

Columbia Management.

Indemnification Agreement For Power of Attorney Registration

Please return your *Columbia Management Services, Inc.*
completed form to: *P.O. Box 8081, Boston, MA 02266-8081*

If you have any questions about this form or your account, please call
800.345.6611

1. Account Information

Shareholder Name

Account Registration

Account Number

Name of Fund or Trust

Home Phone

2. Indemnification Agreement

I, _____ of

do hereby make, constitute and appoint _____ whose

specimen signature is _____ and whose

address is _____

my true and lawful attorney or agent ("Agent") for me and in my name, place and stead:

(1) to transmit to the transfer agent Columbia Management Services, Inc., including any service company it may appoint from time to time (CMSI) either orally or in writing in accordance with procedures established by CMSI from time to time, instructions for the purchase, sale, exchange or transfer of shares with respect to any account(s) I may hold with the above named mutual fund(s);

(2) to make, draw, sign, endorse, negotiate, cash, deliver and make a stop payment of checks drawn on any of my accounts with said mutual funds; and

(3) to enter into all other lawful transactions with respect to any of my said mutual fund account(s).

I hereby agree to indemnify and hold harmless CMSI, the above named mutual fund(s), their investment adviser(s) and distributor harmless from acting upon instructions, either oral or in writing, believed to have originated from said Agent and from any and all acts of said Agent with respect to the shares held in my account(s) with any of these mutual funds.

This authorization and indemnity is a continuing one and shall remain in full force and effect and shall be binding upon the undersigned's heirs, executors, successives, beneficiaries, or assigns until revoked by the undersigned by a written notice addressed and delivered to its main office at

Columbia Management Services, Inc., PO Box 8081, Boston, MA 02266-8081 _____, such revocation

shall not effect any liability in any way resulting from transactions initiated prior to CMSI's acting on such revocation within a reasonable amount of time. In case of the death, disability or incompetence of the undersigned, this authorization shall continue and CMSI and the above named mutual funds(s), their investment adviser(s) and distributor shall not be responsible for any action taken on the basis of this authorization until CMSI has received written notice thereof addressed to CMSI and delivered to its main office.

The undersigned has read the foregoing in its entirety before signing.

Signature of Shareholder/Grantor of Power of Attorney

Date

[Notary]

3. Information for and Affidavit of Attorney-In-Fact

Important Notice – The USA PATRIOT ACT

To help the government fight the funding of terrorism and money-laundering activities, Federal Law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account or is granted authority to act on an account, beginning October 1, 2003.

What this means: As you are being named Attorney-in-fact to act on the above-referenced account(s), we must ask for your name, address, date of birth, and other information that will allow us to identify you. This information will be verified to ensure your identity as required by the USA Patriot Act. The bolded items below must be completed.

Name of Attorney-in-fact:

Social Security Number:

Residential Address or APO/FPO:

Date of Birth:

STATE OF

COUNTY OF

S.S.:

Being duly sworn and deposed, I affirm that: _____ as principal, who resides at

did, on this _____ day of _____, 20 _____, appoint me his true and lawful attorney by the

foregoing instrument hereby made a part hereof. I further certify, under penalty of perjury, that the personal information I have provided above is true and accurate

Signature of Attorney-In-Fact

[Notary]