

## New Account Application

Federal law requires us to obtain information from you which we will use to verify your identity. **If you do not provide the information, we may not be able to open your account.** If we are unable to verify this information, we reserve the right to close or limit your account.

**Please indicate account type:**

- Individual** - fill out Part 1 and Parts 3-11
- Joint tenant** - fill out Part 1 and Parts 3-11. All joint tenant accounts will be with rights of survivorship unless otherwise indicated.
- Trust** - fill out Parts 2-11; see Part 2 for documentation requirements
- Corporation/partnership** - fill out Parts 2-11; see Part 2 for documentation requirements
- Uniform gift/transfer to minors** - fill out Part 1 and Parts 3-11
- TOD - Transfer on Death** - fill out Part 1 and Parts 3-11. Also, complete a TOD form to accompany new account application.

### Part 1 Accounts for Individuals (individual, joint tenant, UGMA/UTMA)

**Note:** You must be a US Citizen or resident alien residing in the US or a US Territory with a valid US Taxpayer Identification Number to open an account. Requests to open an account for persons residing outside of the US or a US Territory will not be accepted.

A. \_\_\_\_\_  
Name of account owner or UGMA/UTMA minor (first, middle initial, last)

\_\_\_\_\_  
Social Security number (required)  
**Note:** For joint tenant or custodial accounts, this will be the taxable Social Security number for this account.

\_\_\_\_\_  
Are you a US citizen or resident alien?  Yes  No  
If resident alien, indicate country of origin above.

\_\_\_\_\_  
Date of birth (mm/dd/yyyy)

\_\_\_\_\_  
Name of account co-owner or UGMA/UTMA custodian (first, middle initial, last)

\_\_\_\_\_  
Social Security number (required)

\_\_\_\_\_  
Are you a US citizen or resident alien?  Yes  No  
If resident alien, indicate country of origin above.

\_\_\_\_\_  
Date of birth (mm/dd/yyyy)

### Account mailing address

\_\_\_\_\_  
Street number Street name

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
E-mail address Daytime phone

**Check here if the account mailing address is also the residential address for ALL persons listed above. If the residential address of any person listed on the account is different from the account mailing address, please fill out Section B. Please note that the residential address must be within the US or a US Territory and may not be a PO Box.**

B.  **Account owner**  **Joint owner**  **Minor**  **Custodian**

\_\_\_\_\_  
Street number Street name

\_\_\_\_\_  
City State Zip

**Account owner**  **Joint owner**  **Minor**  **Custodian**

\_\_\_\_\_  
Street number Street name

\_\_\_\_\_  
City State Zip

**Part 2****Accounts for Entities** (non-individuals such as trusts, corporations and partnerships)

**Note:** The entity named in this section must be based in the US or a US Territory and have a valid US Taxpayer Identification Number to open an account. Requests to open an account for entities residing outside of the US or a US Territory will not be accepted.

**Trust**

You must fill out a **Trustee Certification Form** listing required information for all trustees of the trust **AND** provide a complete copy of the trust instrument. The Trustee Certification Form is available on columbiainvestments.com or by calling 1-800-345-6611.

**Corporation/partnership/other non-individual entities**

You must fill out a **Certificate of Authorization** listing required information for individuals with trading authority over the account **AND** provide a copy of one of the following documents verifying the existence of the entity:

- Certified articles of incorporation
- Government-issued business license
- Partnership agreement
- For entities without legal status (such as clubs and associations), a copy of a document verifying the existence of the entity

For additional copies of the Trustee Certification Form or Certificate of Authorization, please visit columbiainvestments.com or call 800-345-6611

\_\_\_\_\_  
Name of trust, corporation/partnership, or other entity

\_\_\_\_\_  
Taxpayer Identification number of entity (required)

\_\_\_\_\_  
Date of trust, if applicable (mm/dd/yyyy)

**Account mailing address**

\_\_\_\_\_  
Street number

\_\_\_\_\_  
Street name

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
E-mail address

\_\_\_\_\_  
Daytime phone

**Principal place of business for entity (must provide if different than above; address must be within the US or a US Territory and may not be a PO Box)**

\_\_\_\_\_  
Street number

\_\_\_\_\_  
Street name

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

**Part 3****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 (or I am waiting for a number to be issued to me), 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 a 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 below).

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. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

**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 this application is subject to acceptance.
- understand the terms of the investment described in the prospectus and in this application.
- understand that certain redemptions may be subject to contingent deferred sales charges.
- agree that the Columbia Funds, Columbia Management Investment Services Corp. and its affiliates and their officers, directors, agents and employees will not be liable for any loss, liability, damage or expense for relying on this application or any instruction believed genuine.

**The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

\_\_\_\_\_  
Signature of account owner

\_\_\_\_\_  
Signature of account co-owner (if joint account)

\_\_\_\_\_  
Capacity (if applicable)

\_\_\_\_\_  
Capacity (if applicable)

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Date (mm/dd/yyyy)

**Part 4****Investment Information** (minimum investment \$2,000 per fund; \$100 with automatic investment plan)

**Class**    A shares    C shares (less than \$1,000,000)

**I am making this investment**

by check made payable to the fund(s).  
Checks payable to any other payee will  
not be accepted.

by bank wire on:

Wire/trade confirmation number is:

\_\_\_\_\_   
Date (mm/dd/yyyy)

**Invest in:**

\_\_\_\_\_   
Fund name

\_\_\_\_\_   
Dollar amount

\_\_\_\_\_   
Fund name

\_\_\_\_\_   
Dollar amount

\_\_\_\_\_   
Fund name

\_\_\_\_\_   
Dollar amount

**Part 5****Dividend Options**

If no distribution option is selected, distributions will be reinvested in additional fund shares. All distributions of \$10 or less will automatically be reinvested in additional shares. If you choose to reinvest your dividends, your capital gains will also be reinvested. When selecting direct deposit, please complete the Bank Information in Part 11.

Dividends & Cap Gains – Cash                       Direct deposit

Dividends & Cap Gains – Reinvest

Dividends - Cash & Cap Gains – Reinvest

**Automatic dividend diversification from one Columbia fund to another.**

\_\_\_\_\_   
Fund from which dividends and capital gains will be transferred

\_\_\_\_\_   
Fund to invest proceeds in (please provide account number, if applicable)

**Part 6****Financial Advisor's firm**

**Your financial advisor should complete this section. Please note: missing or incomplete information may result in our failure to establish the account.**

\_\_\_\_\_   
Financial advisor's name (first, m.i., last)

\_\_\_\_\_   
Financial advisor's ID number

\_\_\_\_\_   
Financial advisor's phone number

\_\_\_\_\_   
Branch office phone number

\_\_\_\_\_   
Name of financial advisor's firm

\_\_\_\_\_   
Branch office number

\_\_\_\_\_   
Branch office address

\_\_\_\_\_   
City

\_\_\_\_\_   
State

\_\_\_\_\_   
Zip

\_\_\_\_\_   
Main office city

\_\_\_\_\_   
State

**We guarantee the signatures on this application and the legal capacity of the signers.**

\_\_\_\_\_   
Authorized signature of financial advisor's firm

**Part 7****Ways to Reduce Your Sales Charge****Rights of Accumulation**

You and your immediate family defined as: domestic partner, spouse, parent, step-parent, legal guardian, child, step-child, father-in-law, mother-in-law with the same mailing address, may be eligible for a reduced sales charge. The combined value of your accounts must be \$50,000 or more to qualify. List any accounts you would like linked so that this and future purchases are eligible for a reduced sales charge.

\_\_\_\_\_  
Fund account number

\_\_\_\_\_  
Social Security number or Taxpayer Identification number

\_\_\_\_\_  
Fund account number

\_\_\_\_\_  
Social Security number or Taxpayer Identification number

**Statement of Intent (class A shares only)**

If you agree to invest at least \$50,000 within 13 months, you will pay a lower sales charge on every dollar you invest. See the "Choosing A Share Class" section of the prospectus for complete details. An additional sales charge must be paid if you do not complete this Statement of Intent.

**I agree to invest**

\_\_\_\_\_ over a 13-month period beginning \_\_\_\_\_  
Amount Date (mm/dd/yyyy)

**Part 8****Add More Money to Your Account Automatically**

For investments from your bank, complete this section as well as the Bank Information in Part 11.

**A. Automatic Investment Plan (\$100 minimum):**

\_\_\_\_\_  
Fund name

\_\_\_\_\_  
Amount to be invested

**Frequency:**

Investments will be made  Monthly  Quarterly beginning on the \_\_\_\_\_ day of the \_\_\_\_\_ month.

**B. On-demand purchase from your bank:**

- Make investments in your account at any time by calling **800.422.3737**. You will receive the closing price on the day we receive your money, usually two business days after you make the request. If you have signed up for an automatic investment plan in the above Section A, you are automatically eligible for this service.

**If you elected either of the above Sections A or B, please read the following:**

I authorize Columbia Management Investment Services Corp. (the Transfer Agent) to periodically withdraw money from my bank account via EFT for investment into my mutual fund account.

- The Transfer Agent and my bank are not liable for any loss resulting from delays or dishonored draws.
- If a withdrawal request is rejected by my bank, I understand that I may not be notified and that the Transfer Agent may reverse the purchase and charge my account \$15.
- The Transfer Agent can revoke this investment privilege without prior notice if a withdrawal request is not paid upon presentation.
- The Transfer Agent has no obligation to notify me if the bank does not honor a withdrawal request.
- This program may be discontinued by the Transfer Agent by written notice at least 30 days prior to the due date of any withdrawal or by me at any time.

**C. Automatic exchange from another Columbia fund account:**

There is a minimum exchange of \$100.

\_\_\_\_\_  
Fund from which shares will be sold

\_\_\_\_\_  
Amount to redeem monthly

\_\_\_\_\_  
Fund to invest proceeds in (please provide account number, if applicable)

**Part 9****Telephone Exchange and Redemption Privileges**

Unless otherwise indicated below, I authorize Columbia funds, or their designated agents to accept telephone instructions from any person identifying himself as owner of the account or owner's broker to (a) exchange share(s) of my account for shares of the same class or equivalent class of any other Columbia fund and (b) to redeem shares, without signature guarantee, held in my account. Telephone exchanges and redemptions are subject to the procedures and conditions set forth in the prospectus. I understand that up to \$100,000 may be redeemed by telephone redemption daily. Columbia funds, and their designated agents, will employ reasonable procedures specified by the Columbia fund to confirm that such telephone instructions are genuine. Neither Columbia funds, nor their designated agents, will be liable for any loss due to unauthorized or fraudulent instructions if such procedures are followed. Telephone privileges may be modified or terminated without notice. Furthermore, I agree to indemnify and hold harmless Columbia Management Investment Advisers, LLC, Columbia Management Investment Distributors, Inc., Columbia Management Investment Services Corp., or any of their affiliates, that may be involved in transactions authorized by telephone, against any claim, loss, expense or damage, including reasonable fees of investigation and counsel in connection with any telephone instructions effected for my account.

I do **not** want the Telephone Exchange Privilege

I do **not** want the Telephone Redemption Privilege

**Part 10****Ways to Access Your Money****A. Fast Cash\***

Unless otherwise indicated above, you are automatically eligible to redeem up to \$100,000 from your account per day/per fund and have it mailed to your address of record, if you qualify for telephone orders. For your protection, this service is not available within 30 days of an address change.

**B. On-demand redemption by EFT or Federal Fund Wire (complete Bank Information in Part 11)\***

You or your financial advisor can redeem shares by telephone and have the proceeds sent to your bank.

• I authorize deposits to the bank account listed in Part 11.

• I understand deposits will be made two business days after the request is received.

\*The fund, the Transfer Agent and its affiliates are not liable when following telephone instructions. A shareholder may suffer a loss from an unauthorized instruction or transaction believed by the Transfer Agent to be genuine and authorized.

**C. Systematic Withdrawal Plan (complete Bank Information in Part 11)**

You can receive monthly, quarterly or semiannual payments from your account. Proceeds are payable two business days after their processing date.

Send to my address of record.

Send to my bank (complete Bank Information in Part 11).

\_\_\_\_\_  
Fund name

\_\_\_\_\_  
Fund account number

\_\_\_\_\_  
Dollar amount of payment

**OR**

\_\_\_\_\_  
Total annual %

**Frequency:**

I would like payments to begin on \_\_\_\_\_  
Date (mm/dd/yyyy)

Monthly     Quarterly     Semiannually \_\_\_\_\_

**Part 11****Bank Information**

Please complete this section if you have signed up for direct deposit of distribution in Part 5, or the services shown in Parts 8A, 8B and 10B. If choosing 10C, please complete this section if you are requesting that Systematic Withdrawal Plan payments go to your bank. If you are requesting an automatic investment from your bank account in Part 8, please provide banking information below and your authorization signature in Part 12. **Please attach a blank check marked "VOID" (deposit slips cannot be substituted).** Your bank must be a member of the Automated Clearing House System to use these services.

For assistance in completing this form, please contact us at 1 (800) 345-6611, Monday through Friday, 8:00 a.m. to 8:00 p.m. EST.

**Part 11****Bank Information** continued**Bank account information:**Bank account number (**Do not use spaces or dashes**)

Bank routing number (your bank can provide this)

Name of bank account owner

Name of joint owner, if applicable

Account type:  checking  savings

Name of bank

Bank phone number

Bank street address

City

State

Zip

**Please attach a blank check marked "void"**— (Deposit slips are not a substitution.)**PLEASE ATTACH VOIDED CHECK**

J. SMITH  
123 MAIN STREET  
ANYTOWN, USA 12345 1109

PAY TO THE ORDER OF \_\_\_\_\_ 20 \_\_\_\_\_

**YourBank**  
123 MAIN STREET  
ANYTOWN, USA 12345

NOTE \_\_\_\_\_

⑆123456789⑆1109⑆123456789⑆765

ABA Routing Number    Check Number    Bank Account Number

**Bank account owner(s) Authorization**

Signature of bank account owner

Signature of bank account co-owner

**Part 12****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  
Canton, MA 02021-2809

For assistance in completing this form, please contact us at 1 (800) 345-6611, Monday through Friday, 8:00 a.m. to 8:00 p.m. EST.