

## IRA Optional Services/Change Request Form

This form can be used to establish or change account options for an existing Individual Retirement Account (IRA) such as Automatic Investment Plan (AIP), Systematic Withdrawal Plan (SWP) and Telephone Withdrawal options.

### Part 1 Depositor (investor) information: Please type or print.

Name (First, Middle Initial, Last)

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.

Address  Apt/Lot/Unit

City  State  ZIP Code

Daytime phone number  Evening phone number  Date of birth (MM/DD/YYYY)  Social Security number

Fund name  Fund number  Account number

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

Address  Apt/Lot/Unit

City  State  ZIP Code

### Part 2 Ways to reduce your sales charge:

#### A. Rights of accumulation:

You and members of your immediate family as defined in the fund's 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 (or \$100k for Funds with breakpoint discounts beginning at \$100k) to qualify. See the prospectus and statement of additional information (SAI) for aggregation criteria. List accounts held directly with CMIS that you want to combine for Rights of accumulation or Statement of intent. Attach additional sheets if necessary.

I want to combine the value of eligible accounts maintained by me and members of my immediate family to reach a breakpoint discount level and apply a lower sales charge to my purchases.

Fund number  Account number  Social Security number or Taxpayer Identification Number

Fund number  Account number  Social Security number or Taxpayer Identification Number

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 2 Ways to reduce your sales charge: (continued)

### B. Statement of Intent: (Class A shares only)

If you agree to invest at least \$50,000 within 13 months, you may qualify to a lower sales charge on every dollar you invest. See the prospectus and statement of additional information (SAI) for aggregation criteria. An additional sales charge must be paid if you do not complete this Statement of Intent.

I agree to invest

Amount \_\_\_\_\_ Date (MM/DD/YYYY) \_\_\_\_\_  
 \_\_\_\_\_ over a 13-month period beginning \_\_\_\_\_

Fund number \_\_\_\_\_ Account number \_\_\_\_\_ Social Security number or Taxpayer Identification Number \_\_\_\_\_

Fund number \_\_\_\_\_ Account number \_\_\_\_\_ Social Security number or Taxpayer Identification Number \_\_\_\_\_

### C. NAV certification:

I certify that I am exempt from the sales charge in accordance with the terms of the applicable fund's prospectus, and I agree to notify Columbia Management Investment Services Corp. (CMIS) at or prior to purchase if I am no longer eligible for exemption.

Reason for exemption (Please write reason): \_\_\_\_\_

## Part 3 Add/change exchange options:

### A. Telephone exchange privilege

I authorize CMIS, or their designated agents, to accept telephone instructions from any person identifying himself as owner of the account or the owner's broker to exchange shares of my account for shares of the same class or equivalent class of any other Columbia fund, without signature guarantee. Telephone exchanges are subject to the procedures and conditions set forth in the prospectus. CMIS, and their designated agents, will employ reasonable procedures specified by the Columbia fund to confirm that such telephone instructions are genuine. Neither the Columbia Funds, Columbia Management Investment Services Corp., the Custodian, nor any of their respective affiliates, officers, directors, agents and employees will be liable for any loss due to unauthorized or fraudulent instructions if such procedures are followed. Telephone privileges may be modified or terminated without notice. Furthermore, I agree to indemnify and hold harmless Columbia Funds, Columbia Management Investment Services Corp., the custodian and their respective affiliates, officers, directors, agents and employees that may be involved in transactions authorized by telephone against any claim, loss, expense or damage, including reasonable fees of investigation and counsel in connection with any telephone instructions effected for my account.

I want to remove the telephone exchange privilege.

### B. Systematic exchanges (Check only one.) Add option Update option Discontinue option

I hereby authorize CMIS to automatically exchange funds as indicated below:

Frequency (check one):  Monthly  Quarterly  Semi-annually  Annually

Beginning the month of \_\_\_\_\_ on the calendar day \_\_\_\_\_ (or next business day, if this falls on a weekend or holiday) of the month.

From fund/account number	To fund/account number	Amount*
_____	_____	\$ _____

From fund/account number	To fund/account number	Amount*
_____	_____	\$ _____

From fund/account number	To fund/account number	Amount*
_____	_____	\$ _____

(Attach additional sheets if necessary.)

\* **Must be at least \$50.00 per exchange; the destination fund must already be established or the systematic exchange must meet the initial minimum investment for the target fund. Refer to prospectus for fund minimums.**

The receiving account must be an IRA account of the same IRA type for the same owner. To redeem from an IRA account and use the redemption proceeds for a purchase into a Columbia Threadneedle Investments non-retirement account, please complete the IRA Distribution Form.

## Part 4 Add/change contribution options:

**Note: An automatic investment plan and systematic withdrawal plan cannot be used on the same account.**

**A. Automatic investment plan** (Check only one.)  Add option  Update option  Discontinue option

Note: If your account balance is below the minimum initial investment (see prospectus for more information on fund minimums), you must make investments at least monthly.

I authorize State Street Bank & Trust Company to initiate Automated Clearing House (ACH) debits or to draw debt check against a designated financial account for the amount listed on the dates noted. I understand that the financial institution indicated must be a member of the ACH Association. 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. I designate that all contributions are for the tax year in which they are made, unless I instruct otherwise in writing. Please complete bank instructions in part 7.

Fund name	Fund number	Account number	Amount* (Refer to prospectus for fund minimums)
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>

(Attach additional sheets if necessary.)

**Frequency of investment** (check one):  Monthly  Quarterly  Semi-annually  Annually

Beginning the month of  on the calendar day  (or next business day, if this falls on a weekend or holiday) of the month.\*

\* Unless otherwise specified, automatic purchases will be processed on the 5th (or next business day, if this falls on a weekend or holiday) of the month. Note: To avoid an excess contribution, please be aware of your maximum IRA contribution amount.

**B. On-demand purchase from your bank** (Please complete bank instructions in part 7.)

Make investments in your account at any time by calling **800.422.3737**. You will receive the public offering price next determined after we receive your proceeds. If you have signed up for an automatic investment plan in section A, you are automatically eligible for this service.

I hereby elect to add the on-demand purchase option to my account from the bank listed in part 7. I understand that this option is governed by the same rules as an automatic investment plan option.

## Part 5 Add/change expedited redemption options:

**A. Telephone redemption privilege**

I authorize CMIS, or their designated agents to accept telephone instructions from any person identifying himself as owner of the account to redeem shares, without signature guarantee, held in my account. Telephone redemptions are subject to procedures and conditions set forth in the prospectus. I understand that up to \$100,000 may be redeemed by telephone redemption daily. CMIS and their designated agents will employ reasonable procedures specified by CMIS to confirm that such telephone instructions are genuine. Neither the Columbia Funds, Columbia Management Investment Services Corp., the Custodian, nor any of their respective affiliates, officers, directors, agents and employees will be liable for any loss due to unauthorized or fraudulent instructions if such procedures are followed. Telephone privileges may be modified or terminated without notice. Furthermore, I agree to indemnify and hold harmless Columbia Funds, Columbia Management Investment Services Corp., the Custodian and their respective affiliates, officers, directors, agents and employees that may be involved in transactions authorized by telephone, against any claim, loss, expense or damage, including reasonable fees of investigation and counsel in connection with any telephone instructions effected for my account.

**I want to remove the telephone redemption privilege.**

**B. On-demand redemptions by ACH or federal fund wire** (Please complete bank instructions in part 7.) A Medallion Signature Guarantee or Signature Validation Program (SVP) stamp is required.

You can redeem shares by telephone and have the proceeds sent to your bank.

I hereby authorize deposits to the bank listed in part 7.

The fund, the transfer agent and its affiliates are not liable when following telephone instructions. A shareholder may suffer a loss from an unauthorized instruction or transaction believed by the transfer agent to be genuine and authorized.

**Part 6****Dividend/Capital Gains Options** (If you have more accounts than space allows, provide details on a separate sheet)

All distributions of \$10 or less will automatically be reinvested in additional shares. If you choose to reinvest your dividends, your capital gains will also be reinvested. When selecting direct deposit, please complete the bank information in Part 7.

Dividends & Cap Gains – Cash     Dividends – Cash & Cap Gains – Reinvest     Dividends & Cap Gains – Reinvest     Direct deposit

**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 and without sales charges. Accounts must be identically registered. I have received and carefully read the prospectus for the fund(s) below.

1. From Fund/Account Number

To Fund/Account Number

2. From Fund/Account Number

To Fund/Account Number

**Part 7****Bank information:**  Add new bank instructions     Replace existing bank instructions

Bank account number (Do not use spaces or dashes)

ABA routing number (See voided check image below for reference.)

Name of bank account owner

Name of joint owner, if applicable

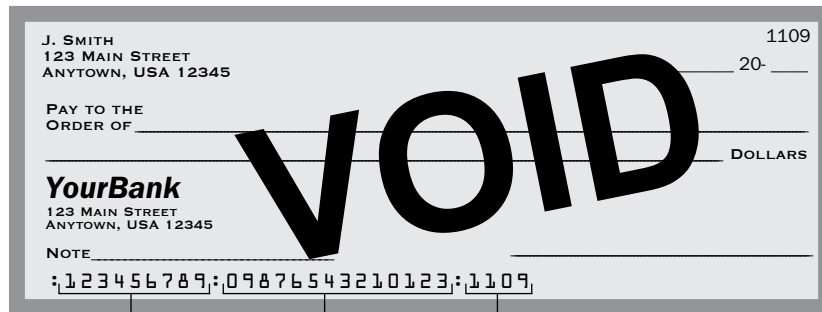
**Account type:**  Checking     Savings

For further credit to the account of (if applicable)

**Bank account owner(s) authorization**

Signature of bank account owner

Signature of bank account co-owner



ABA Routing Number

Bank Account Number

Check number

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 8** **Depositor's (investor's) authorization:**

To be completed by the authorized registered account owner. If acting in a special capacity (executor, administrator, custodian, trustee etc., the capacity (title) must be indicated. I (we) have full authority and capacity to select the above account options and agree to be bound to the terms of this form and the current fund prospectus. I understand that these options are subject to the terms and conditions set forth in the prospectus of the applicable funds.

By electing these options, I agree that neither the Columbia Funds, Columbia Management Investment Services Corp., the Custodian, 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 responsible for the authenticity of any telephone instructions. I agree to hold the Columbia Funds, Columbia Management Investment Services Corp., the Custodian, and their respective affiliates, officers, directors, agents and employees harmless from any loss, claims or liability arising from their compliance with these instructions.

If the depositor is a minor under the laws of the depositor's state of residence, a parent or guardian must also sign this form. Until the depositor reaches the age of majority, the parent or guardian will exercise the powers and duties of the depositor.

The signatures of all account owners must be guaranteed by a Medallion Signature Guarantee (MSG) or Signature Validation Program (SVP) Stamp. A MSG or 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 Medallion Signature Guarantee 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 signature guarantee or signature validation. The Transfer Agent reserves the right to reject a signature guarantee or signature validation and to request additional documentation for any transaction.

A Medallion Signature guarantee or SVP is required if:

- You want to send proceeds to a bank.
- You are not the registered account owner but are acting with capacity.
- You want to add the Telephone Redemption Privilege.

Note: Other documentation may be required. Please contact a representative at 800.345.6611.

Depositor (investor's) signature

Signature of parent or guardian (if depositor is a minor)

**X** \_\_\_\_\_

**X** \_\_\_\_\_

Capacity (if applicable)

Date (MM/DD/YYYY)

Capacity (if applicable)

Date (MM/DD/YYYY)

**Medallion Signature Guarantee or SVP stamp**

**Medallion Signature Guarantee or SVP stamp**

**Part 9** **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  
30 Dan Road, Suite 8081  
Canton, MA 02021-2809

**Reset Form**

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 for the Columbia and Threadneedle group of companies.

© 2016 Columbia Management Investment Advisers, LLC. All rights reserved.

CT-FR/231317 K (02/16)

1404763 (02/16)