

Tri-Continental Corporation Change of Ownership Application

Part 1 Current account registration and authorization: *Please type or print.*

Name of Owner, Trust or other entity

Social Security or Taxpayer I.D. Number

Co-Owner, Trustee or other capacity

Social Security or Taxpayer I.D. Number

Current account number

Daytime telephone number

This section is to be completed and signed by **all authorized registered owners of the current account.**

If acting in a special capacity (executor, administrator, custodian, trustee, corporate officer, etc.), the capacity (title) must be indicated and supporting documentation must be included with this form. Please contact a representative at 800.221.2450, Monday through Friday, 9:00 a.m. to 6:00 p.m. ET for instructions regarding supporting documentation.

I/We authorize Tri-Continental Corp. to transfer from the account referenced in Part 1 of this form to the new account registration referenced in Part 3 of this form:

All or _____ shares

Signature of current owner, trustee or personal representative

Date

X _____

Signature of Co-owner, trustee or personal representative

Date

X _____

**Medallion Signature Guarantee Stamp
(Required on each Signature)**

Place stamp here

**Medallion Signature Guarantee Stamp
(Required on each Signature)**

Place stamp here

Part 2 Certificates:

Please return this form and any outstanding certificates. We suggest certificates be returned unsigned by **registered or certified mail to Tri-Continental Corporation.** If you have a certificate but cannot find it, please call a representative at 800.221.2450, Monday through Friday, 9:00 a.m. to 6:00 p.m. ET.

Part 3**New account registration:** *Please select only one.***A:** Individual owner Joint owner (as joint tenants with Rights of Survivorship) TOD (transfer on death)

Owner's name

First

M.I.

Last

Social Security Number

Date of birth (MMDDYYYY)

Co-owner's name

First

M.I.

Last

Co-owner's Social Security Number

Date of birth (MMDDYYYY)

B: Uniform Gifts/Transfers to Minors Act (UGMA/UTMA)

Minor's name

First

M.I.

Last

Minor's Social Security Number

Date of birth (MMDDYYYY)

Custodian's name

First

M.I.

Last

Custodian's Social Security Number

Date of birth (MMDDYYYY)

Under the _____ Uniform Gifts/Transfers to Minors Act.
(State of minor's residence)

*Attach an additional sheet if more than two.

Account Registration continued on next page

Part 3 **New account registration:** *Continued.*

- C:** Corporation – Please attach a copy of the Articles of Incorporation or Corporate Resolution that identifies individuals authorized to conduct transactions in this account.
- Trust – Please attach a copy of the title and signature pages of the trust instrument and include documentation that identifies who is authorized to act on behalf of the trust.
- Partnership – Please attach a copy of the title and signature pages of the partnership agreement and include documentation that identifies who is authorized to act on behalf of the partnership.
- Other entity – Please attach a copy of the By-laws of the Entity or other organizational documents, and include documentation that identifies who is authorized to act on behalf of the entity.

Corporation, Partnership, Trust or other entity name

Date of Trust Agreement

Federal Taxpayer Identification Number

For Trust Accounts Only

Name(s) of Trustee(s)*

Social Security Number

Date of birth (MMDDYYYY)

Name(s) of Trustee(s)*

Social Security Number

Date of birth (MMDDYYYY)

Part 4 **Primary mailing address:** *Required.*

Mailing address

Apt #

City

State

Zip

Attention (If applicable)

Daytime phone number

Evening phone number

Part 5 Authorization for Automatic Dividend Investment and Cash Purchase Plan:

I have read the Terms and Conditions of the Automatic Dividend Investment and Cash Purchase Plan and the current Prospectus, a copy which I have received, and I wish to establish a Plan to use the Services checked below:

Distribution payment options:

- Credited to my account in additional full and fractional shares.
- Credited 75% to my account in shares and 25% paid to me in cash.
- Credited 50% to my account in shares and 50% paid to me in cash.
- 100% paid to me in cash.

Note: If no election is made, all distributions will be invested to purchase additional shares.

Automatic investment of other Corporation's dividends

- I intend to give orders for the payment of cash dividends from other corporations to be invested in shares of Tri-Continental Common Stock for my account.

Note: Checks in payment of dividends from other corporations should indicate your name and Tri-Continental account number. The checks should be made payable to the order of Tri-Continental Corporation and be mailed to Tri-Continental Corporation, P.O. Box 8099, Boston, MA 02266-8099.

Cash purchases

- I intend to send funds from time to time to be invested in shares of Tri-Continental Common Stock for my account.

Note: Your checks should indicate your name and Tri-Continental account number. Make all checks payable to Tri-Continental Corporation and mail to Tri-Continental Corporation, P.O. Box 8099, Boston, MA 02266-8099.

Part 6 Systematic Withdrawal Plan:

This Plan is available if you wish to receive fixed payments from your investment in Tri-Continental Corporation's Common Stock in any amount at specified regular intervals. You may start a Systematic Withdrawal Plan if your shares of the Corporation's Common Stock have a market value of \$5,000 or more. Shares must be on deposit in your account as book credits. Tri-Continental Corp. will act for you, make payments to you in specified amounts on either the 1st or 15th day of each month, as designated by you, and maintain your account. If the 1st of 15th falls on a weekend or holiday, the withdrawal will be made on the prior business day.

- I authorize Tri-Continental Corp. to make systematic withdrawals from my account and send the proceeds as indicated below.

Dollar Amount	Day of Withdrawal (1st or the 15th)	* Circle "All" or applicable months
<input type="text"/>	<input type="text"/>	All J F M A M J J A S O N D

* If Day of Withdrawal is not indicated, withdrawals will be made on the 1st day of the month.

Please direct my systematic withdrawal proceeds to:

- My address of record (via check)
- My bank account specified in Part 8 (via ACH)
- The payee and address specified below (via check)

Third Party Payment Details

Name

Address — Line 1

Address — Line 2

City State Zip

Part 7 Automated Clearing House Service:

Automated Clearing House (ACH) is a secure payment transfer system that connects US financial institutions. The ACH network acts as a central clearing facility for all Electronic Fund Transfers (EFT) transactions that occur nationwide.

Please choose one or any combination of the three eligible services by placing a check in the appropriate boxes provided below:

- Systematic Withdrawal Plan Quarterly Distributions Automated Check Service (systematic investing)

Please Note: If your bank is not an ACH member, these services may not be available. If you choose to use ACH for any of the eligible services mentioned above, please provide the appropriate bank information on the lines below:

Name of Bank or Federal Credit Union

Name(s) on Bank Account

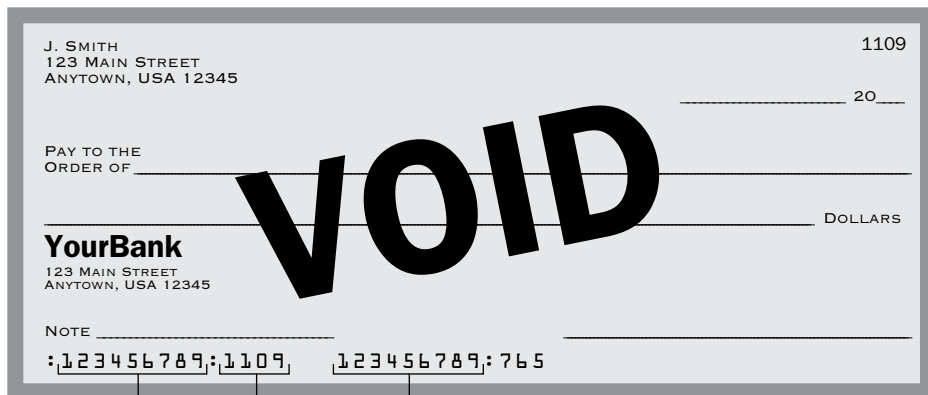
Bank Account Number _____ Bank Routing Number _____

Street Address of Bank _____ City _____ State _____ Zip _____

Additionally, in order to ensure accuracy when establishing any of these services, please identify the account type by marking the appropriate box and **attach a voided check or deposit slip in the space provided below:**

- Checking Account Savings Account

PLEASE ATTACH VOIDED CHECK



ABA Routing Number Check Number Bank Account Number

Part 8 Investor signature and certification:

You are required by law to provide Tri-Continental Corp. with your correct Social Security or other Taxpayer Identification Number (TIN). Failure to do so and to complete this section may subject you to penalties and result in backup withholding at the current required rate of fund distributions or other payments. If you are an exempt recipient, please furnish your TIN and write "Exempt" after your signature. Exempt recipients include but are not limited to: corporations, tax-exempt pension plans and IRA plans, governmental agencies, financial institutions, registered securities and commodities, dealers and others. If you are a non-resident alien or foreign entity, write "NRA" after your signature and provide a completed Form W-8 to the Fund in order to avoid backup withholding on certain payments.

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 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 in the Form W-9 instructions)

Form W-9 instructions are available upon request or on www.irs.gov.

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.

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

I certify my legal capacity to purchase or redeem shares of the Fund, for my own account, or for the account of the entity named above. I have received and read the current prospectus of the Fund in which I am investing and appoint Tri-Continental Corp. as my agent to act in accordance with the instructions herein.

Signature of new owner	Print name	Date
<u>X</u>		

Signature of new owner	Print name	Date
<u>X</u>		

Part 9 Return instructions:

Regular mail	Tri-Continental Corporation P.O. Box 8099 Boston, MA 02266-8099
Overnight mail	Tri-Continental Corporation c/o Boston Financial 30 Dan Road Canton, MA 02021-2809