

IRA Optional Services/Change Request Form

This form can be used to establish or change account options for an existing Individual Retirement Account (IRA) such as Systematic Investment Plan, Bank Information and Telephone Withdrawal options.

Part 1 Depositor Information: (Please type or print.)

IRA Depositor/Account Owner Name (First, Middle Initial, Last)	Date of Birth (MM/DD/YYYY)	Social Security Number
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input type="checkbox"/> Please check if you are changing your address of record. Please be advised that in accordance with Columbia Funds Foreign Account Policy, an update to an address outside the United States or one of its territories will result in a purchase restriction being placed on your account.		
Street Address or APO/FPO	City	State ZIP Code
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Mobile Phone Number	Home Phone Number	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Fund/Account Number(s)	<input style="width: 95%;" type="text"/>	
<input style="width: 95%;" type="text"/>		
(Attach additional sheets if necessary.)		
Note: If you are changing your address to a PO Box, a residential address is also required. Please provide your residential address below.		
Street Address	City	State ZIP Code
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Part 2 Optional Account Privileges

A. Telephone and Online Privileges

Account transactions can be made by calling 800.422.3737 or by logging into your account online at columbiathreadneedleus.com/investor. You or your financial advisor may redeem shares from your fund account by telephone and send the proceeds to your bank account. All telephone calls are recorded. The section for Bank Information must be completed and a Medallion Signature Guarantee (MSG) or Signature Validation Program (SVP) stamp is required.

I authorize Columbia Funds, or their designated agents, to accept online and 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 share of the same class or equivalent class of any other Columbia fund, (b) purchase shares by Automated Clearing House (ACH), and (c) to redeem shares, without signature guarantee, held in my account, by forwarding proceeds by check, ACH or Fedwire between my account and the bank account provided in the section for Bank Information. Telephone exchanges, purchases, redemptions are subject to procedures and conditions set forth in the prospectus.

Note: Retirement accounts cannot be redeemed via the web or automated phone system.

- | | |
|--------------------------------|--|
| Exchange Privilege | <input type="checkbox"/> Add Privilege |
| Purchase Privilege by ACH | <input type="checkbox"/> Add Privilege |
| Redemption Privilege by Check* | <input type="checkbox"/> Add Privilege |
| Redemption Privilege by ACH* | <input type="checkbox"/> Add Privilege |
| Redemption Privilege by Wire* | <input type="checkbox"/> Add Privilege |

*A MSG or SVP stamp is required if you previously opted out of the Redemption Privilege.

Optional Account Privileges continued on next page.

Part 2 **Optional Account Privileges (continued)**

B. Systematic Plans

A Systematic Investment Plan and Systematic Withdrawal Plan cannot be set up on the same account.

Systematic Investment Plan Check only one: Add option Update the existing option Discontinue the existing option

If the selected date falls on a weekend or holiday, the transaction will be processed on the next business day. Transactions will default to the 5th of the month if you do not choose a date. To avoid an excess contribution, please be aware of your maximum IRA contribution amount. All contributions are for the tax year in which they are made, unless I instruct otherwise in writing. The section for Bank Information must be completed.

Note: If your Fund account balance is below the minimum initial investment, you must make investments at least monthly to avoid the minimum balance fee. See the Fund's prospectus for more information about the Small Account Policy.

Frequency: Date (MM/DD/YYYY)

Start my investments on

- All months or check all that apply: January February March April May June
 July August September October November December

Fund/Account Number

Dollar Amount
\$

Fund/Account Number

Dollar Amount
\$

Systematic Exchange Check only one: Add option Update the existing option Discontinue the existing option

If the selected date falls on a weekend or holiday, the transaction will be processed on the next business day. Transactions will default to the 10th of the month if you do not choose a date. I have received and carefully read the prospectus for the fund(s) below.

Note: There is a minimum exchange of \$50. The destination fund must already be established or the systematic exchange must meet the minimum initial investment for the target fund. Dividends and Capital Gains must be set to reinvest.

Frequency: Date (MM/DD/YYYY)

Start my investments on

- All months or check all that apply: January February March April May June
 July August September October November December

From Fund/Account Number

To Fund (account number if applicable)

Dollar Amount
\$

From Fund/Account Number

To Fund (account number if applicable)

Dollar Amount
\$

Optional Account Privileges continued on next page.

Part 2 Optional Account Privileges (continued)

C. Dividend/Capital Gains Options

All distributions of \$10 or less will automatically be reinvested into the account to purchase additional shares regardless of your election below. If you choose to reinvest your dividends, your capital gain distributions will also be reinvested. When selecting direct deposit, please complete the section for Bank Information (MSG required).

Note: Generally, penalties and taxes may apply to cash dividends and capital gains if you are under the age of 59½. You may wish to consult a tax advisor.

- Dividends & Capital Gains – Cash
- Dividends & Capital Gains – Reinvest
- Dividends – Cash & Capital Gains – Reinvest

For Cash Dividends and Capital Gains or Cash Dividends only, indicate payment method:

- Check to Address of Record
- Direct Deposit to Bank by ACH

Dividend Diversification

Please diversify my portfolio by investing distributions from one Columbia fund into another Columbia fund. These investments will be made in the same share class. A sales charge may apply when you invest distributions made with respect to shares that were not subject to a sales charge at the time of your initial purchase. Accounts must be identically registered. I have received and carefully read the prospectus for the fund(s) below.

From Fund/Account Number

To Fund/Account Number

From Fund/Account Number

To Fund/Account Number

D. Bank Information: Add new bank instructions Replace existing bank instructions

Please complete this section if you are requesting to establish Telephone and Online Privileges, a Systematic Plan, or Dividends/Capital Gain payments by ACH. Please provide banking information and your authorization below. Your bank must be a member of the Automated Clearing House System to use these services.

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 transactions):

Name of Bank

Bank Phone Number

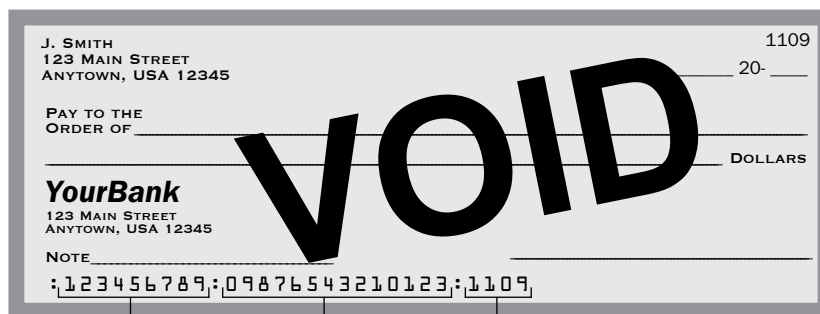
Name of Bank Account Owner

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)



ABA Routing Number Bank Account Number Check number

Optional Account Privileges continued on next page.

Part 2 Optional Account Privileges (continued)

If you elected Section A, B or D, please read the following carefully:

- I authorize Columbia Management Investment Services Corp. (CMIS) to initiate Automatic Clearing House (ACH) debits against a designated financial account for the amount listed on the dates noted. This authorization shall continue until terminated by me in writing to CMIS and will be effective within 30 days after receipt of notification. I understand that this service is governed by the Fund's prospectus and the rules of the ACH Association, as amended from time to time.
- CMIS and my bank are not liable for any loss resulting from delays or dishonored ACH debits.
- If an ACH debit request is rejected by my bank, I understand that I may not be notified and that CMIS may reverse the purchase and charge my account \$15.
- CMIS can revoke the investment privilege without prior notice if an ACH debit request is not paid upon presentation.
- CMIS has no obligation to notify me if the bank does not honor an ACH debit request.

Part 3 Ways to Reduce Your Sales Charge

Statement of Intent (class A shares only)

If you agree to invest at least \$50,000 within 13 months, you may 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

Dollar Amount

Date (MM/DD/YYYY)

\$

over a 13-month period beginning

Part 4 Depositor's Authorization

To be completed by the authorized registered account owner. If signing in capacity, you must be listed as an authorized individual on the account. If you are not the account owner or an authorized individual on the account but have authority to act, indicate your special capacity (executor, administrator, custodian, trustee, etc.). An MSG or SVP stamp may be required with additional documentation. Feel free to contact a representative at 800.345.6611 for more information.

If the depositor is a minor under the laws of the depositor's state of residence, a parent or guardian must also sign this form. Until the depositor reaches the age of majority, the parent or guardian will exercise the powers and duties of the depositor.

By electing these options, I agree that neither Columbia Funds, Columbia Management Investment Services Corp. (CMIS), the Custodian, and their respective affiliates, officers, directors, agents and employees will be liable for any loss, injury, damage or expense as a result of acting upon my instructions, and will not be liable for any loss due to unauthorized or fraudulent instructions if reasonable procedures are followed. Furthermore, I agree to indemnify and hold harmless Columbia Funds, CMIS, the Custodian and their respective affiliates, officers, directors, agents and employees that may be involved in transactions authorized by telephone or online, against any claim, loss, expense or damage, including reasonable fees of investigation and counsel in connection with any telephone and online instructions effected for my account. I understand that these options are subject to the terms and conditions set forth in the prospectus of the applicable funds. Telephone and online privileges may be modified or terminated without notice.

The IRA Depositor/Account Owner must print and sign below as the account is registered. If signing in capacity as an authorized individual, a MSG or SVP stamp may be required.

Print Name of IRA Depositor/Account Owner or Authorized individual

Print Name of Parent or Guardian (if depositor is a minor)

Signature of IRA Depositor/Account Owner or Authorized individual

Signature of Parent or Guardian

X

X

Capacity (if applicable)

Date (MM/DD/YYYY)

Capacity (if applicable)

Date (MM/DD/YYYY)

Affix MSG or SVP Stamp here.

Affix MSG or SVP Stamp here.

Guarantor, please do not affix the guarantee unless all of the information on this page has been completed.

Guarantor, please do not affix the guarantee unless all of the information on this page has been completed.

The Transfer Agent may require a Medallion Signature Guarantee (MSG) or Signature Validation Program (SVP) stamp for your signature in order to process certain transactions. A MSG or SVP stamp may be executed by any eligible institution, including, but not limited to, the following: brokers or dealers, banks, credit unions, and savings associations. A 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. The Transfer 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 5**Return Instructions**

Regular mail Columbia Management Investment Services Corp.
P.O. Box 219104
Kansas City, MO 64121-9104

Overnight mail Columbia Management Investment Services Corp.
c/o SS&C GIDS, Inc.
430 W 7th Street, STE 219104
Kansas City, MO 64105-1407

For assistance completing this form, please contact a representative at 800.345.6611, Monday through Friday, 8:00 a.m. to 7:00 p.m. Eastern time.

Columbia Threadneedle Investments (Columbia Threadneedle) is the global brand name for the Columbia and Threadneedle group of companies.

Columbia Management Investment Services Corp. is the transfer agent for Columbia Funds.

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CT-FR/231317 R (12/22)

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