

Columbia Management.

Payee Form: Distributions & SWPs

Note: Not for use by IRA/Qualified Plan Accounts.

Please use the appropriate IRA distribution or Qualified Plan distribution form. If you have any questions, please contact a shareholder services representative at **800-345-6611**.

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

1. Account information

Account owner's name

Social Security number or taxpayer ID number

Address

()
Date of birth (mm/dd/yy)

Phone Number

City State Zip

Account number

2. Distributions

Choose all that apply

Dividends

Capital gains

Systematic withdrawals (SWP)

(Complete section at the right.)

All dividends and capital gains must be reinvested.

Withdrawal amount

\$

OR

Dollar amount

Annualized % of my account

Frequency:

Monthly

Quarterly

Semiannually

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

3. Payee information

Name of payee

Address of payee

Payee's bank account number, if applicable

City State Zip

4. Signature(s) guarantee

The signature(s) below must be guaranteed by a bank, trust company, a member firm of a US stock exchange or another eligible guarantor institution. Notarizations are not acceptable.

X
Signature of account owner(s)

Date (mm/dd/yyyy)

X
Signature of account owner(s)

Date (mm/dd/yyyy)

Signature guarantee

Not FDIC	May Lose Value
Insured	No Bank Guarantee