

Columbia Management IRA Distribution Request Form

Part 1 Investor information: *Please type or print.*

Name (First, Middle Initial, Last)		
Address		Apt/Lot/Unit
City	State	Zip
Daytime phone number	Social Security Number	Date of birth (MMDDYYYY)

Part 2 Your IRA: *Please choose only one.*

Traditional IRA Roth IRA SEP IRA SARSEP IRA Rollover IRA

Part 3 Type of distribution: *Please choose only one.*

Normal distribution — age 59½ or older Required minimum distribution Premature distribution* Death
 Excess contribution — current year Excess contribution — prior year Disability Premature distribution with exception (SEPP)*

* Penalties may apply. Please consult your tax advisor. Other _____

Part 4 Federal income tax withholding: *Must be completed.*

The law requires that federal income tax be withheld from certain IRA distributions unless you elect not to have withholding apply. If you so elect, you may be responsible for payment of estimated tax. You may also incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. Please contact a qualified tax advisor for more information. Please make your elections below. You may revoke your election in writing at any time. *Please note, if no federal election is made, then 10% of your distribution will be withheld for federal income taxes.*

Do not withhold federal income tax from my distribution.
 Withhold federal income tax from my distribution at the rate of _____ (not less than 10%).



• Signature pages 3 and 4

Part 5

Payment instructions: *Please choose only one.*

See section 8 for Medallion Signature Guarantee information

- Send payment to me by check at the above address
- Make check payable to and mail as indicated below.
Medallion Signature Guarantee required.
- Deposit directly to my bank account (must have existing bank instructions established).
- Wire to my bank account. (A wire fee may be charged).
Medallion Signature Guarantee required. Please attach a voided check or deposit slip.
- Send check via overnight delivery (fee may apply).

Name (First, Middle Initial, Last)

Address

City

State

Zip

- Invest my distribution in my non-IRA Columbia Management account.*

Fund name

Account number

Fund name

Account number

* If a new account, please submit an Account Application.

Attach voided check or deposit slip here.

Part 6 Distribution instructions:

A. One-time full or partial distribution

Fund name	Fund number*	Account number	Amount	Or Percent	Or Number of Shares
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/> %	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/> %	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/> %	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/> %	<input type="text"/>

* Can be found on account statement.

B. Recurring distribution

Month Year

1. Begin distributions in of .
2. Please note, distributions will be processed on the 15th day of the month(s) indicated below, or the prior business day unless otherwise specified.
3. Select frequency of periodic distributions (does not apply to cash dividends and capital gains).
 All months or check all that apply. January February March April May June
 July August September October November December

Fund name	Fund number*	Account number
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

* Can be found on account statement.

- I wish to take distribution(s) based on my life expectancy.
- I wish to take the minimum distribution based upon my and my designated beneficiary's joint life expectancy.
- I wish to take distributions for the fixed period of ____ years (not to exceed the joint life expectancy of my designated beneficiary and me).
- I have calculated the amount of my required distributions pursuant to the Internal Revenue Code and request a distribution of \$_____ or _____ % of my account per year.
- I am over the age 59½ and wish to take my dividends in cash.
- I am over the age 59½ and wish to take my capital gains and dividends in cash.

Part 7 Investor authorization:

I certify that I am the proper party to receive payment(s) from this IRA and that all information provided by me is true and accurate. I further certify that no tax advice has been given to me by Columbia Management. All decisions regarding this withdrawal are my own. I expressly assume the responsibility for any adverse consequences which may arise from this withdrawal and I agree that Columbia Management shall in no way be held responsible.

Signature

Date (MMDDYYYY)

X _____

Part 8 Medallion Signature Guarantee:

A Medallion Signature Guarantee assures that the signature is genuine and not a forgery. The financial institution providing the Guarantee is financially liable for the transaction if the signature is a forgery. Eligible guarantors include commercial banks, trust companies, savings associations and credit unions as defined by the Federal Deposit Insurance Act.

Note: A Guarantee from a Notary Public is not acceptable.

A Medallion Signature Guarantee is required if:

1. Amount is over \$100,000.
2. You want your check made payable to someone other than yourself.
3. Your address has changed within the last 30 days.
4. You want the check mailed to an address other than the address of record.
5. You want the proceeds sent to a bank account not on file.
6. You are the beneficiary of the account and the account owner is deceased.*
7. The redemption is being sent via ACH or wire.
8. You are transferring to an account for which you are not the sole owner.

Affix Medallion Signature Guarantee stamp here.

* Other documentation may be required. Please contact a representative.

Name of eligible guarantor institution

Signature of authorized person

X

Part 9 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 |