

Trustee Certification Form

This form must accompany any New Account Application requesting a trust registration or can also be used to change trustee information on an existing account.

Federal law requires Columbia Management Investment Services Corp. (CMIS) to obtain certain information from you which we will use to verify your identity. If you do not provide the information or if we are unable to verify this information, we reserve the right to close or restrict your account. Please note that we are committed to your privacy and restrict access to your present information.

For new trust accounts or to add trustees to an existing account, please complete Parts 1, 4, and 5. To change trustees due to resignation, incapacity or death of a trustee, please complete all sections of this form. The trustee(s) authorized on this form will supersede any prior designation.

Part 1 Investor information: Please type or print.

Trust name	Trust date (MM/DD/YYYY)	Trust Taxpayer Identification Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Trustee name	Trustee date of birth (MM/DD/YYYY)	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Co-Trustee name	Co-Trustee date of birth (MM/DD/YYYY)	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	Apt/Lot/Unit	
<input type="text"/>	<input type="text"/>	
City	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Daytime phone number	Evening phone number	Fund number
<input type="text"/>	<input type="text"/>	<input type="text"/>
		Account number
		<input type="text"/>

Part 2 Successor trustee designation: Complete this section and Part 4 of this form only if you are replacing trustee(s) on an existing account.

Successor Trustee name	Trustee date of birth (MM/DD/YYYY)	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	Apt/Lot/Unit	
<input type="text"/>	<input type="text"/>	
City	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Daytime phone number	Evening phone number	
<input type="text"/>	<input type="text"/>	
Successor Co-Trustee name	Co-Trustee date of birth (MM/DD/YYYY)	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	Apt/Lot/Unit	
<input type="text"/>	<input type="text"/>	
City	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Daytime phone number	Evening phone number	
<input type="text"/>	<input type="text"/>	

For assistance completing this form, please contact a representative at 1.800.345.6611, Monday through Friday, 8:00 a.m. to 7:00 p.m. Eastern time.

Part 3 Reason for change in trustee(s):

Complete this section if this change is due to the resignation, death or the incapacity of a trustee. **The following individual(s) are to be removed as trustee:**

Name of trustee	Reason for change: (Check one) <input type="checkbox"/> Resignation of a trustee (resigning trustee(s) must sign below in section A.) <input type="checkbox"/> Death of a trustee (part 4 must be completed by successor trustee(s)) <input type="checkbox"/> Incapacity of a trustee (part 4 must be completed by successor trustee(s))
Name of trustee	Reason for change: (Check one) <input type="checkbox"/> Resignation of a trustee (resigning trustee(s) must sign below in section A.) <input type="checkbox"/> Death of a trustee (part 4 must be completed by successor trustee(s)) <input type="checkbox"/> Incapacity of a trustee (part 4 must be completed by successor trustee(s))

A. Resigning trustee certification and signature(s)

Each of the individuals signing below hereby certifies that they are resigning as a trustee of the Trust named in the Investor Information section of this form as of effective date _____ (MM/DD/YYYY).

Signature of resigning trustee

X _____

Date (MM/DD/YYYY)

Signature of resigning co-trustee

X _____

Date (MM/DD/YYYY)

Part 4 Certification of investment authority:

The undersigned trustee(s) certify as follows:

- (a) The name of the Trust is specified in the Investor Information section of this form.
- (b) The date of the Trust is _____ (MM/DD/YYYY).
- (c) The name(s) of the new trustee(s) that will appear in the account registration is/are: (please print clearly)

Name _____

Name _____

Name _____

Name _____

- (d) Columbia Management Investment Services Corp. (Transfer Agent) has the authority to accept instructions relative to the trust account from those individuals or entities listed directly above in this section of the form. They may execute documents on behalf of the Trust which the Transfer Agent may require. (Unless it is specified otherwise, any one of the trustees listed above may individually act on behalf of the Trust.)
- (e) All trustees of the trust are listed in item (c) above.
- (f) Should only one person execute this agreement, it shall be representation that the signer is the sole trustee. Where applicable, plural references in this certification shall be deemed singular.
- (g) We certify that we have the power under the trust agreement and applicable law to sell, assign, transfer and /or deliver any and all stocks, bonds or other securities and to enter into all transactions, including purchases, exchanges and redemptions of mutual funds.
- (h) We, the trustees, jointly and severally, indemnify the Columbia Funds, the Transfer Agent, and their respective affiliates, officers, directors, agents and employees, and hold them harmless from any liability for effecting any transactions pursuant to the instructions given by the trustees.
- (i) We agree to inform the Transfer Agent, in writing, of any amendment to the trust, change in the composition of the trustee(s), or other event that could alter the certifications made above.
- (j) The named trustee(s) authorizes all transactions, including telephone transactions.

Part 5 Signature/authorization section: All Trustees must sign this form.

The signatures of all account owners must be guaranteed by a Medallion Signature Guarantee (MSG) or Signature Validation Program (SVP) Stamp. An 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). An 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.

I/We certify that I am/we are the trustee(s) of the above named Trust in accordance with the terms of the Trust Agreement. **A Medallion Signature Guarantee (MSG) or Signature Validation Stamp (SVP) is required.**

Signature of initial or successor trustee

X _____

Capacity (if applicable)

Date (MM/DD/YYYY)

Signature of initial or successor co-trustee

X _____

Capacity (if applicable)

Date (MM/DD/YYYY)

Medallion Signature Guarantee or SVP stamp

Medallion Signature Guarantee or SVP stamp

Part 6 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