

IRA Distribution Request Form

Use this form when requesting a distribution from an Individual Retirement Account (IRA).

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

IRA Depositor/Account Owner Name (First, Middle Initial, Last)

Address Apt/Lot/Unit

City State ZIP Code

Daytime phone number Social Security Number Date of Birth (MM/DD/YYYY)

Part 2 IRA Account Registration: (Please choose only one.)

Traditional IRA
 Roth IRA
 SEP IRA*
 SARSEP IRA*
 Rollover IRA
 SIMPLE IRA* (A 25% penalty may apply if the SIMPLE IRA has been open and funded for less than two years.)

*Plan number, if applicable

Part 3 Type Of Distribution: (Please choose only one.)

Normal distribution — age 59½ or older
 Required minimum distribution
 Premature distribution*
 Death
 Disability

Excess contribution — current tax year: Date of excess ____ / ____ / ____
 Premature distribution with exception (SEPP)*

Excess contribution — prior tax year
 Divorce
 Other _____

*Penalties may apply. Please consult your tax advisor.

Part 4 Federal Income Tax Withholding: Must be completed. (Choose A or B below.)

The law requires that federal income tax be withheld from certain IRA distributions unless you elect not to have withholding apply. If you elect not to have withholding apply, you may be responsible for payment of estimated tax. You may also incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. Your withdrawal may also be subject to state income tax withholding in certain states. The undersigned individual authorizes the withdrawal specified and the withholding election completed below. The undersigned acknowledges that the box checked is correct; and that it is the undersigned's responsibility to determine the correct amount of tax that may be due based on all IRA accounts the undersigned may own (including those unknown by or not under the control of the Custodian; the undersigned agrees to indemnify and hold harmless Columbia Funds, Columbia Management Investment Services Corp., the custodian and their respective affiliates, officers, directors, agents and employees from any losses or expenses incurred if such information is not correct. The undersigned acknowledges that it is his/her responsibility to properly calculate, report, and pay all taxes due with respect to the withdrawal specified, and to file IRS Form 5329 to claim any exemption from the early withdrawal penalty. IRS Form 5329 is used to report additional taxes on IRAs. Please contact a qualified tax advisor for more information.

Please make your election below. Elections pertaining to the Systematic Withdrawal Plan, in the section for Distribution Options, may be revoked at any time. All other elections will be for this one-time use. **Please note, if no federal election is made, 10% of your distribution will be withheld for federal income taxes.**

A. Do not withhold federal income tax from my distribution.

B. Withhold federal income tax from my distribution at the rate of (not less than 10%).

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 5

Payment Instructions: Please choose one election in either section A or B and complete section C if applicable. See the section for Medallion Signature Guarantee information.

Note: For questions on the tax implications of the following distribution options, please consult your tax advisor.

A. IRA account owner election:

- 1. Send payment to me by check to the address of record.
- 2. Make check payable to and mail as indicated below in section C. A Medallion Signature Guarantee is required.
- 3. Deposit directly to my bank account via Automated Clearing House (ACH).
 - a. Into my existing bank instructions on file. No Medallion Signature Guarantee is required.
 - b. Into new bank instructions. Complete the section for Bank Information. A Medallion Signature Guarantee is required.
- 4. Wire to my bank account. A liquidation via federal fund wire must be \$500.00 or greater. If you choose this method, the proceeds will usually be wired on the next business day. A fee of \$7.50 will be deducted from your mutual fund account. Complete the section for Bank Information.
- 5. Invest my distribution in my non-IRA Columbia Threadneedle Investments account referenced below:
 - a. Existing Columbia Threadneedle Investments non-IRA. Fund number Account number
 - b. New Columbia Threadneedle Investments non-IRA. **(Please attach a new account application.)**
- 6. Transfer my shares to the Columbia Threadneedle Investments IRA account referenced below **(due to divorce only):**
A Medallion Signature Guarantee is required. Please include a copy of the final Divorce Decree. The language within the final Divorce Decree must specifically state how the Columbia mutual fund account(s) are to be distributed. Please reference the dollar amount, percentage or number shares of each account under the section for Distribution Options.
 - a. Existing Columbia Threadneedle Investments IRA. Fund number Account number
 - b. New Columbia Threadneedle Investments IRA. **(Former spouse must complete and attach an IRA application.)**

B. IRA beneficiary election: (For entity beneficiaries, additional documentation may be required.)

- 1. Send payment to me by check to the address below in section C.
- 2. Deposit directly to my bank account via ACH. Complete the section for Bank Information.
- 3. Wire to my bank account. A liquidation via federal fund wire must be \$500 or greater. If you choose this method, the proceeds will usually be wired on the next business day. A fee of \$7.50 will be deducted from your mutual fund account. Complete the section for Bank Information.
- 4. Transfer the entire value to my spousal IRA referenced below **(For spousal beneficiaries only):**
 - a. Existing Columbia Threadneedle Investments IRA. Fund number Account number
 - b. New Columbia Threadneedle Investments IRA **(Please attach an IRA application.)**
- 5. Transfer my distribution to an Inherited IRA referenced below:
 - a. Existing Columbia Threadneedle Investments Inherited IRA. Fund number Account number
 - b. New Columbia Threadneedle Investments Inherited IRA. (For a non-spouse, please complete section C.) Note: The account must be distributed in full by December 31 of the fifth year following the owner's death, unless you are the surviving spouse or you have elected to take life expectancy payments. **(Please attach an IRA application.)**
- 6. Transfer my distribution to a non-IRA Columbia Threadneedle Investments account referenced below:
 - a. Existing Columbia Threadneedle Investments non-IRA. Fund number Account number
 - b. New Columbia Threadneedle Investments non-IRA. **(Please attach a new account application.)**

C. Payee information:

Payee or Beneficiary name (First, Middle Initial, Last)

Address

City

State

ZIP code

Beneficiary Social Security Number (for death distributions)

Beneficiary Date of Birth (MM/DD/YYYY) (for death distributions)

Daytime phone number

Relationship to IRA account owner

Date of death for IRA account owner (MM/DD/YYYY)

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.

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 6**Distribution Options:** (Complete sections A or B.)**A. One-time full or partial distribution:**

Fund name	Fund number	Account number	Dollar amount	or Percent	or	Number of shares
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	%	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	%	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	%	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	%	<input type="text"/>

B. Recurring distribution (Complete sections 1 or 2 and section 3.)**1. Systematic Withdrawal Plan** (Check only one.) Add option Update the existing option Discontinue the existing option

Month Year

a. Begin distributions in .

b. Select frequency of periodic distributions (does not apply to cash dividends and capital gains.)

Note: Distributions will be processed on the 20th day of the month(s) indicated below or the prior business day unless otherwise specified _____.

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

c. Specify distribution method:

Dollar amount \$

Fixed period of years. (not to exceed the joint life expectancy of account owner and beneficiary)

Life expectancy (will apply to all accounts)

Required minimum distribution based on the uniform lifetime table in IRS regulations

Required minimum distribution based upon account owner and beneficiary's joint life expectancy (In order to use this method, your spouse must be your sole primary beneficiary and more than 10 years younger than you.)

Life expectancy payments based on the single life expectancy table for beneficiaries in IRS regulations.

2. Cash dividends and capital gains (Penalties and taxes may apply if you are under the age of 59½. Please consult your tax advisor.)

- a. I wish to take my dividends in cash.
 b. I wish to take my capital gains and dividends in cash.

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

- a. Check to Address of Record
 b. Direct Deposit to Bank by ACH (Complete the section for Bank Information)

3. Fund selection

Fund name	Fund number	Account number
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Note: If you choose to close your account, you will be subject to the \$20 termination fee at that time. This fee is not prorated for periods of less than one full year.

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Part 7

Bank Information:

Please complete this section if you are requesting that redemption proceeds or dividends/capital gain distributions be sent to your bank. A Medallion Signature Guarantee may be required. See the section for Medallion Signature Guarantee information. The bank information will be permanently added to your account, unless you indicate it is a one-time wire or ACH request below.

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 transfers):

Name of Bank

Bank Phone Number

Name of Bank Account Owner

Name of Joint Bank Account Owner (if applicable)

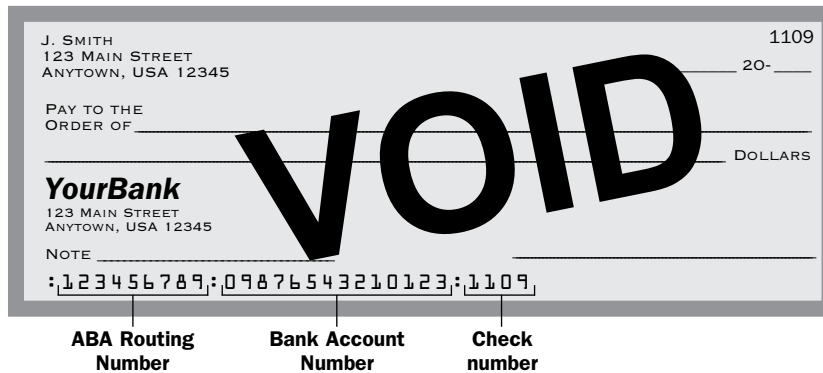
Bank Account Owner(s) Authorization

Signature of Bank Account Owner (required)

Signature of Joint Bank Account Owner (required)

X

X



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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);
- (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. For contributions to an individual retirement arrangement (IRA) you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Form W-9.

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

I understand that if this distribution is from an inherited IRA, the account must be distributed in full by December 31 of the fifth year following the owner's death, unless I am the surviving spouse or I have elected to take life expectancy payments.

For your account safety and security, please enter the information from Part 1 of this form below.

Name (First, Middle Initial, Last)

Social Security Number

Street Address or APO/FPO

City

State

ZIP Code

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 Depositor/Account Owner or Authorized Individual

Capacity (if applicable)

Signature of Depositor/Account Owner or Authorized Individual

Date (MM/DD/YYYY)

X

Affix Medallion Signature Guarantee stamp here.

Guarantor, please do not affix the guarantee unless all of the information on this page has been complete. 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 9 Medallion Signature Guarantee

The Transfer Agent may require a Medallion Signature Guarantee for your signature in order to process certain transactions. A Medallion Signature Guarantee helps assure that a signature is genuine and not a forgery. A Medallion Signature Guarantee must be provided by an eligible guarantor institution including, but not limited to, the following: bank, credit union, savings association, broker or dealer, that participates in the Securities Transfer Association Medallion Program (STAMP), the Stock Exchange Medallion Program (SEMP) or the New York Stock Exchange Medallion Signature Program (MSP). 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.

A Medallion Signature Guarantee is required if:

- The transaction amount is over \$100,000.
- You want your check made payable to someone other than yourself.
- Your address has changed within the last 30 days.
- You want the check mailed to an address other than the address of record.
- You want proceeds to be sent according to existing bank account instructions not coded for outgoing ACH or wire, or to a bank account not on file.
- You are the beneficiary of the account and the account owner is deceased (other documentation may be required).
- You are changing legal ownership of your account.

Part 10 Return instructions:

Regular mail Columbia Management Investment Services Corp.
P.O. Box 8081
Boston, MA 02266-8081

Overnight mail Columbia Management Investment Services Corp.
c/o Boston Financial Data Services, Inc.
30 Dan Road, Suite 8081
Canton, MA 02021-2809

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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.