit unions, savings associations, brokers or dealers. An eligible guarantor institution providing an MSG must participate in one of the three MSG programs recognized by the Securities and Exchange Commission. These Medallion Signature Guarantee programs include the Securities Transfer Agents Medallion Program (STAMP), the Stock Exchanges Medallion Program (SEMP) and the New York Stock Exchange Medallion Signature Program (MSP). 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 MSG or SVP Stamp. The Transfer Agent reserves the right to reject a MSG or SVP Stamp and to request additional documentation for any transaction.

Part 6 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 a representative at 1.800.345.6611, 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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