

Certificate of Authorization

For use by corporations, partnerships and all non-Individual entities, except trusts.

We request certain information (Social Security Number and date of birth), which allows us to accurately identify our customers. Please note that we are committed to your privacy and restrict access to your personal information. We appreciate your cooperation in providing this information. If the entity submitting this Certificate is an association, the word "association" shall be deemed to appear each place the word "corporation" appears. If the officer signing this Certificate is named as an authorized person, another officer must countersign the Certificate. If there is no other officer, the person signing the Certificate must have his/her signature guaranteed. If you are not sure whether you are required to complete this Certificate, please call a shareholder services representative at 800.345.6611.

Part 1 Appointment of Authorized Person(s)

The undersigned hereby certifies that he/she is the duly elected Secretary of:

Name of Corporation/Association		Tax Identification Number	
<input type="text"/>		<input type="text"/>	
Fund Number	Account Number		
<input type="text"/>	<input type="text"/>		
Fund Number	Account Number		
<input type="text"/>	<input type="text"/>		
Fund Number	Account Number		
<input type="text"/>	<input type="text"/>		

(the "Corporation") and that the following individual(s):

Authorized Individual	Date of Birth (MM/DD/YYYY)	Social Security Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address	City	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Authorized Individual (if necessary)	Date of Birth (MM/DD/YYYY)	Social Security Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address	City	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

is (are) duly authorized by resolution or otherwise to act on behalf of the Corporation in connection with the Corporation's ownership of shares of any mutual fund or other security distributed by Columbia Management Investment Distributors, Inc. (individually, the "Fund" and collectively, the "Funds") including, without limitation, furnishing any such Fund and its transfer agent with instructions to purchase, transfer or redeem shares of that Fund payable to any person or in any manner, or to redeem shares of that Fund and apply the proceeds of such redemption to purchase shares of another Fund (an "exchange"), and to execute any necessary forms in connection therewith.

Telephone and written transaction instructions by any one of the above-designated authorized persons will be accepted.

If the undersigned is the only person authorized to act on behalf of the Corporation, the undersigned certifies that he/she is the sole director and officer of the Corporation and that the Corporation's Charter and By-laws provide that he/she is the only person authorized to so act.

These authorizations shall continue in effect up to five business days after the Fund and its transfer agent, Columbia Management Investment Services Corp. (CMIS), receives written notice from the Corporation. To add new authorized person(s), please complete this form and return it to the address listed above. To remove authorized person(s), please notify CMIS in writing via a letter of instruction.

In witness whereof, I have hereunto subscribed my name as Secretary and affixed the seal of the Corporation, if available.*

This (day) _____ date of (month) _____, (year) _____.

***Medallion Signature Guarantee is required if a corporate seal is unavailable or if the officer signing is a named authorized person and there is no other officer to sign the Certificate.**

Part 2 Signature & Certification

Print Name

Signature

X

Corporate Seal or Medallion Signature Guarantee

Print Name

Signature

X

Corporate Seal or Medallion Signature Guarantee

Part 3 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.

Part 4 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
30 Dan Road, Suite 8081
Canton, MA 02021-2809

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. Columbia Threadneedle Investments (Columbia Threadneedle) is the global brand name for the Columbia Threadneedle group of companies. Columbia Management Investment Services Corp. is the transfer agent for Columbia Funds.

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