

Automatic Investment Plan Application

Please return your completed form to:

Columbia Management Services, Inc.
P.O. Box 8081, Boston, MA 02266-8081

If you have any questions, please contact a shareholder services representative at **800-345-6611**.

Account information

Name of account owner

Address

Name of joint account owner(s), if applicable

City, State, ZIP

Social Security number

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Phone number

Account number

Account owner's date of birth (mm/dd/yyyy)

Automatic Investment Plan

This option automatically transfers the specified amount from your bank checking account to your Columbia fund account on a regular basis.

- You will receive the applicable price two business days after the receipt of your request.
- Your bank must be a member of the Automated Clearing House (ACH) system.
- Please attach a blank check marked "VOID." (Deposit slips are not a substitution.)
- Please allow three weeks for Columbia Management Services, Inc. (CMSI) to establish this service with your bank.

Please note: This service involves continuous investments regardless of varying share prices. Consider your ability to continue purchases through periods of price fluctuations. Dollar cost averaging does not assure a profit or protect against loss in declining markets.

Fund name

Frequency (check one): Monthly Quarterly

\$

Amount to transfer (at least \$50)

Month to start

Day of the month: _____

Bank information

Authorization to honor checks drawn by CMSI. **Do not detach.**

Automatic Investment Plan: Authorization to honor draws by CMSI. Applications must be received before the start date for processing.

I authorize CMSI to draw on my bank account by electronic funds transfer (EFT) for an investment in a Columbia fund account.

- CMSI and my bank are not liable for any loss arising from delays or dishonored draws.
- If a draw is not honored, I understand that notice may not be given and CMSI may reverse the purchase and charge my account \$15.
- This program's deposit privilege can be revoked by CMSI without prior notice if any check is not paid upon presentation.
- CMSI has no obligation to notify the shareholder of nonpayment of any draw.
- This program may be discontinued by CMSI by written notice at least 30 business days prior to the due date of any draw or by the shareholder at any time.

Bank name

Bank account number

Bank street address

Bank routing number (your bank can provide this)

Bank street address

X

Account owner's signature

City, State, ZIP

X

Joint account owner's signature (if applicable)