

# **Transfer of Ownership Request Form**

Use this form to change the ownership of your account, which may include changing, adding, or deleting the name(s) on your non-retirement account. Columbia Management Investment Services Corp. (CMIS) will transfer the shares from your current account to either an existing or new account. A New Account Application must be completed and submitted with this form to reflect the new account information, if an account is not already established. An inheritance tax waiver may be required if this transfer is due to death. Contact the applicable state tax agency for guidance.

ovide the name(s) on the accoun	t exactly as they appear	r in the current a	account registra	tion.		
count Owner or UGMA/UTMA Mine	or (First, Middle Initial, La	ast)	Date of	Birth (MM/DD/YY	YY) Social	Security Number
-Account Owner or UGMA/UTMA (	Custodian		Date of	Birth (MM/DD/YY	YY) Social	Security Number
nme of Trust or Entity, if applicable		Trust Date	e (MM/DD/YYYY,	if applicable)	Taxpayer Ide	entification Number
reet Address or APO/FPO		City		State	e :	ZIP Code
obile Phone Number						
art 2 Transfer Instru	ıctions					
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Transfer to Existing Account – I,	/We authorize CMIS to t				٠,	
Transfer to Existing Account – I, existing account in the same sh	/We authorize CMIS to t				٠,	
Transfer to Existing Account – I, existing account in the same sh is made below.	/We authorize CMIS to t	and the final div	idend payment o		٠,	
Transfer to Existing Account – I, existing account in the same sh	/We authorize CMIS to t	and the final div			٠,	
Transfer to Existing Account – I, existing account in the same sh is made below.	/We authorize CMIS to t	TO: Fund/	idend payment o	n a full transfer v	٠,	to reinvest if no selection
Transfer to Existing Account – I, existing account in the same sh is made below. FROM: Fund/Account Number	/We authorize CMIS to t are class. I/We underst	TO: Fund/	idend payment o	n a full transfer v	vill default	to reinvest if no selection
Transfer to Existing Account – I, existing account in the same shis made below.  FROM: Fund/Account Number  Dollar Amount	/We authorize CMIS to t are class. I/We underst	TO: Fund/	idend payment o	n a full transfer v Check Bo	vill default	to reinvest if no selection
Transfer to Existing Account – I, existing account in the same shis made below.  FROM: Fund/Account Number  Dollar Amount  OR  If this is a full transfer the final count in the same ship is made below.	/We authorize CMIS to t are class. I/We underst	TO: Fund/ TO: Fund/ % OR	idend payment of Account Number Amount Reinvested into the	n a full transfer v Check Bo	vill default	to reinvest if no selecti
Transfer to Existing Account – I, existing account in the same shis made below.  FROM: Fund/Account Number  Dollar Amount  OR  If this is a full transfer the final count in the same ship is made below.	/We authorize CMIS to t are class. I/We underst	TO: Fund/ TO: Fund/ % OR	idend payment of Account Number Amount	n a full transfer v Check Bo	vill default	to reinvest if no selection
Transfer to Existing Account – I, existing account in the same shis made below.  FROM: Fund/Account Number  Dollar Amount  OR	/We authorize CMIS to t are class. I/We underst	TO: Fund//  OR  id in Cash  Fund//	idend payment of Account Number Amount Reinvested into the	Check Bo	vill default	to reinvest if no selection

# Part 2 Transfer Instructions: (continued)

	Transfer to New Account – I/We authoregistration. I/We understand the finathe name, Social Security Number, data.  Account Application must be complet	te of birth and phy	sical a	address for the new	acc	ount owner(s) or a	authorized ir	made below. Please provi ndividual(s) below. A New	
1.	FROM: Fund/Account Number	Dollar Amount		Share Amount		% Amount	Ch	Check Box for all shares	
			OR		OR		OR		
	FROM: Fund/Account Number	Dollar Amount		Share Amount		% Amount	Ch	eck Box for all shares	
			OR		OR		OR		
	f this is a full transfer the final dividend should be: $\Box$ Paid in Cash $\Box$ Reinvested into the new account								
	Provide the type of account and new	account registrati	on bel	ow.					
	$\square$ Individual $\square$ Joint Tenant $\square$ T	OD 🗆 UGMA/U	TMA	☐ Trust ☐ Esta	ate	☐ Corporation/C	ther Entity		
	Account Owner/Authorized Individual o	r UGMA/UTMA Mir	nor (Fir	st, Middle Initial, La	ast)	Date of Birth (MM	I/DD/YYYY)	Social Security Number	
	Co-Account Owner/Authorized Individua	al or UGMA/UTMA	Custo	dian		Date of Birth (MM	I/DD/YYYY)	Social Security Number	
	Name of Trust or Entity, if applicable			Trust Date (MM/D	DD/Y	YYY), if applicable	Taxpayer I	dentification Number	
	Street Address or APO/FPO		Cit	y		State	е	ZIP Code	
2.	FROM: Fund/Account Number	Dollar Amount		Share Amount		% Amount	Ch	eck Box for all shares	
			OR		OR		OR		
	FROM: Fund/Account Number	Dollar Amount		Share Amount		% Amount	Ch	eck Box for all shares	
			OR		OR		OR		
	this is a full transfer the final dividend should be:   Paid in Cash  Reinvested into the new account								
	rovide the new account registration below.								
	☐ Individual ☐ Joint Tenant ☐ TOD ☐ UGMA/UTMA ☐ Trust ☐ Estate					☐ Corporation/C	ther Entity		
	Account Owner/Authorized Individual or UGMA/UTMA Minor (First, Middle Initial, Last)				' '	,	Social Security Numbe		
	Co-Account Owner/Authorized Individual or UGMA/UTMA Custoo			dian		Date of Birth (MM	I/DD/YYYY)	Social Security Numbe	
	Name of Trust or Entity, if applicable			Trust Date (MM/D	DD/Y	YYY), if applicable	Taxpayer I	dentification Number	
	Street Address or APO/FPO		Cit	у		State	е	ZIP Code	

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.

registı	ration:	, ,, ,	☐ Gift (complete B below) ☐ Divorce/Separation	☐ Individual/Joint Tenant to/from Trust☐ Other, describe
cost ba	asis pui	o Death (Inheritance): Date of Death is (MM/DD/YYYY)  rposes, the date of death will serve as the acquisition dan/		
		to Gift: Date of Gift is (MM/DD/YYYY)//	If no date is provided,	the date of receipt will be used.
$\Rightarrow$	тн	HIS SECTION MUST BE COMPLETED	BY THE GIFT RECII	PIENT
,	Acc	ceptance of Fair Market Value for cost basis calculation	n:	
	Not	te: If you are the recipient of gifted shares and have ele	ected a cost basis method o	f average cost, the Internal Revenue
	Ser if th	rvice requires that you provide acceptance of the fair m he shares being transferred have depreciated in value s ongly encourage you to consult a tax advisor.	• • •	
	Ser if th stro	he shares being transferred have depreciated in value s	since the original purchase d	
	Ser if th stro	he shares being transferred have depreciated in value s ongly encourage you to consult a tax advisor.	since the original purchase defined hares.  for fair market value acceptan	nce, it will be deemed that the fair
	Ser if the stro	he shares being transferred have depreciated in value songly encourage you to consult a tax advisor.  No, I do not accept the fair market value of the gifted sl If this option is selected or a signature is not provided f market value has not been accepted and a new accoun	hares.  for fair market value acceptart with a default method of fir	nce, it will be deemed that the fair st in, first out will be established,
	Ser if the stro	he shares being transferred have depreciated in value songly encourage you to consult a tax advisor.  No, I do not accept the fair market value of the gifted sl If this option is selected or a signature is not provided f market value has not been accepted and a new accoun unless an alternate cost basis method is provided.  Yes, I accept the fair market value of the gifted shares a	hares. for fair market value acceptal t with a default method of fir as of the date of gift reference o a new or existing account,	nce, it will be deemed that the fair st in, first out will be established, ced above or the date of receipt,
	Ser if the stro	he shares being transferred have depreciated in value songly encourage you to consult a tax advisor.  No, I do not accept the fair market value of the gifted sl If this option is selected or a signature is not provided f market value has not been accepted and a new accoun unless an alternate cost basis method is provided.  Yes, I accept the fair market value of the gifted shares a in order to utilize a cost basis method of average cost.  In accepting fair market value for shares transferred int	hares. for fair market value acceptal t with a default method of fir as of the date of gift reference o a new or existing account,	nce, it will be deemed that the fair st in, first out will be established, ced above or the date of receipt,
	Ser if the stro	No, I do not accept the fair market value of the gifted sl market value has not been accepted and a new account unless an alternate cost basis method is provided.  Yes, I accept the fair market value of the gifted shares a in order to utilize a cost basis method of average cost.  In accepting fair market value for shares transferred into negative tax implications and I have been advised to co	hares. for fair market value acceptal t with a default method of fir as of the date of gift reference o a new or existing account,	nce, it will be deemed that the fair st in, first out will be established, ced above or the date of receipt,
	Ser if the stro	No, I do not accept the fair market value of the gifted sl market value has not been accepted and a new account unless an alternate cost basis method is provided.  Yes, I accept the fair market value of the gifted shares a in order to utilize a cost basis method of average cost.  In accepting fair market value for shares transferred into negative tax implications and I have been advised to co	hares.  for fair market value acceptal t with a default method of fir as of the date of gift reference o a new or existing account, insult a tax advisor or the Interest	nce, it will be deemed that the fair st in, first out will be established, ced above or the date of receipt,

When transferring shares, non-covered shares (shares acquired before January 1, 2012) will be depleted first. The remaining covered shares (shares acquired on or after January 1, 2012) will use the cost basis method on your account, unless you are using the Specific Lot Identification method or indicate a one-time override method. In cases of multiple recipients, shares will be transferred on a pro-rata basis unless otherwise requested. Pro-Rata applies to covered and non-covered shares.

| Current Accounting Method: Shares will be transferred using the cost basis accounting method that is currently on the account.

| 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: This option is not available if your current cost basis method is Average Cost.

| FIFO - First In, First Out | LIFO - Last In, First Out | HIFO - High Cost, First Out | LOFO - Low Cost, First Out | LGUT - Loss/Gain Utilization | 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

Trade Date (MM/DD/YYYY)

## **Specific Tax Lots for Depletion of Shares**

Complete this section ONLY if this is a partial transfer and you would like to use the Specific Lot Identification method on an account. This cost basis method will permanently remove any average cost basis tracking from non-covered shares. 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 transfer. (If there are more share lots than space allows, please make a copy of this page or use a separate sheet of paper.) 1. Fund Number Account Number Check box for all shares in lot Number of Shares Trade Date (MM/DD/YYYY) Trade Date (MM/DD/YYYY) Number of Shares Trade Date (MM/DD/YYYY) Number of Shares Trade Date (MM/DD/YYYY) Number of Shares 2. Fund Number Account Number Check box for all shares in lot Trade Date (MM/DD/YYYY) Number of Shares 3. Fund Number Account Number Check box for all shares in lot Trade Date (MM/DD/YYYY) Number of Shares Trade Date (MM/DD/YYYY) Number of Shares Trade Date (MM/DD/YYYY) Number of Shares

## General Information about Cost Basis Accounting Method Options (For covered shares)

ACST	<b>Average Cost</b> — A method for valuing the cost of shares in an account by averaging the cost of all transactions in the account. The basis for determining gain/loss is calculated by taking the cumulative dollar cost of the shares owned and dividing it by the number of shares in the account with certain adjustments.
FIFO	First In, First Out — A standing order to sell the oldest shares in the account first.
LIFO	Last in, First Out — A standing order to sell the newest shares in an account first.
HIFO	<b>High Cost, First Out</b> — A standing order to sell shares acquired at the highest cost first.
LOF0	Low Cost, First Out — A standing order to sell shares acquired at the lowest cost first.
LGUT	<b>Loss/Gain Utilization</b> — A standing order accounting method that evaluates losses and gains, and selects lots based on the potential loss/gain in conjunction with the holding period. The Loss/Gain Utilization election method depletes lots with losses before lots with gains.
	<ul> <li>For redeemed shares that yield a loss, short-term shares will be redeemed before long-term shares.</li> <li>For redemptions that yield a gain, long-term shares will be redeemed before short-term shares. With favorable long-term capital gains rates, long-term gain shares are given priority over short-term gain shares.</li> <li>Shares may be used only once to calculate the cost basis.</li> </ul>
SLID	Specific Lot Identification (SLID) — You designate which specific lots to sell at the time of each redemption.

Number of Shares

## Part 6 Authorization/Signature(s): (Complete section A and B.)

A. Current Investor Information - REQUIRED: Provide the name(s) on the a	account exactly as they appear in the current account registration.
Account Owner or UGMA/UTMA Minor (First, Middle Initial, Last)	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 Tr	ust Date (MM/DD/YYYY), if applicable Taxpayer Identification Number
<b>B.</b> Authorization - REQUIRED: All registered account owners must print and in a special capacity as an <b>authorized individual (executor, administrator, etc.)</b> please print, sign, and <u>indicate your capacity below.</u> A Medallion Sign Guarantee may be required.	custodian, trustee or successor trustee, beneficiary, power-of-attorney,
By signing below, the account owner(s) or authorized individual(s) hereby a Corp. and their respective affiliates, officers, directors, agents and employed arise as a result of relying on this form or any instruction believed genuine	ees will not be liable for any loss, liability, damage or expense which may
Print Name of Account Owner or Authorized Individual	Print Name of Account Co-Owner or Authorized Individual
Signature of Account Owner or Authorized Individual	Signature of Account Co-Owner or Authorized Individual
Capacity (Required for Authorized Individuals)  Date (MM/DD/YYYY)	Capacity (Required for Authorized Individuals)  Date (MM/DD/YYYY)
MSG, SVP or Signature Guarantee stamp	MSG, SVP or Signature Guarantee stamp
med, evi et eighteure dudrantee stamp	mod, ovi or organizate duarantee stamp
Guarantor, please do not affix the guarantee unless all of the information on this page has been completed.	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), Signature Validation Progration A MSG, SVP, or Signature Guarantee stamp may be executed by any eligible institution, including, but A MSG, SVP or Signature Guarantee stamp helps assure that a signature is genuine and not a forger reserves the right to reject a signature guarantee and to request additional documentation for any to	it not limited to, the following: brokers or dealers, banks, credit unions, and savings associations. ery. Notarization by a notary public is not an acceptable signature guarantee. The Transfer Agent

#### Part 7

### **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 SS&C GIDS, Inc.
430 W 7th Street STE 219104

430 W 7th Street, STE 219104 Kansas City, MO 64105-1407

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

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