

Please return your completed form to: *Columbia Management Services, Inc.*
P.O. Box 8081, Boston, MA 02266-8081
800.345.6611

Trustee Certification Form

This form must accompany any new account application requesting a trust registration. This form can also be used to change trustee information on an existing account.

Federal law requires us to obtain certain information from you which we will use to verify your identity. If you do not provide the information or if we are unable to verify this information, we reserve the right to close or restrict your account. Please note that we are committed to your privacy and restrict access to your personal information. We appreciate your cooperation in providing this information.

For new accounts or to add trustees to an existing account, please complete sections 1 and 3. To change trustees due to resignation, incapacity or death of a trustee, please complete sections 1, 2, and 3. The trustee(s) authorized on this form will supersede any prior designation. If you have any questions, please contact a Shareholder Services Representative at **800-345-6611**.

1. Customer information

Name of trust		Social Security number or taxpayer ID number		
Name of initial or successor trustee(s)				
Street number	Street name	City	State	Zip
Social Security number		Date of birth	Telephone number	
Name of initial or successor co-trustee(s) (if any)				
Street number	Street name	City	State	Zip
Social Security number		Date of birth	Telephone number	
Account number(s) for any existing accounts				

2. Certification of successor trustee(s)

Please complete Section A if this change is due to the resignation of a trustee. Complete Section B if this change is due to the death of a trustee. Complete Section C if this change is due to incapacity of a trustee. If you are establishing a new trust or adding trustees to an existing account, skip to section 3.

A. Resignation of current trustee(s):

To be filled out by the resigning trustee(s):

I/We _____ certify that I am/we are resigning as
Name of resigning trustee(s)

trustee(s) of the above-named Trust, effective _____ and that
Month Day Year

_____ is/are appointed successor trustee(s) in accordance

Name of successor trustee(s)
with the terms of the Trust Agreement.

Signature(s) of resigning trustee(s) Month Day Year

B. Death of current trustee(s):

To be filled out by the successor trustee(s):

I/We _____ certify that I am/we are the successor
Name of successor trustee(s)

trustee(s) of the above-named Trust in accordance with the terms of the Trust Agreement due to the death of

_____, the former trustee(s).

Name of former trustee(s)

C. Incapacity of current trustee(s):

To be filled out by the successor trustee(s):

I/We _____ certify that I am/we are the successor
Name of successor trustee(s)

trustee(s) of the above-named Trust in accordance with the terms of the Trust Agreement due to the incapacity of

_____, the former trustee(s).

Name of former trustee(s)

3. Certification of investment authority

The undersigned trustee(s) certify as follows:

(a) The name of the Trust is specified in the **Customer Information** section of this form.

(b) The date of the Trust is: _____
Month Day Year

(c) The name(s) of the new trustee(s) that will appear in the account registration is/are:

_____ Name	_____ Name
_____ Name	_____ Name

(d) Columbia Management Services, Inc. (Transfer Agent) has the authority to accept instructions relative to the Trust account from those individuals or entities listed directly above in this section of this form. They may execute documents on behalf of the Trust which the Transfer Agent may require. (Unless it is specified otherwise, any one of the trustees listed above may individually act on behalf of the Trust.)

(e) All the trustees of the Trust are listed in item (c) above.

(f) Should only one person execute this agreement, it shall be a representation that the signer is the sole trustee. Where applicable, plural references in this certification shall be deemed singular.

(g) We certify that we have the power under the Trust Agreement and applicable law to sell, assign, transfer and/or deliver any and all stocks, bonds or other securities and to enter into all transactions, including purchases, exchanges and redemptions of mutual funds.

(h) We, the trustees, jointly and severally, indemnify the Transfer Agent and its affiliates, and hold them harmless from any liability for effecting any transactions, pursuant to the instructions given by the trustees.

(i) We agree to inform the Transfer Agent, in writing, of any amendment to the Trust, change in the composition of the trustee(s), or other event that could alter the certifications made above.

(j) Authorizes all transactions, including telephone transactions.

All trustees must sign this form.

Certified to COLUMBIA MANAGEMENT SERVICES, INC.

Initial or successor trustee signature Date

Initial or successor trustee signature Date

Guarantor Stamp

Guarantor Stamp

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.