

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

Check here if opening a new account  
 Check here if adding services to an existing account  
 Account # \_\_\_\_\_

If you have questions regarding this application or your account, please call 800.345.6611.

Federal law requires us to obtain information from you which we will use to verify your identity. **If you do not provide the information, we may not be able to open your account.** If we are unable to verify this information, we reserve the right to close or limit your account.

**Please indicate account type:**

- Individual—fill out Sections 1 and 3-9**
- Joint tenant—fill out Sections 1 and 3-9**  
All joint tenant accounts will be with rights of survivorship unless otherwise indicated.
- Uniform gift/transfer to minors—fill out Sections 1 and 3-9**
- Trust—fill out Sections 2-9; see Section 2 for documentation requirements**
- Corporation/partnership—fill out Sections 2-9; see Section 2 for documentation requirements**

**1. Accounts for individuals (individual, joint tenant, UGMA/UTMA)**

**Note:** You must be a US citizen or resident alien residing in the US or a US Territory with a valid US Taxpayer Identification Number to open an account. Requests to open an account for persons residing outside of the US or a US Territory will not be accepted.

**A.** \_\_\_\_\_  
 Name of account owner or minor (first, m.i., last)

\_\_\_\_\_  
 Social Security number (required) Are you a US citizen or resident alien?  Yes  No Date of birth (month/day/year)  
**Note:** For joint tenant or custodial accounts, this will be the taxable Social Security number for this account. If resident alien, indicate country of origin above.

\_\_\_\_\_  
 Name of joint account owner or custodian, if applicable (first, m.i., last)

\_\_\_\_\_  
 Social Security number (required) Are you a US citizen or resident alien?  Yes  No Date of birth (month/day/year)  
If resident alien, indicate country of origin above.

**Account mailing address**

\_\_\_\_\_  
 Street number Street name

\_\_\_\_\_  
 City State Zip

\_\_\_\_\_  
 E-mail address Daytime phone

**Check here if the account mailing address is also the residential address for ALL persons listed above. If the residential address of any person listed on the account is different from the account mailing address, please fill out Part B. Please note that the residential address must be within the US or a US Territory and may not be a P.O. box.**

**B.**  **Account owner**  **Joint owner**  **Minor**  **Custodian**

\_\_\_\_\_  
 Street number Street name

\_\_\_\_\_  
 City State Zip

**Account owner**  **Joint owner**  **Minor**  **Custodian**

\_\_\_\_\_  
 Street number Street name

\_\_\_\_\_  
 City State Zip

Not FDIC Insured	May Lose Value No Bank Guarantee
------------------	-------------------------------------

## 2. Accounts for entities (non-individuals such as trusts, corporations and partnerships)

### Documentation requirements:

**Note:** The entity named in this section must be based in the US or a US Territory and have a valid US Taxpayer Identification Number to open an account. Requests to open an account for entities residing outside of the US or a US Territory will not be accepted.

#### Trust

You must fill out a **Trustee Certification Form** listing required information for all trustees of the trust **AND** provide a complete copy of the trust instrument. The Trustee Certification Form is available on [www.columbiafunds.com](http://www.columbiafunds.com) or by calling 1-800-345-6611.

#### Corporation/partnership/other non-individual entities

You must fill out a **Certificate of Authorization** listing required information for individuals with trading authority over the account **AND** provide a copy of one of the following documents verifying the existence of the entity:

- Certified articles of incorporation
- Government-issued business license
- Partnership agreement
- For entities without legal status (such as clubs and associations), a copy of a document verifying the existence of the entity

For additional copies of the Trustee Certification Form or Certificate of Authorization, please visit [www.columbiafunds.com](http://www.columbiafunds.com) or call 800-345-6611.

\_\_\_\_\_  
Name of trust, corporation/partnership, or other entity

\_\_\_\_\_  
Taxpayer ID number of entity (required)

\_\_\_\_\_  
Date of trust, if applicable (month/day/year)

#### Account mailing address

\_\_\_\_\_  
Street number

\_\_\_\_\_  
Street name

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
E-mail address

\_\_\_\_\_  
Daytime phone

**Principal place of business for entity (must provide if different than above; address must be within the US or a US Territory and may not be a PO Box)**

\_\_\_\_\_  
Street number

\_\_\_\_\_  
Street name

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

## 3. Signature and taxpayer ID number certification

Each person signing on behalf of an entity represents that his/her actions are authorized.

#### I acknowledge that I:

- have received and read the prospectus.
- understand the terms of the investment described in the prospectus and in this application.
- understand that this application is subject to acceptance.
- understand that certain redemptions may be subject to contingent deferred sales charges.
- agree that the fund, Columbia Management Group, Inc. and its subsidiaries and affiliates and their officers, directors, agents and employees will not be liable for any loss, liability, damage or expense for relying on this application or any instruction believed genuine.

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

#### I certify, under penalties of perjury, that:

(1) The Social Security numbers or taxpayer ID numbers provided are correct.

(2) I am not subject to backup withholding because (circle **A**, **B** or **C** if true):

**A.** I am exempt from backup withholding or **B.** I have not been notified by the 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.

(3) I am a US person (including a US resident alien).

\_\_\_\_\_  
Signature of account owner

\_\_\_\_\_  
Capacity (if applicable)

\_\_\_\_\_  
Date(month/day/year)

\_\_\_\_\_  
Signature of account owner (if joint account)

\_\_\_\_\_  
Capacity (if applicable)

\_\_\_\_\_  
Date(month/day/year)

#### 4. Purchase information (minimum investment \$2,500 per fund; \$50 with automatic investment plan)

Class  A shares  C shares (less than \$1,000,000)

##### I am making this investment

by check made payable to the fund(s).  
Checks payable to any other payee will not be accepted.

by bank wire on date: \_\_\_\_\_  
(month/day/year)

Wire/trade confirmation number is: \_\_\_\_\_

If no distribution option is selected, distributions will be reinvested in additional fund shares. If you choose to reinvest your dividends, your capital gains will also be reinvested. When selecting direct deposit, please complete the Bank Information in Section 9.

\_\_\_\_\_ Fund name

	Dividends	Capital gains
Amount investing _____	<input type="checkbox"/> Reinvest <input type="checkbox"/> Cash <input type="checkbox"/> Direct deposit	<input type="checkbox"/> Reinvest <input type="checkbox"/> Cash <input type="checkbox"/> Direct deposit

\_\_\_\_\_ Fund name

	Dividends	Capital gains
Amount investing _____	<input type="checkbox"/> Reinvest <input type="checkbox"/> Cash <input type="checkbox"/> Direct deposit	<input type="checkbox"/> Reinvest <input type="checkbox"/> Cash <input type="checkbox"/> Direct deposit

##### Automatic dividend diversification from one Columbia fund to another.

\_\_\_\_\_ Fund from which dividends and capital gains will be transferred

\_\_\_\_\_ Fund to invest proceeds in (please provide account number, if applicable)

#### 5. Financial advisor's firm

Your financial advisor should complete this section. Please note: missing or incomplete information may result in our failure to establish the account.

\_\_\_\_\_ Financial advisor's name (first, m.i., last)

\_\_\_\_\_ Financial advisor's ID number

\_\_\_\_\_ Financial advisor's phone number

\_\_\_\_\_ Branch office phone number

\_\_\_\_\_ Name of financial advisor's firm

\_\_\_\_\_ Branch office number

\_\_\_\_\_ Branch office address

\_\_\_\_\_ City

\_\_\_\_\_ State

\_\_\_\_\_ Zip

\_\_\_\_\_ Main office city

\_\_\_\_\_ State

We guarantee the signatures on this application and the legal capacity of the signers. \_\_\_\_\_  
Authorized signature of financial advisor's firm

#### 6. Ways to reduce your sales charge

##### Rights of Accumulation

If you, your spouse or your children own shares in other Columbia funds, you may be eligible for a reduced sales charge. The combined value of your accounts must be \$50,000 or more to qualify. List any accounts you would like linked so that this and future purchases are eligible for a reduced sales charge.

\_\_\_\_\_ Fund account number

\_\_\_\_\_ Social Security number or taxpayer ID number

\_\_\_\_\_ Fund account number

\_\_\_\_\_ Social Security number or taxpayer ID number

##### Statement of Intent (class A shares only)

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

\_\_\_\_\_ Amount

\_\_\_\_\_ over a 13-month period beginning \_\_\_\_\_ Date (month/day/year)

## 7. Add more money to your account automatically

For investments from your bank, complete this section as well as the Bank Information in Section 9.

### A. Automatic Investment Plan (\$50 minimum)

Invest in fund name \_\_\_\_\_

Fund account number \_\_\_\_\_

Amount to be invested \_\_\_\_\_

#### Frequency

Investment will be made  Monthly  Quarterly beginning on the \_\_\_\_\_ day of the \_\_\_\_\_ month.

### B. On demand purchase from your bank

Make investments in your account at any time by calling 800-422-3737. You will receive the closing price on the day we receive your money, usually two business days after you make the request. If you have signed up for an automatic investment plan in the above Section A, you are automatically eligible for this service.

#### If you elected either of the above Section A or B, please read the following:

I authorize Columbia Management Services, Inc. (the Transfer Agent) to periodically withdraw money from my bank account via EFT for investments into my mutual fund account.

- The Transfer Agent and my bank are not liable for any loss resulting from delays or dishonored draws.
- If a withdrawal request is rejected by my bank, I understand that I may not be notified and that the Transfer Agent may reverse the purchase and charge my account \$15.

- The Transfer Agent can revoke this investment privilege without prior notice if a withdrawal request is not paid upon presentation.
- The Transfer Agent has no obligation to notify me if the bank does not honor a withdrawal request.
- The program may be discontinued by the Transfer Agent by written notice at least 30 days prior to the due date of my withdrawal or by me at any time.

### C. Automatic exchange from another Columbia fund account

Your account value must be at least \$5,000 when this service is established. There is a minimum exchange of \$100. Not available for Columbia Tax-Managed Growth Fund E and F shares.

Fund from which shares will be sold \_\_\_\_\_

Amount to redeem monthly \_\_\_\_\_

Fund to invest proceeds in (please provide account number, if applicable) \_\_\_\_\_

## 8. Ways to access your money

### A. Fast Cash\*

You are automatically eligible to redeem up to \$100,000 from your account in a 30-day period and have it mailed to your address of record. For your protection, this service is not available within 30 days of an address change. Not available for Columbia Tax-Managed Growth Fund E and F shares, Columbia Newport Greater China Fund, Columbia Floating Rate Fund or Columbia Floating Rate Advantage Fund.

### B. On-demand redemption by EFT or Federal Fund Wire (complete Bank Information in Section 9)\*

You or your financial advisor can redeem shares by telephone and have the proceeds sent to your bank.

- I authorize deposits to the bank account listed in Section 9.
- I understand deposits will be made two business days after the request is received.

### C. Systematic Withdrawal Plan Wire (complete Bank Information in Section 9)\*

You can receive monthly, quarterly or semiannual payment from your account. Your account value must be at least \$5,000 when payments begin and may not be for amounts greater than 12% of your account value annually. Proceeds are payable two business days after their processing date.

Send to my address of record.

Send to my bank (complete Bank Information in Section 9).

Fund name \_\_\_\_\_

Fund account number \_\_\_\_\_

Dollar amount of payment \_\_\_\_\_

or

Total annual % \_\_\_\_\_

#### Frequency

I would like payments to begin on date (month/day/year) \_\_\_\_\_

Monthly  Quarterly  Semiannually \_\_\_\_\_

\*The fund, the Transfer Agent and its affiliates are not liable when following telephone instructions. A shareholder may suffer a loss from an unauthorized instruction or transaction believed by the Transfer Agent to be genuine and authorized.

## 9. Bank information

Please complete this section if you have signed up for direct deposit of distribution in Section 4, or the services shown in Sections 7A, 7B and 8B. If choosing 8C, please complete this section if you are requesting that Systematic Withdrawal Plan payments go to your bank. If you are requesting an automatic investment from your bank account in Section 7, complete Sections A and B. **Please attach a blank check marked "VOID" (deposit slips cannot be substituted).** Your bank must be a member of the Automated Clearing House System to use these services.

- If opening a new account, please complete Sections A and B below.
- If adding services from Section 7 to an existing account, please complete Sections A and B below. If adding services from Section 8 to an existing account, please complete Sections A, B, and C.

### A. Bank account information

Bank account number **Do not use spaces or dashes**

Bank routing number (your bank can provide this)

Name of bank account owner

Name of joint owner, if applicable

Account type:  checking  savings

Name of bank

Bank phone number

Bank street address

City

State

Zip

### B. Signatures

Signature of account owner

Signature of account owner (if joint account)

### Medallion Signature Guarantee OR Signature Validation Program Stamp Is Required.

A Medallion Signature Guarantee OR a Signature Validation Program Stamp may be executed by a financial institution such as; Commercial Bank, Trust Company, Savings Association, Credit Union or Broker-Dealer, that participates in one of the Medallion Signature Guarantee Programs. A Stamp from a Notary Public is not acceptable.

Medallion Signature Guarantee OR Signature Validation Program Stamp Is Required