Ameriprise Financial Services, Inc. 70100 Ameriprise Financial Center Minneapolis, MN 55474

Estate Settlement

Smart Form. Please complete online.

Ameriprise Financial

Select all that apply (one is required):

☐ **Non-Qualified (Complete Parts 1-4 and 11-12)** ☐ **Tax-Qualified (Complete Parts 5-12)**

Non-Qualified Accounts:

- The assets must be re-titled before the claimant may make any account transaction requests.
- This form cannot be used to request liquidation of an account.
- This form is not intended for Annuities.

Part 1 Existing Non-Qualified Account Identification

The following ID # references should be transferred to the Decedent Account ID # field for the corresponding new owner account selections in Part 11.

ID#	Account Number	ID#	Account Number	ID#	Account Number
ID#	Account Number	ID#	Account Number	ID#	Account Number

Decedent's Name

Decedent's Client ID 001 | State of Residence | Decedent's Date of Death (MMDDYYYY) | Decedent's SSN

Part 2 Transfer Instructions and Authorization - Completion of this Section is required

Note: Part 12 "Authorization and Acknowledgements" must be signed by all new owners or fiduciaries for all Tax-Qualified and Non-Qualified accounts.

You assign, subject to the approval of Ameriprise Financial Services, Inc. and/or Ameriprise Certificate Company and/or American Enterprise Investment Services,

Transaction Amount: ☐ All $ % Shares

Shares or certificate described above to person or persons named in Part 3, you irrevocably appoint Ameriprise Financial, Inc. to Transfer said securities on the books of the issuer, with full power of substitution in the premises.

The request will be processed and assets transferred will be assigned a Cost Basis based on the value as of Date of Death. If you would like to request an alternate Cost Basis date/value, you will need to call your Ameriprise financial advisor or the service 800 number on your statement.

You affirm that the information in Part 1 and 2 of this form is correct, and may be included in any required reports to the tax or regulatory authorities.

I request the annuity associated with the above Ameriprise Financial brokerage/managed account on the Thomson platform (choose one, if applicable)

☐ Remain linked to the existing account

☐ Be linked to the following account 133

☐ Not be linked with any account

Beneficiary, Trustee(s), Legal Representative(s) for the Decedent's Estate or Joint Tenant Signature — Date Signed (MMDDYYYY)

X

Beneficiary, Trustee(s), Legal Representative(s) for the Decedent's Estate or Joint Tenant Signature — Date Signed (MMDDYYYY)

X

Part 3 Beneficiary/Claimant Information for Non-Qualified Accounts

- If there will be more than one owner listed below, we will use the Social Security Number of the individual listed in section B for reporting purposes.
- This section must be completed by all new owners/claimants of Non-Qualified accounts.

A. Identify the New Account Registration (Select One Only)

◯ Individual	◯ Tenants by Entirety	◯ Tenants in Common	◯ Guardian/Conservator/Next Friend	◯ Estate	◯ Organization
◯ Joint Tenancy (WROS)	◯ Community Property	◯ UTMA	◯ Usufructuary/Life Tenant/Life Estate	◯ Trust	◯ Other

Is this account for a client that is a bank, savings and loan association, insurance company, registered investment company or investment advisory firm?

◯ Yes ◯ No

Do the total assets owned by the client(s) exceed $50MM?

◯ Yes ◯ No

Note: if no elections are made to the above question, we will assume that the answers to both the questions is "no".

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B. Claimant Information

Relationship to Decedent in Part 1 | Client ID (If client is an Ameriprise Client) | Date of Birth

Citizenship (Select One): ◯ U.S. Citizen ◯ Resident Alien ◯ Non-Resident Alien *(complete IRS Form W-8BEN)* | Gender: ◯ Male ◯ Female

Name as it appears in IRS Records | Social Security Number

Residential Address (If the claimant wants an alternate mailing address, complete and include Form 518) | City | State | Postal Code

☐ Please check here if the claimant is an existing client and the address of record is changing

C. Joint Owner with Individual Claimant in Part B

Relationship to Decedent in Part 1 | Client ID (If client is an Ameriprise Client) | Date of Birth

Citizenship (Select One): ◯ U.S. Citizen ◯ Resident Alien ◯ Non-Resident Alien *(complete IRS Form W-8BEN)* | Gender: ◯ Male ◯ Female

Name as it appears in IRS Records | Social Security Number

Residential Address (If the claimant wants an alternate mailing address, complete and include Form 518) | City | State | Postal Code

☐ Please check here if the claimant is an existing client and the address of record is changing

D. Estate, Trust or Organization, UTMA for Minor Claimant

Name of Estate, Trust, Organization, Minor, Naked Owner(s), Remaindermen | TIN of Claimant

Name of Other Fiduciary Estate Representative, Trustee(s), Officer(s) of Organization, UTMA Custodian, Usufruct, Life Tenant, Life Estate | Client ID (If client is an Ameriprise Client) | Date of Trust (if Trust is claimant) Date of Birth for Minor claimant

Residential Address (If the claimant wants an alternate mailing address, complete and include Form 518) | City | State | Postal Code

☐ Please check here if the claimant is an existing client and the address of record is changing

E. Designation of Successor Custodian for UTMA for Minor Claimant

- This designation must be completed by the current Custodian.
- This designation of Successor Custodian is not valid in the State of Ohio.

Successor Custodian Name

Part 4 Supplemental Instructions for Brokerage, Managed Accounts and *Ameriprise ONE* Financial Accounts

Margin Account Agreement - Brokerage and SPS *Advantage* Accounts Only

- If you do not elect to have a margin account by checking the box below, no margin account will be provided.
- If there are *Ameriprise ONE* Financial Account features attached to the existing account, an application may be required in order for *Ameriprise ONE* Financial Account features to be attached to the applicant's account.

☐ Yes, you agree to have a margin account (By checking this box you agree that you have received the *Ameriprise* Brokerage Client Agreement and are bound by the terms set forth in the margin agreement therein).

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Claimant Elections - *Ameriprise* Managed Accounts. (Select One)
If no option is elected, we will assume that the claimant's intention is to liquidate the account within 90 days of completion of the Death Claim Settlement.

◯ Claimant will hold an applicable managed account and has completed, signed and attached the appropriate new account application.

◯ Claimant will be completely terminating the existing Managed Accounts agreement(s) after re-registration and agrees to the following terms:

- No annual fee will be charged.
- No Managed Accounts services will be provided.
- Account activity will be limited to liquidations and in-kind transfers only.
- Claimant is responsible for liquidation or in-kind transfer of the account within 90 days of completion of the Death Claim Settlement. The claimant may call 1 (800) 862-7919.

Notice on Settlement of Real Estate Investment Trust, Limited Partnership & Fund of Hedge Funds Investments Held in a Brokerage Account:

If the decedent held a Limited Partnership (LP), Real Estate Investment Trust (REIT) or a Fund of Hedge Funds (FoHF) in a non-IRA Brokerage Account, had designated a beneficiary on the LP, REIT or FoHF had registered the LP, REIT or FoHF as a Transfer On Death (TOD) account, these ownership and beneficiary records are maintained at the Transfer Agent and not at Ameriprise Financial Services, Inc. The TOD designation on the Brokerage account might not be identical to the TOD designation on the LP, REIT or FoHF.

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Ameriprise Financial Services, Inc. 70100 Ameriprise Financial Center Minneapolis, MN 55474

Estate Settlement

Smart Form. Please complete online.

Ameriprise Financial

Select all that apply (one is required):

☐ **Non-Qualified (Complete Parts 1-4 and 11-12)** ☐ **Tax-Qualified (Complete Parts 5-12)**

Tax-Qualified Accounts (IRA, TSCA and/or Custodial 401(a)):

- The purpose of the form is to re-title the deceased's assets in the name of the claimant. The assets must be re-titled before the claimant may make any account transaction requests.
- This form cannot be used to request liquidation of an account.
- This form is not intended for Annuities.

Part 5 Existing Plan Identification

- All accounts in the plans identified on this form will be settled according to the single instructions indicated on this form whether or not those specific account numbers are listed. List one account number below from each plan to be settled according to the instructions provided on this form.
- If you are the beneficiary for more than one IRA plan owned by the decedent and you wish to provide different settlement instructions for each plan, you must submit the instructions for each plan on a separate Estate Settlement form.

Identify the plan(s) being settled according to the instructions provided on this form by selecting the plan type(s) listed below.

If you are the beneficiary of more than one IRA Plan, you must enter the Plan ID Number for each plan.

	IRA Plan ID Number(s)				
☐ Traditional (Active) IRA					
☐ Rollover IRA					
☐ SEP IRA					
☐ Roth Contributory IRA					
☐ Roth Conversion IRA					
☐ Simple (SRA)					

☐ Inherited - *if Inherited, Original Decedent Name*

☐ TSCA (403(b))

☐ Custodial Profit Sharing Plan (401(a))

☐ Custodial Money Purchase Pension Plan (401(a))

Use the ID# listed below to provide Account Profile information in Part 11. Identify at least on Account Number from each plan type identified above.

ID#	Account Number	ID#	Account Number	ID#	Account Number
ID#	Account Number	ID#	Account Number	ID#	Account Number

Decedent's Name

Decedent's Client ID 001 State of Residence Decedent's Date of Death Decedent's Social Security Number

I request the annuity associated with the above Ameriprise Financial brokerage/managed account on the Thomson platform (choose one, if applicable).

☐ Remain linked to the existing account

☐ Be linked to the following account 133

☐ Not be linked with any account

©

Part 6 Claimant Information

Claimant/Beneficiary Information

Relationship to Decedent in Part 5

Client ID (If client is an Ameriprise Client)

Date of Birth (MMDDYYYY)

Citizenship (Select One): ◯ U.S. Citizen ◯ Resident Alien ◯ Non-Resident Alien *(complete IRS Form W-8BEN)*

Name as it appears in IRS Records

Social Security Number or TIN

Name of Guardian, Conservator, Custodian, Controller, Trustee(s), and Estate Representative as Appropriate to the Ownership Registration

Date of Birth (if Minor is claimant)
Date of Trust (if Trust is claimant)

Is this account for a client that is a bank, savings and loan association, insurance company, registered investment company or investment advisory firm?

◯ Yes ◯ No

Do the total assets owned by the client(s) exceed $50MM?

◯ Yes ◯ No

Note: if no elections are made to the above question, we will assume that the answers to both the questions is "no".

Residential Address
(If the claimant wants an alternate mailing address, complete and include Form 518)

☐ Please check here, if the claimant is an existing client and the address of record is changing

City

State

ZIP code

UTMA State (minor claimant)

Designation of Successor Custodian for UTMA

- This designation must be completed by the current Custodian.
- This designation of Successor Custodian is not valid in the State of Ohio.

Successor Custodian Name

Part 7 Fee Information - Statement of Administration and Custodial Fees

Tax-qualified accounts are subject to an annual Custodial Fee and may be subject to a plan termination fee. Please refer to the Custodial Agreement or, for Custodial 401(a) plans, your plan sponsor.

Part 8 Registration and Settlement Option

If the decedent had reached his or her Required Beginning Date (RBD) and has not yet taken their Required Minimum Distribution (RMD), the beneficiary(ies) is required to distribute the RMD amount by December 31st of the year of the decedent's death. A beneficiary is subject to the RMD rules for subsequent years, but may not be required to take a distribution in a particular year. The RMD rules can be complex and a beneficiary should consult a tax advisor to determine how the rules apply to them.
Note: If you, as the beneficiary, are inheriting more than one IRA plan of the same IRA plan type, they will be combined to one Inherited IRA of the applicable type (e.g. If you inherit more than one Traditional IRA with different plan ID Numbers, they will be combined into one Traditional IRA with a new Plan ID Number assigned.

A. Individual Retirement Accounts (IRAs)

1. Non-Spouse Claimants
   IRA assets transferred to a non-spouse claimant will be directed to an Ameriprise Financial Services, Inc. Inherited IRA.
2. Options for Spouse Claimants - If no option is selected, all IRA assets will be directed to an Ameriprise Financial Services, Inc. Inherited IRA

◯ Roll over to your existing Ameriprise Financial Services, Inc. IRA* or 403(b)

◯ Roll over to your new Ameriprise Financial Services, Inc. IRA or 403(b), if eligible to contribute to a 403(b) plan (application required)

◯ Transfer into an Ameriprise Financial Services, Inc. Inherited IRA

◯ **Multiple IRA Plans***

If you want to establish a new IRA plan of the same type indicated in Part 5 complete and attach the appropriate IRA application and the Multiple IRA Addendum Form 402151 to the Estate Settlement Form.

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B. 403(b) Tax-Sheltered Custodial Accounts (TSCAs)

1. Option for Non-Spouse Claimants

- ◯ Rollover into an Inherited IRA at Ameriprise Financial Services, Inc. (By checking this box you are instructing us to establish an Inherited IRA by re-registering the ownership of the account noted in Part 5.)
- ◯ Directly convert to an Inherited Roth IRA at Ameriprise Financial Services, Inc. (By checking this box you are instructing us to establish an Inherited Roth IRA by re-registering the ownership of the account noted in Part 5.) Complete Part 9

2. Options for Spouse Claimants

- ◯ Roll over to your existing IRA, Inherited IRA or 403(b) at Ameriprise Financial Services, Inc.: _____ *Account Number*
- ◯ Directly convert to your existing Roth IRA or Inherited Roth IRA at Ameriprise Financial Services, Inc., Account Number: _____
- ◯ Roll over to your new IRA, Inherited IRA or 403(b) [if eligible to contribute to a 403(b) plan] at Ameriprise Financial Services, Inc. (application required)
- ◯ Directly convert to your new Roth IRA or Inherited Roth IRA at Ameriprise Financial Services, Inc. (application required). Complete Part 9
- ◯ Transfer into an Inherited TSCA at Ameriprise Financial Services, Inc. (By checking this box, you are instructing us to establish an Inherited TSCA by re-registering the ownership of the account noted in Part 5.)

C. Custodial Profit Sharing or Money Purchase Pension Plan

1. Options for Non-Spouse Claimants

- ◯ Rollover into an Inherited IRA at Ameriprise Financial Services, Inc. (By checking this box you are instructing us to establish an Inherited IRA by re-registering the ownership of the account noted in Part 5.)
- ◯ Directly convert to an Inherited Roth IRA at Ameriprise Financial Services, Inc. (By checking this box you are instructing us to establish an Inherited Roth IRA by re-registering the ownership of the account noted in Part 5.) Complete Part 9

2. Options for Spouse Claimants

- ◯ Roll over to your existing IRA, Inherited IRA or 403(b) at Ameriprise Financial Services, Inc.: _____ *Account Number*
- ◯ Directly convert to your existing Roth IRA or Inherited Roth IRA at Ameriprise Financial Services, Inc., Account Number: _____ . Complete Part 9.
- ◯ Roll over to your new IRA, Inherited IRA or 403(b) [if eligible to contribute to a 403(b) plan] at Ameriprise Financial Services, Inc. (application required)
- ◯ Directly convert to your new Roth IRA or Inherited Roth IRA at Ameriprise Financial Services, Inc. (application required). Complete Part 9.
- ◯ Roll to another eligible retirement plan (provide Transfer Form from rollover institution and Letter of Authorization signed by the distributing plan's Plan Sponsor).

Part 9 Withholding Instructions (for Direct Conversions to a Roth IRA or Inherited Roth IRA)

A direct conversion from a 403(b) TSCA or qualified plan to a Roth IRA or Inherited Roth IRA results in income tax being due on the taxable portion of the transaction. There will be no withholding on this request unless you elect withholding below. If taxes are withheld from this distribution, the net conversion amount will be the gross amount requested - (minus) the tax withholding. Consult with your tax advisor if you elect to withhold.

◯ Do not withhold ◯ Withhold 10% ◯ Withhold more than 10% _____ %

- Any amount withheld will be considered a distribution in the form of withholding and will decrease the amount that is rolled over to the Roth IRA or Inherited Roth IRA.
- Amounts distributed in the form of withholding may result in a 10% IRS premature penalty tax in addition to the ordinary taxes that apply to the entire distribution amount.
- You are liable for income tax on the taxable portion of your distribution. If total withholding is not adequate, you may be required to make estimated tax payments or pay tax penalties.
- Different withholding rules apply if we do not have a valid Taxpayer Identification Number on the account, if payment is delivered outside the United States or if you are a non-resident alien.

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Part 10 Supplemental Information for Managed Accounts and Direct Investment

Claimant Elections - *Ameriprise* Managed Accounts. (Select One)
If no option is elected, we will assume that the claimant's intention is to liquidate the account within 90 days of completion of the Death Claim Settlement.

- ◯ Claimant will hold an applicable managed account and has completed, signed and attached the appropriate new account application.
- ◯ Claimant will be completely terminating the Managed Accounts agreement(s) after re-registration and agrees to the following terms. *This option is not available if you are a Restricted Beneficiary of an IRA under the terms of the beneficiary designation form.)*:
  - No annual fee will be charged.
  - No Managed Accounts services will be provided.
  - Account activity will be limited to liquidations and in-kind transfers only.
  - Claimant is responsible for liquidation or in-kind transfer of the account within 90 days of completion of the Death Claim Settlement. The claimant may call 1 (800) 862-7919 and speak to a trader.

Part 11 New Owner Account Profile Information

- If more investment selections are needed, complete and attach additional copies of the New Owner Account Profile Information page.
- Basic definitions for Risk Tolerance and Investment Objectives are provided below. More detailed descriptions and examples can be found on your Suitability Confirmation.

- Complete the following account information for each new account. We will open the account without this information but we will require it before you can commence trading on the account. If you do not provide this information at this time it may delay future trading.
- Completion of all of the information below for new accounts is requested here unless it is completed as part of a required application form.
- In order to reference the correct decedent account, enter the associated ID # as it appears in Part 1 or Part 5 for each account profile that is completed.
- Please Note! Based on product and ownership limitations, the assets you are receiving may be transferred into your existing accounts, or combined from multiple accounts into one account within the same ownership & product combination. If the suitability information provided on this form conflicts with the information previously on file for an existing account, the new information will replace the old. If you are receiving assets from multiple accounts in the same product type (including share class and strategy where applicable), and the suitability information you provided on this form is not the same for all accounts of the same product type, we will apply the suitability information given for the last account of that product type listed on the form.

Account 1 - Complete all of the following information for each new account.

Account ID # from Part 1 or Part 5

Investment Time Frame
(Select only one)

- ◯ A. Less than 1 Year
- ◯ B. 1 - 3 Years
- ◯ C. 4 - 7 Years
- ◯ D. 8 - 10 Years
- ◯ E. 11+ Years

Risk Tolerance
(Select only one)

- ◯ A. Conservative
- ◯ B. Conservative / Moderate
- ◯ C. Moderate
- ◯ D. Moderate / Aggressive
- ◯ E. Aggressive

Investment Objectives (Select at least one per order of importance)

1st	2nd	3rd	
◯	◯	◯	A. Capital Preservation
◯	◯	◯	C. Income
◯	◯	◯	D. Tax Considerations
◯	◯	◯	E. Protection
◯	◯	◯	F. Education
◯	◯	◯	G. Estate Planning
◯	◯	◯	H. Speculation
◯	◯	◯	I. Growth
◯	◯	◯	J. Growth with Income

"B. Capital Appreciation" is no longer an option.

Account 2 - Complete all of the following information for each new account.

Account ID # from Part 1 or Part 5

Investment Time Frame
(Select only one)

- ◯ A. Less than 1 Year
- ◯ B. 1 - 3 Years
- ◯ C. 4 - 7 Years
- ◯ D. 8 - 10 Years
- ◯ E. 11+ Years

Risk Tolerance
(Select only one)

- ◯ A. Conservative
- ◯ B. Conservative / Moderate
- ◯ C. Moderate
- ◯ D. Moderate / Aggressive
- ◯ E. Aggressive

Investment Objectives (Select at least one per order of importance)

1st	2nd	3rd	
◯	◯	◯	A. Capital Preservation
◯	◯	◯	C. Income
◯	◯	◯	D. Tax Considerations
◯	◯	◯	E. Protection
◯	◯	◯	F. Education
◯	◯	◯	G. Estate Planning
◯	◯	◯	H. Speculation
◯	◯	◯	I. Growth
◯	◯	◯	J. Growth with Income

"B. Capital Appreciation" is no longer an option.

☐ **Check here if any additional New Owner Account Profile Information pages are attached.**

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Risk Tolerance Definitions

Conservative	You accept the lowest return potential, lowest return variability, and the lowest fluctuation in account value, in exchange for lower risk.
Conservative / Moderate	You accept a relatively low return potential, relatively low return variability, and relatively low fluctuation in account value, in exchange for a below average amount of risk.
Moderate	You accept an average amount of risk in exchange for average return potential, average return variability, and average fluctuation in account value.
Moderate / Aggressive	You accept an above average amount of risk in exchange for a relatively high return potential, relatively high return variability, and relatively high fluctuation in account value.
Aggressive	You accept the highest amount of risk in exchange for the highest return potential, the highest return variability, and the highest fluctuation in account value.

Investment Objective Definitions

Capital Preservation	The primary goal is preservation of capital over growth or income.
Income	The primary goal is income provided by the investment (e.g. dividends) rather than potential growth.
Tax Considerations	The primary goal is investments that mitigate federal, state and/or local taxes.
Protection	The primary goal is leaving a monetary benefit at death to loved ones or charity.
Education	The primary goal is providing/paying for education related expenses.
Estate Planning	The primary goal is transferring assets to loved ones and/or providing a legacy at one's death.
Speculation	The primary goal requires an acceptance of a higher-than-average risk and/or loss of capital in hope of making a higher-than-average return.
Growth	The primary goal is an increase in the capital or market value of the investment rather than income that may be received from the investment.
Growth with Income	The primary goal is to provide both growth and income, often by choosing investments which have earnings growth as well as dividends.

Part 12 Authorizations and Acknowledgements
(Must be signed by all new owners or fiduciaries for all Qualified and Non-Qualified Accounts).

"You" refers to the claimant. "We" refers to Ameriprise Financial Services, Inc. and its affiliates.

The following statements apply to all accounts:

By signing this form, you acknowledge the following:

- You confirm that you are at least 18 years of age and full legal age in your state of residence.
- **Householding:** Ameriprise Financial Services, Inc. and its affiliates may use and combine information concerning accounts owned by members of a primary household group to provide members of the group with paper and/or electronic statements of account(s), account information, and for certain products and services, advantageous pricing or fees (we call these uses of client information `householding'). These accounts include mutual fund, insurance, annuity, Ameriprise Bank, FSB Certificate of Deposit (CD), Savings, and brokerage accounts. A primary household consists of an individual, his or her spouse or domestic partner, and any accounts owned for, by, or with their unmarried children under 21 who reside at the same address. If you want to have a statement covering only accounts that you own and to not participate in household pricing, you will need to call your Ameriprise financial advisor or the service 800 number on your statement.
- **Householding for Shareholder Documents:** You understand that Ameriprise Financial Services, Inc. may use and combine information concerning accounts owned by members of a household to provide them with a single paper copy of shareholder documents. Prospectuses, supplements, annual reports, semiannual reports and proxies may be included. Under this, household is defined as two or more shareholders who share the same address and either share the same last name or have indicated that they are married or domestic partners. This remains in effect unless notified otherwise. You understand that if you wish to continue receiving multiple copies of prospectuses, supplements, annual reports, semiannual reports and proxies, you can call (866) 273-7429 and reference the client number found on your statement. Multiple mailings will resume within 30 days of the request.
- **Guidelines for Completion:** We are required by law to obtain certain personal information from you which will be used by us to verify your identity. If you do not provide us the information, we may not be able to open your account. If we are unable to verify your identity, we reserve the right to close your account or take such other steps as we deem reasonable.

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The following statements apply to Brokerage accounts and Managed Accounts only:

By signing this form, you acknowledge the following:

- You authorize American Enterprise Investment Services Inc. to lend to itself or to others, either separately or in common, any holding in your account that American Enterprise Investment Services, Inc. may be carrying for you on margin. You understand that you may borrow against your account at the rates and terms explained in the client agreements (non-qualified accounts only).
- You realize that the clearing agent, American Enterprise Investment Services Inc., will release your name, address and security position to requesting companies in which American Enterprise Investment Services Inc. holds securities for your account, unless you specify otherwise to Ameriprise Financial Services.
- You acknowledge you have received and read the *Ameriprise* Brokerage Client Agreement and agree to abide by the terms and conditions as currently in effect as they may be amended from time to time. You hereby consent to all these terms and conditions with full knowledge and understanding of the information contained in the Client Agreement. **This account is governed by a predispute arbitration provision that is found in Section 26, page 3 of the Client Agreement (Form 402468). You acknowledge receipt of the predispute arbitration provision.**

The following statements apply to Columbia mutual funds held outside of a Brokerage account or Managed Accounts only:

By signing this form, you acknowledge the following:

- You acknowledge that you have received and read the '*Ameriprise* account agreement - Columbia Only' and agree to abide by its terms as currently in effect or as they might be amended from time to time. You hereby consent to all those terms and conditions with full knowledge and understanding of the information contained in the Agreement. **This account is governed by a predispute arbitration provision that is found in Section 23, page 2 of this Agreement. You acknowledge receipt of the predispute arbitration provision**.

The following statements apply to Ameriprise Bank, FSB CDs and Savings accounts only:

- You acknowledge that you have received and read the Account Agreement, Form 404070-50. These accounts are governed by a predispute provision that is found in this agreement. You acknowledge receipt of the predispute arbitration provision.

The following statements apply to tax-qualified accounts:

By signing this form, you acknowledge the following:

- You appoint Ameriprise Trust Company as custodian of your IRA, if applicable, and understand that the Individual Retirement Custodial Account Agreement in "Your Guide to IRAs" and your IRA application, if applicable, comprise your custodial agreement with Ameriprise Trust Company.
- You assume all responsibility for any tax consequences and penalties that may result from making contributions to, transactions with, or distributions from your IRA, Custodial 401(k) or 403(b).
- You acknowledge that the beneficiary designation made by the decedent for a particular plan identified in Part 5 applies to all investment accounts and products held in that particular plan.
- You authorize Ameriprise Trust Company to invest, directly or indirectly, in deposits of itself or its affiliates that bear a reasonable rate of interest to facilitate cash sweep services.

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W-9 TIN Certification

Check appropriate box for federal tax classification (required):

- ◯ **Individual/Sole proprietor**

Corporation

- ◯ C-Corporation
- ◯ S-Corporation

Limited Liability Company (LLC)

- ◯ C-Corporation
- ◯ S-Corporation
- ◯ Partnership

- ◯ **Partnership**
- ◯ **Trust**
  - ◯ Revocable(Optional Additional Trust Details)
  - ◯ Irrevocable(Optional Additional Trust Details)
- ◯ **Estate**
- ◯ **Other**

☐ **Check here if owner is an Exempt Payee** (defined in Form W-9 instructions)

As used below, the word "I" refers to the applicant who is the taxpayer on the account.

Under penalties of perjury, I certify that:

1. **The number shown on this form is my correct taxpayer identification number, and**
2. **I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (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, and**
3. **I am a U.S. citizen or other U.S. person (defined below).**

Certification Instructions:

As used below, the word "You" refers to the applicant who is the taxpayer on the account.

☐ Check this box if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Non-U.S. persons should submit the appropriate Form W-8.
Form W-9 and Form W-8 and their instructions are available upon request or on irs.gov.

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

By signing your name below, you signify that you have read, met, and agreed to all terms and conditions above.

All New Owners/Fiduciaries Must Sign Here:

Beneficiary, Trustee(s), Legal Representative(s) for the Decedent's Estate or Joint Tenant Signature | State Signed | Date Signed (MMDDYYYY)

X

Beneficiary, Trustee(s), Legal Representative(s) for the Decedent's Estate or Joint Tenant Signature | Date Signed (MMDDYYYY)

X

©

Custodial Plan Sponsor Information

Custodial Qualified Plan Account Number

You are the duly authorized Plan Sponsor of the Custodial qualified plan identified in **Part 5** and you direct and authorize Ameriprise Financial, Inc. and/or its affiliates to process the transactions in accordance with the instructions in Part 8-C. above. You represent that: (i) the individual signing as beneficiary above is the designated beneficiary of the deceased participant and is entitled to receive the death benefit proceeds; (ii) that all required distribution-related disclosures and elections have been provided to the beneficiary; (iii) the consent of the beneficiary has been separately obtained and; (iv) any rollover is being made to an eligible retirement plan that has agreed to receive the rollover in accordance with applicable IRS rules.

Plan Sponsor Name

Plan Sponsor Signature

X

Date (MMDDYYYY)

Servicing Advisor Information

Name

Advisor ID

Advisor Signature

X

Date (MMDDYYYY)

Team ID | Comp % | Phone | Ext | Branch Office Number

Co-Advisor Information ◉ Yes ◯ No

Name

Advisor ID

Advisor Signature

X

Date (MMDDYYYY)

Team ID | Comp % | Phone | Ext | Branch Office Number

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