

Please return your completed form to:

Columbia Management Services, Inc.
P.O. Box 8081, Boston, MA 02266-8081
800.345.6611

Certificate of Authorization

For use by corporations, partnerships and all non-individual entities, except trusts.

This completed form must accompany any application to open an account of any corporation, partnership, association or other non-individual entity, excluding trusts.

We request certain information (Social Security number and date of birth), which allows us to accurately identify our customers. Please note that we are committed to your privacy and restrict access to your personal information. We appreciate your cooperation in providing this information.

If the entity submitting this Certificate is an association, the word "association" shall be deemed to appear each place the word "corporation" appears. If the officer signing this Certificate is named as an authorized person, another officer must countersign the Certificate. If there is no other officer, the person signing the Certificate must have his/her signature guaranteed. If you are not sure whether you are required to complete this Certificate, please call a shareholder services representative at **800-345-6611**.

The undersigned hereby certifies that he/she is the duly elected Secretary of _____
(the "Corporation") and that the following individual(s):

Name of Corporation/Association

Account Number

SSN/TIN

Authorized person(s)

Name

Title

Social Security number

Date of birth

Name

Title

Social Security number

Date of birth

is (are) duly authorized by resolution or otherwise to act on behalf of the Corporation in connection with the Corporation's ownership of shares of any mutual fund or other security distributed by Columbia Management Distributor, Inc. (individually, the "Fund" and collectively, the "Funds") including, without limitation, furnishing any such Fund and its transfer agent with instructions to purchase, transfer or redeem shares of that Fund payable to any person or in any manner, or to redeem shares of that Fund and apply the proceeds of such redemption to purchase shares of another Fund (an "exchange"), and to execute any necessary forms in connection therewith.

Telephone and written transaction instructions by any one of the above-designated authorized persons will be accepted.

If the undersigned is the only person authorized to act on behalf of the Corporation, the undersigned certifies that he/she is the sole director and officer of the Corporation and that the Corporation's Charter and By-laws provide that he/she is the only person authorized to so act.

These authorizations shall continue in effect up to five business days after the Fund and its transfer agent, Columbia Management Services, Inc. (CMSI), receives written notice from the Corporation. To add new authorized trader(s), please complete this form and return it to the address listed above. To remove authorized trader(s), please notify CMSI in writing via a letter of instruction.

In witness whereof, I have hereunto subscribed my name as Secretary and affixed the seal of the Corporation, if available.*

this _____ date of _____, 20_____

Secretary

Corporate Seal here

Medallion Signature Guarantee*

*Medallion Signature Guarantee is required if a corporate seal is unavailable or if the officer signing is named as an authorized person and there is no other officer to sign the certificate.