

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**.

1. Systematic withdrawal plan (SWP)

You can receive monthly, quarterly or semiannual checks from your account in any amount you select, with certain limitations. Your redemption checks can be sent to you at the address of record for your account, to your bank account or to another person you choose. The value of the shares in your account must be at least \$5,000. You must reinvest all of your distributions. Checks will be processed on the 10th calendar day of the month unless the 10th falls on a non-business day or the first day of the week. If you receive your SWP payment via electronic funds transfer (EFT), you may request it to be processed any day of the month. Withdrawals in excess of 12% annually of your current account value will not be accepted. Redemptions made in addition to SWP payments may be subject to a contingent deferred sales charge for class B or C shares. Please consult your financial or tax advisor before electing this option. **Please have your signature (s) Medallion Guaranteed.**

1. Funds for withdrawal:

Name of fund _____ Existing account number _____ Name of fund _____ Existing account number _____

Withdrawal amount – Redeem shares from account as follows:

\$ _____ **OR** _____ %
Dollar amount Annualized % of my account

Frequency (choose one):
 Monthly Quarterly Semiannually

I would like payments to begin ____/____ (month, day, if EFT)

Withdrawal amount – Redeem shares from account as follows:

\$ _____ **OR** _____ %
Dollar amount Annualized % of my account

Frequency (choose one):
 Monthly Quarterly Semiannually

I would like payments to begin ____/____ (month, day, if EFT)

2. Payment instructions – Send the payment to (choose one):

My address of record.

My bank account via EFT.

Please complete the **Bank information** section below. All EFT transactions will be made two business days after the processing date. Automated Clearing House banks only.

The payee listed at right.

Name of payee _____

Address of payee _____

City, State, Zip _____

Payee's bank account number, if applicable _____

3. Payment Bank information for redemptions

I authorize deposits to the following bank account: Checking Savings

Bank name _____ Bank street address _____ City, State, Zip _____

Bank account number _____ Bank routing number _____ Bank phone number _____

X
Signature of account owner(s) _____ Date _____

X
Signature of account owner(s) _____ Date _____

Please have your signature(s) guaranteed by a Medallion guarantor. A signature guarantee is designated to protect you and the funds from fraud. You should be able to obtain a Medallion Signature Guarantee from a bank or trust company, a member of the national stock exchange, or any other eligible guarantor institution. A notary public cannot provide a signature guarantee.

Medallion Signature Guarantee	Date

2. Telephone withdrawal options

All telephone transaction calls are recorded. These options are not available for retirement accounts. Please have your signature(s) guaranteed. You or your financial advisor may withdraw shares from your fund account by telephone and send your money to your bank account.

1. Fast cash

You are automatically eligible for this service. You or your financial advisor can withdraw up to \$100,000 within a 30-day period from your account and have it sent to your address of record. For your protection, this service is only available on accounts that have not had an address change within 30 days of the redemption request. This option is not available for Columbia Tax-Managed Growth Fund trust shares (classes E and F).

2. Telephone redemption

I would like the telephone redemption privilege by federal fund wire directly to my bank account. (\$7.50 wire fee will be deducted.)

3. On-demand EFT redemption

I would like the on-demand EFT redemption privilege. Proceeds paid via EFT will be credited to your bank account two business days after the process date.

Columbia Management Services, Inc. (CMSI), the fund and affiliates are not liable when following telephone instructions. A shareholder may suffer a loss from an unauthorized transaction reasonably believed by CMSI to have been authorized.

Bank information for redemptions

I authorize deposits to the following bank account: Checking Savings

Bank name _____ Bank street address _____ City, State, Zip _____

Bank account number _____ Bank routing number _____ Bank phone number _____

X
Signature of account owner(s) _____ Date _____

X
Signature of account owner(s) _____ Date _____

The services listed below involve continuous investments regardless of varying share prices. Please consider your ability to continue purchases through periods of price fluctuations. Dollar cost averaging does not ensure a profit or protect against loss in declining markets.

Medallion Signature Guarantee _____ Date _____

3. Automatic 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 and without sales charges. Accounts must be identically registered. I have received and carefully read the prospectus for the fund(s) listed below. This option is not available for Columbia Tax-Managed Growth Fund trust shares (classes E and F).

1. From fund _____ To fund _____

Account number _____ Account number _____

2. From fund _____ To fund _____

Account number _____ Account number _____

4. Automated dollar cost averaging

This program allows you to automatically have money from any Columbia fund in which you have a balance of at least \$5,000 exchanged into the same share class of up to four other identically registered Columbia fund accounts, on a monthly basis. The minimum amount for each exchange is \$100. Please complete the section below. This option is not available for Columbia Tax-Managed Growth Fund trust shares (classes E and F). I have received and carefully read the prospectus for the funds listed below.

1. Fund from which shares will be sold _____
\$ _____
Amount to redeem monthly _____

2. Fund to invest shares in _____
\$ _____
Amount to redeem monthly _____

Fund to invest shares in _____

3. \$ _____
Amount to redeem monthly _____

Fund to invest shares in _____

4. \$ _____
Amount to redeem monthly _____

Fund to invest shares in _____

5. Automatic investment plan/on-demand EFT purchase

This option automatically transfers the specified amount from your bank checking account to your Columbia fund account on a regular basis. The on-demand EFT purchase program moves money from your bank checking account to your Columbia fund account by electronic funds transfer based on your telephone request. You will receive the applicable price two business days after the receipt of your request. Your bank needs to be a member of the Automated Clearing House system. Please attach a blank check marked "VOID." (Deposit slips are not a substitute.) Also, complete the section below. Please allow three weeks for CMSI to establish these services with your bank.

Fund name _____

\$ _____

Account number _____

Amount to transfer _____ Month to start _____

\$ _____

Fund name _____

Account number _____

Amount to transfer _____ Month to start _____

On-demand purchase (will be automatically established if you choose automatic investment plan)

Automatic investment plan frequency (choose one):

Monthly

Quarterly

EFT- Choose any day of the month

Bank information for purchases

I authorize CMSI to draw on my bank account, by check or electronic funds transfer, for an investment in a Columbia fund. 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.

Bank name _____

Bank street address _____

City, State, Zip _____

Bank account number _____

Bank routing number _____

Bank phone number _____

X _____
Signature of account owner(s) Date

X _____
Signature of account owner(s) Date

_____ Medallion Signature Guarantee	_____ Date
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Not FDIC Insured	May Lose Value No Bank Guarantee
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