

Tri-Continental Corporation Liquidation Request Form For Non-Retirement Accounts

Complete this form if you would like to liquidate assets from your non-retirement account.

| Part 1 Stoc | kholder Information: (Ple | ease type or print clearly | <i>ı</i> .) | | | |
|--|--|--|--|---|--|--|
| Stockholder or UGMA | /UTMA Minor (First, Middle Initial, I | _ast) | Date of Birth (MM/DD/YYYY) Social Security Number | | | |
| Co-Stockholder Owne | r or UGMA/UTMA Custodian | | Date of Birth (MM/ | DD/YYYY) Social Securit | y Number | |
| Name of Trust or Entir | ty, if applicable | Trust dat | e (MM/DD/YYYY), if ap | plicable Taxpayer Identi | fication Number | |
| ☐ Please check if y | you are changing your address of re | cord. A Medallion Signa | ture Guarantee is requii | red. | | |
| Street Address or APO | D/FPO | City | | State | ZIP Code | |
| Mobile Phone Numbe | r | Home Ph | one Number | | | |
| Note: If you are changes Street Address | ging your address to a PO Box, a re | esidential address is als City | o required. Please pro | vide your residential add | dress below. ZIP Code | |
| Part 2 Fede | eral Tax Classification | | | | | |
| | x for Federal Tax Classification (Respiretor or single-member LLC | | | n boxes: artnership | Estate | |
| Note: Check the approsingle-member LLC that | ompany. Enter the tax classification opriate box in the line above for the tat is disregarded from the owner unlose, a single-member LLC that is disre | ax classification of the si ess the owner of the LLC | ngle-member owner. Do C is another LLC that is i | o not check LLC if the LLC not disregarded from the | owner for U.S. federal | |
| ☐ Other (see Form W | /-9 instructions) | | | | | |
| Exemptions (codes a | oply only to certain entities, not indi | viduals; see Form W-9 I | nstructions): | | | |
| | Compliance Act (FATCA) reporting i | | | | gn financial | |
| | e only submitting this form for an action and actions are actions. A reporting code (if any) | ccount you note in the o | .s., you may leave this | пена ріапк. | | |
| Part 3 Liqui | idation Information | | | | | |
| Sales of shares of shares transacted e.g., those under the lf you have outstan sell order to be concurrent market valucertificate is lost in Liquidations for Tri Thursday will not business on such centage of the share of the s | -Continental are generally priced or e processed (and your shares not s | naximum 40,000 shares Taxpayer Identification end your stock certification we recommend using read insurance amount is but time per week, typication sold) until the following | per calendar year, per a Number or otherwise u tes to the Service Ager gistered mail when retu ased on the premium f Ily each Wednesday. A Wednesday, provided the | account (including any runder common control). It (this is one of the requiring outstanding certifier a lost certificate bond sell order received in "grant the New York Stock | elated accounts, irements for your icates for 2% of the d in the event the cod form" on a Exchange is open for sted below. | |
| Fund Number | Account Number | Share Amount | | Dollar Amount | Check Box for All Shares | |
| | | | \$ | | | |
| | | | \$ | | | |

Part 4 Cost Basis Method Selection

In accordance with cost basis regulations, all redemptions of covered 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 below. If you did not elect a cost basis method, all redeemed covered 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 with 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 (shares acquired before January 1, 2012) 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. Current Accounting Method: Shares will be redeemed 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: Not available if you have previously sold covered shares in your account using the Average Cost method. ☐ **LIFO** – Last In, First Out ☐ **HIFO** – High Cost, First Out ☐ **ACST** – Average Cost ☐ **FIFO** – First In, 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 Tri-Continental Corporation Authorization Form.

Part 5 Specific Tax Lots for Depletion of Shares

| Please provide the fund | and account number, purchase (trad | sis tracking from non-covered shares. e) date and number of shares to indicate the spec than space allows, please make a copy of this pa | |
|-------------------------|------------------------------------|---|------------------------------------|
| 1. 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 | |
| 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 | |
| Trade Date (MM/DD/ | YYYY) | Number of Shares | |
| Trade Date (MM/DD/ | YYYY) | Number of Shares | |
| Trade Date (MM/DD/ | vvvv | Number of Shares | |

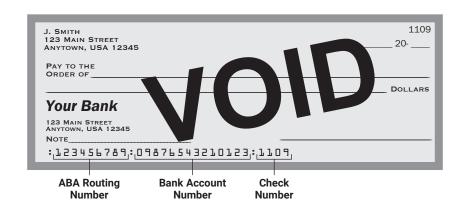
Part 6 Payment Instructions: (Please choose one election in either section A or B and complete C if applicable.) A. Stockholder or Authorized Individual Election: 🗆 1. Make the check payable to the registered stockholder(s) and mail to the address of record. A Medallion Signature Guarantee (MSG) is required if the requested amount is over \$100,000. 2. Make the check payable to and mail as indicated below in section C. A MSG is required. a. Mail the check via regular mail. ☐ b. Mail the check via overnight or expedited delivery. The applicable fee will be deducted from the mutual fund account. ☐ 3. Deposit the liquidation to the bank account below via Automated Clearing House (ACH). No fee is deducted from the mutual fund account. $\hfill \square$ a. Into the existing bank instructions on file. ☐ b. Into new bank instructions. Complete Part 7 Bank Information. A MSG is required. 🗆 4. Deposit the liquidation to the bank account below via Fedwire (must be \$500 or greater). A fee of \$7.50 will be deducted from the mutual fund account (additional bank fees may apply). a. Into the existing bank instructions on file. ☐ b. Into new bank instructions. Complete Part 7 Bank Information. A MSG is required. B. Estate or Beneficiary Election: Complete this section and section C. Payee Information, if you are acting as the Executor or Beneficiary for the registered account. If you are acting as the Executor, a MSG is required. If you are acting as the Beneficiary, a Signature Guarantee or MSG is required (see the table below). A certified copy of the death certificate(s) is required for the stockholder(s). \square 1. Make the check payable to and mail as indicated below in section C. a. Mail the check via regular mail. ☐ b. Mail the check via overnight or expedited delivery. The applicable fee will be deducted from the mutual fund account. ☐ 2. Deposit the liquidation to the bank account in section C. via ACH. No fee is deducted from the mutual fund account. ☐ 3. Deposit the liquidation to the bank account in section C via Fedwire (must be \$500 or greater). A fee of \$7.50 will be deducted from the mutual fund account (additional bank fees may apply). Signature Guarantee (or MSG) Required **Medallion Signature Guarantee Required** ■ The liquidation check is mailed to an address other than the ■ The liquidation check is made payable to anyone other than address of record the beneficiary. The liquidation is going to a bank account not on file. The liquidation is going to a bank account not on file and If the bank account registration matches the beneficiary, the bank account registration does not match the listed a Signature Guarantee is acceptable along with a copy of a beneficiary. voided check or deposit slip. The amount of the liquidation exceeds \$100,000. If someone is signing the form in a legal capacity (examples: Executor, POA, Custodian or Guardian). C. Payee or Beneficiary Information: Beneficiary or Estate Beneficiary Payee or Beneficiary name (First, Middle Initial, Last) Tax Identification Number Date of Birth (MM/DD/YYYY) Street Address 7IP Code City State Mobile Phone Number Relationship to Stockholder Date of Death for Stockholder (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

| | on proceeds sent to a bank account not on file. A Medallion Signature Guarantee account, unless you indicate below, this is a one-time wire or ACH request. |
|--|---|
| $\hfill \Box$ Yes, this is a one-time wire or ACH request. Do not add bank infor | rmation 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 |
| When wiring to a foreign bank account, please contact a representat | tive to confirm additional bank instructions |



Part 8 Signature and Taxpayer Identification Number Certification: (Complete section A and B.)

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 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.

| A. Current Stockholder Information - REQUIR | ED: Provide the name(s) o | n the account exac | etly as they appear in the | current account registration. | |
|---|---|--|--|--|--|
| Stockholder or UGMA/UTMA Minor (First, Mic | ldle Initial, Last) | Date of Birth (MM/DD/YYYY) Social Security Number | | | |
| Co-Stockholder or UGMA/UTMA Custodian | Date of Birth (MM/DD/YYYY) | |) Social Security Number | | |
| Name of Trust or Entity, if applicable | | Trust Date (MM/D | D/YYYY), if applicable | Taxpayer Identification Number | |
| | | | | | |
| B. Authorization - REQUIRED: The stockholder authorized individual (executor, administrator, indicate your capacity below. A Medallion Signal | custodian, trustee or succe | ssor trustee, benef | iciary, power of-attorney, | in a special capacity as an etc.) please print, sign, and | |
| By signing below, I certify that I am authorized to certify that no tax advice has been given to me Agent), and their respective affiliates, officers, of the responsibility for any adverse consequence affiliates, officers, directors, agents and employ | by Tri-Continental Corporat lirectors, agents and emplo s which may arise from this | ion (the Fund), Colu yees. All decisions a sell order and I ag | mbia Management Inves regarding this sell order a | tment Services Corp. (the Service are my own. I expressly assume | |
| Each person signing on behalf of an entity re have received and read the prospectus, agree that the Fund, the Service Agent an liability, damage or expense, which may a | nd their respective affiliate | s, officers, directo | s, agents and employee | | |
| Print Name of Stockholder or Authorized Individual | | Print Name of Co-Stockholder or Authorized Individual | | | |
| Signature of Stockholder or Authorized Individual | | Signature of Co-Stockholder or Authorized Individual | | | |
| | | | | | |
| Capacity (Required for Authorized Individual) | Date (MM/DD/YYYY) | Capacity (Requi | red for Authorized Indiv | idual) Date (MM/DD/YYYY) | |
| Capacity (Required for Authorized Individual) Affix Signature Guarantee or MS | | | red for Authorized Indiv | | |
| Capacity (Required for Authorized Individual) Affix Signature Guarantee or MS | | | | | |
| | | | | | |

For assistance completing this form, please contact a representative at 800.345.6611 option 3, Monday through Friday, 9:00 a.m. to 6:00 p.m. ET.

helps assure that a signature is genuine and not a forgery. Notarization by a notary public is not an acceptable signature guarantee. The Service 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

Regular mail Tri-Contin

Tri-Continental Corporation PO Box 219371 Kansas City, MO 64121-9371 Overnight mail Tri-Continental Corporation 801 Pennsylvania Ave STE 219371 Kansas City, MO 64105-1307

For assistance completing this form, please contact a representative at 800.345.6611 option 3, Monday through Friday, 9:00 a.m. to 6:00 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 Service Agent for Tri-Continental Corporation.