

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 | | 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, if applicable | Trust Date (MM/DD/YYYY), if applicable | Taxpayer Identification Number | |
| <input type="checkbox"/> 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 |
| Daytime Phone Number | | | |

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
 Note: For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.

Limited Liability Company. Enter the tax classification (C = C Corporation, S = S Corporation, P = Partnership) _____

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 institutions. 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 mutual fund 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 mutual fund 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 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. (Covered shares are shares acquired on or after January 1, 2012.)

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"/> |

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.

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.)

| Fund Number | | Account Number | | Check Box for All Shares in Lot |
|--------------------------------|----------------------|----------------------|----------------------|---------------------------------|
| <input type="text"/> | | <input type="text"/> | | |
| 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. <input type="text"/> | | <input type="text"/> | | |
| 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. <input type="text"/> | | <input type="text"/> | | |
| 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"/> |
| 4. <input type="text"/> | | <input type="text"/> | | |
| 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 Election:

- 1. Make check payable to me and mail 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. Send check via overnight or expedited delivery. The applicable fee will be deducted from your mutual fund account.
- 4. Direct deposit the redemption to my bank account via Automated Clearing House (ACH).
 - a. Into my existing bank instructions on file.
 - b. Into new bank instructions. Complete the section for Bank Information. A Medallion Signature Guarantee is required.
- 5. Fedwire the redemption to my bank account. A redemption via 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.
 - a. Into my existing bank instructions on file.
 - b. Into new bank instructions. Complete the section for Bank Information. A Medallion Signature Guarantee is required.

B. Beneficiary Election:

Complete this section of the form and the payee information in section C if you are the beneficiary requesting a redemption on a Transfer on Death account. A certified copy of the death certificate(s) is required for the account owner(s). A Signature Guarantee or Medallion Signature Guarantee is required (see the table below).

- 1. Make check payable to me and mail to the address below.
- 2. Send check via overnight or expedited delivery. The applicable fee will be deducted from the mutual fund account.
- 3. Direct deposit the redemption to my bank account via ACH.
- 4. Fedwire the redemption to my bank account. A redemption via 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 the mutual fund account.

| Signature Guarantee Required | Medallion Signature Guarantee Required |
|--|---|
| Signature Guarantee (or MSG) from beneficiaries(s) is accepted if: <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 bank registration matches account registration, a Signature Guarantee is acceptable along with a copy of a voided check or deposit slip. | MSG is required on redemption form when listed beneficiary(s) request a redemption in which: <ul style="list-style-type: none"> ▪ The redemption check is made payable to anyone other than the beneficiary. ▪ The amount of the redemption exceeds \$100,000. ▪ If request signed by someone on behalf of the beneficiary (include legal capacity). Example: POA, Custodian, Guardian. ▪ The redemption is going to a bank account where the bank registration is not in the same as listed beneficiary. |

C. Payee or Beneficiary Information:

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

Address

City

State

ZIP Code

Beneficiary Social Security Number

Beneficiary Date of Birth (MM/DD/YYYY)

Daytime Phone Number

Relationship to Account Owner

Date of Death for Account Owner (MM/DD/YYYY)

Bank Account Information (if applicable)

Name of Bank

Bank ABA Routing Number

Bank Account Number

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 that redemption proceeds or dividends/capital gain distributions be sent to your bank. A Medallion Signature Guarantee is required. 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 transactions):

Name of Bank

Bank Phone Number

Name of Bank Account Owner

Name of Joint Bank Account Owner (if applicable)

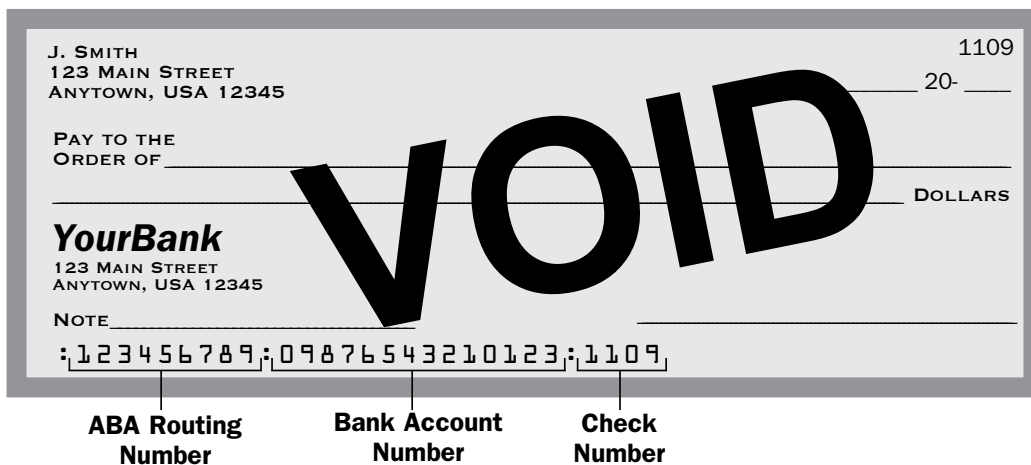
Bank Account Owner(s) Authorization

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 | Date of Birth (MM/DD/YYYY) | Social Security Number |
| <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| Co-Account Owner or UGMA/UTMA Custodian | Date of Birth (MM/DD/YYYY) | Social Security Number |
| <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| Name of Trust or Entity | Trust Date (MM/DD/YYYY), if applicable | Taxpayer Identification Number |
| <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |

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/Authorized Individual | Print Name of Co-Account Owner/Authorized Individual | | |
| <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | | |
| Signature of Account Owner/Authorized Individual | Signature of Co-Account Owner/Authorized Individual | | |
| X | X | | |
| Capacity (if applicable) | Date (MM/DD/YYYY) | Capacity (if applicable) | Date (MM/DD/YYYY) |
| <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |

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 8081 Boston, MA 02266-8081</p> | <p>Overnight mail Columbia Management Investment Services Corp. c/o Boston Financial Data Services, Inc. 30 Dan Road, Suite 8081 Canton, MA 02021-2809</p> |
|--|---|

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 of the Columbia and Threadneedle group of companies. Columbia Management Investment Services Corp. is the transfer agent for Columbia Funds.

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