

1. ACCOUNT OWNER INFORMATION

## Authorization For Payment/Management Advisory Fees

## IMPORTANT INFORMATION

Please use this form to authorize Columbia Private Trust to deduct investment management/advisory fees from your account as instructed by your Registered Investment Advisor (RIA)/Money Manager.

ACCOUNT OWNER NAME (FIRST, MI, LAST)*		COLUMBIA PRIVATE TRUST ACCOUNT NO.*			
I authorize Columbia Private Trust to pay from and agree that Columbia Private Trust has not I hereby indemnify and hold harmless Columbinot limited to, attorney's fees which may be in payment authorization.  This authorization and indemnity is a continuir successors, beneficiaries, or assignees until rewill become effective as soon as Columbia Pri in any way resulting from transactions initiated	responsibility to verify the validity of pia Private Trust, its directors, office incurred by relying upon the represeing one and shall remain in full force revoked by the undersigned through vivate Trust has had a reasonable and	or calculation of the fe ers and employees fror entations of the below- and effect and shall be n a written notice rece nount of time to act up	es.  n any and all lial named RIA/Mo  binding upon  ved by Columb on it. The revoo	bilities and cost oney Manager o the undersigned ia Private Trust.	s, including, but or on this fee d's heir, executors, . Such revocation
ACCOUNT OWNER SIGNATURE*		DATE*	DATE*		
2. RIA/MONEY MANAGER INFORMATIO	ON				
ACCOUNT OWNER NAME (FIRST, MI, LAST)*	ADVISORY FIRM NA	ADVISORY FIRM NAME*			
STREET ADDRESS					
CITY* STA	ATE/PROVINCE*	COUNTY*		POSTAL CODE*	
TIN*		Check one:	Incorpo	Incorporated Unincorporated	
		Check Fee Type	: Manag	Management Advisory	
I will provide Columbia Private Trust true and accurate invoices of the advisory fees owed to me by the above-referenced Account, which you are to deduct from the Account and pay to the above listed firm, pursuant to any invoices submitted by me. I understand that Columbia Private Trust will not deduct and pay invoices of an amount less than \$50.  I will indemnify and hold Columbia Private Trust, its directors, officers, and employees harmless from all liabilities and costs, including, but not limited to, attorney's fees which may be incurred by relying on my representations or on the above fee payment authorization.  This indemnification shall extend to the benefit of your successors and assignees.  Under penalties of perjury, I certify that the information provided above, including the taxpayer identification number is correct and accurate.  RIA/MONEY MANAGER SIGNATURE*  DATE*					

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: 303.614.7098

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

