

Standing Instructions for Electronic Funds Transfers

IMPORTANT INFORMATION

Use this form to establish or change banking instructions if you have an existing recurring distribution (to set up a new recurring distribution, please submit a Distribution Request). **Please type or print.**

To ensure that your instructions are in place for your next distribution, Columbia Private Trust must receive this form ten (10) business days prior to payment date. If we receive this form later than the scheduled payment date, we will not be able to process your distribution request.

NOTE: It will take up to three (3) business days after the distribution is processed for the deposit to reach your personal bank account. If your distribution request date falls on a weekend or holiday, your request will be processed on the previous day.

1. ACCOUNT OWNER INFORMATION

ACCOUNT OWNER NAME (FIRST, MI, LAST)*			DATE OF BIRTH*	
COLUMBIA PRIVATE TRUST ACCOUNT NO.*		SSN*		
MAILING ADDRESS*				
CITY*	STATE/PROVINCE*	COUNTY*	POSTAL CODE*	
DAYTIME PHONE NO.*		EMAIL ADDRESS*		

Check if any of the above is a new: Mailing Address Daytime Phone No. Email Address

2. BANK INSTRUCTIONS

Update existing schedule with new banking information.

Establish Wire Change Wire Establish ACH Change ACH Terminate Existing Instructions Below

NOTE: EFT instructions can only include a personal or joint account of the Account Owner.

For Savings Accounts: Please provide a pre-printed deposit slip. Failure to attach the requested document will result in Columbia Private Trust mailing a check to the address listed in Section 1.

For bank accounts in the name of a Trust

- The Columbia Private Trust account owner must be trustee
- The Columbia Private Trust account owner's SSN must be the Tax ID of the Trust
- Your bank should be able to accept payments to the Columbia Private Trust account owner instead of the trust.

You must be an owner of the account at the other financial institution.

If you select wire, be sure the ABA number listed is eligible for wires.

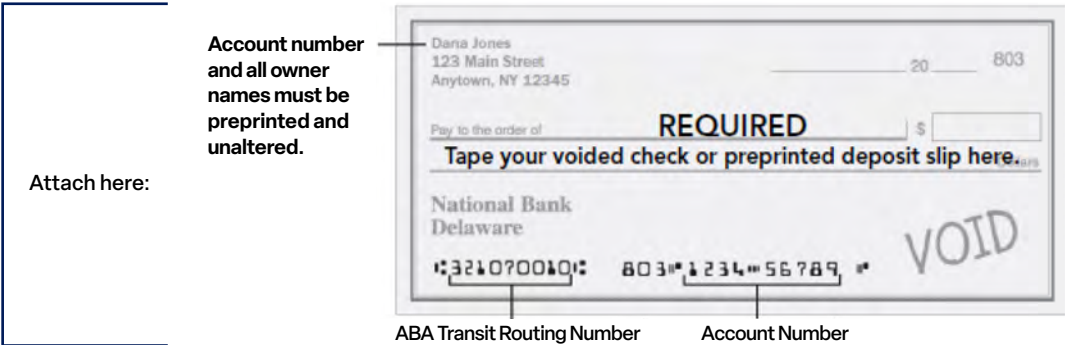
FINANCIAL INSTITUTION NAME*		ABA NO.*	
ACCOUNT NAME*		ACCOUNT NO.*	
SUB ACCOUNT NAME* (WIRES ONLY)		SUB ACCOUNT NO.* (WIRES ONLY)	
ACCOUNT TYPE* Checking Savings		PHONE NO.*	



PLEASE ATTACH A PRE-PRINTED VOIDED CHECK, OR DEPOSIT SLIP, BELOW TO AVOID DELAYS.

Alternative acceptable documentation:

- A deposit/withdrawal slip.
- An account statement from a bank or broker-dealer reflecting the account registration and number.
- A preprinted form (direct deposit form) from the Other Financial Institution that includes the account title, account number, account type, and ABA Transit Routing Number.
- A letter from the Other Financial Institution, on its letterhead and signed by an officer, that includes the account title, account number, account type.



3. TERMS AND CONDITIONS

By electing to have a distribution, my signature will constitute acknowledgment that I have read and agree to the following: I hereby authorize Columbia Private Trust to effect payment for my distribution by initiating credit entries to my account indicated at the financial institution named. I request such financial institution to accept any credit entries initiated by Columbia Private Trust to such account and to credit the same account without responsibility for the correctness thereof. I understand that such amounts will be debited as distributions from my retirement plan. I recognize that after distribution from my retirement plan for deposit to be made such account can take up to three banking days.

I understand that this authorization may be terminated (at no charge from Columbia Private Trust) by me at any time by sending written notification to both my financial institution and to Columbia Private Trust. I may direct Columbia Private Trust not less than (10) calendar days prior to the initiation of the credit entry.

I agree to hold Columbia Private Trust harmless from any consequences of acting in accordance with this authorization. I understand that Columbia Private Trust is not liable for the failure of a credit entry to be accepted by my financial institution.

	ACCOUNT OWNER SIGNATURE*	DATE*
	<div></div>	<div></div>

© 2025 Columbia Private Trust, a Division of Columbia Bank. All Rights Reserved. Columbia Private Trust performs the duties of an independent custodian of assets for self-directed retirement and custodial accounts and does not provide investment advice, sell investments or offer any tax or legal advice. Clients or potential clients are advised to perform their own due diligence in choosing any investment opportunity as well as selecting any professional to assist them with an investment opportunity. Columbia Private Trust is not affiliated with any financial professional, investment sponsor, or investment, tax, or legal advisor.

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: 303.614.7038	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
---	--	---	--