

Account Access Authorization Form

1. ACCOUNT OWNER INFORMATION

NAME (FIRST, MI, LAST)	PHONE NO. (IF KNOWN)
PRIMARY PHONE NO.	SOCIAL SECURITY NO.
ACCOUNT NO.	I authorize the Designated Representative listed below to act on behalf of all of my accounts held at Columbia Private Trust.

2. DESIGNATED REPRESENTATIVE INFORMATION

Complete the fields below to designate a representative for your Account. **Note:** The IRA Custodial Account Agreement and Disclosure Statement authorizes Columbia Private Trust to rely on any instructions provided by the person and/or firm listed here, and states that Columbia Private Trust and its related entities are indemnified by you against any loss or expense it may incur when relying on such instructions.

DESIGNATED REPRESENTATIVE (DR) NAME (FIRST, MI, LAST)			
DR OFFICE NAME		DR BROKER-DEALER NAME	
DR INDIVIDUAL CRD NO.		DR FIRM CRD NO.	
DR REPRESENTATIVE NO.		DR BRANCH NO.	
DR MAILING ADDRESS			
CITY	STATE/PROVINCE	COUNTRY	POSTAL CODE
BUSINESS PHONE NO.		CELL PHONE NO.	FAX NO.
EMAIL ADDRESS			



3. AUTHORIZATION & SIGNATURES

I designate or remove the above listed individual as my primary authorized representative at the above firm; I recognize that Columbia Private Trust is authorized to act on instructions from not only this primary representative, but from any principal or authorized officer of the firm, or additional representative assigned by a principal or authorized officer of the firm.



I recognize that the firm has the authority to designate representatives that may have access to my account information.

By signing below, I agree:

- To a modification of my Columbia Private Trust custodial agreement to enable the firm to make this appointment for this purpose;
- That the firm will have sole responsibility, and Columbia Private Trust will have no responsibility for the selection, retention and actions of the Designated Representative;
- That the Designated Representative will be an agent of the firm and shall not be treated for any purpose as an employee, agent or affiliate of Columbia Private Trust, or as controlled, approved, recommended or endorsed by Columbia Private Trust, and;
- That the firm may remove a Designated Representative effective upon Columbia Private Trust's receipt of their written notice of removal.

SIGNATURES

Both signatures are required.

	ACCOUNT OWNER SIGNATURE	DATE
	DESIGNATED REPRESENTATIVE SIGNATURE	DATE

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NON-DEPOSIT INVESTMENT PRODUCTS ARE NOT INSURED BY THE FDIC; ARE NOT DEPOSITS OR OTHER OBLIGATIONS OF, OR GUARANTEED BY, THE BANK OR ANY OF ITS DIVISIONS; AND ARE SUBJECT TO INVESTMENT RISKS, INCLUDING POSSIBLE LOSS OF THE PRINCIPAL AMOUNT INVESTED.

Upload forms to:
ColumbiaPrivateTrust.com/Upload
Fax to: 303.614.7052

Send mail to:
Columbia Private Trust
Processing Center
P.O. Box 981012
Boston, MA 02298

For express deliveries:
FIS-Remittance Processing
Loading Dock #2
Attn: Columbia Private Trust
10 Dan Road
Canton, MA 02021

Questions?
Call 800.962.4238

