

Appointment of Attorney-in-Fact, Executor, Guardian or Conservator

IMPORTANT INFORMATION

In order to help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each client who opens an account. When you open an account, we will ask for your name, physical address, date of birth, Social Security number, and other information that will allow us to identify you. We may also ask to see your driver's license or other forms of identification.

INSTRUCTIONS

Use this form to add an attorney-in-fact (or agent) appointed by a power of attorney, an executor, legal guardian, or conservator relationship to an account. This form must be completed and submitted with required documentation to be granted access to, or open, an account on behalf of another individual.

- An original or certified copy of the legal document giving authority to an attorney-in-fact, executor, legal guardian, or conservator must be submitted along with this form.

1. AGENT-FIDUCIARY INFORMATION

- Required fields: Agent-Fiduciary name; date of birth; and social security number OF THE AGENT-FIDUCIARY (not the Account Owner) are required.

*AGENT-FIDUCIARY NAME			
DATE OF BIRTH*	SOCIAL SECURITY NO.*	PHONE NO.	
MAILING ADDRESS			
CITY	STATE	COUNTY	POSTAL CODE
EMAIL ADDRESS			
LEGAL PHYSICAL ADDRESS			
CITY	STATE	COUNTY	POSTAL CODE

2. ACCOUNT OWNER INFORMATION

ACCOUNT OWNER NAME (FIRST, MI, LAST)	COLUMBIA PRIVATE TRUST ACCOUNT NO.
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MULTIPLE ACCOUNTS: The Account Owner listed here has multiple accounts at Columbia Private Trust. Please add this agent-fiduciary relationship to all Columbia Private Trust accounts held by the Account Owner.

Please change the Account Owner's address to the address listed above.



3. AUTHORIZATION

I certify that I am a fiduciary to the Columbia Private Trust Account Owner identified on this form and that my appointment has not been revoked. I have full power and authority to act as outlined in the documents submitted with this form, and I further agree that my powers relative to the Columbia Private Trust account may be limited based on the terms of the Account Agreement. I authorize Columbia Private Trust to process this appointment. I agree to release, indemnify, defend, and hold Columbia Private Trust and its related entities harmless from any claims arising out of making such appointment including any damages, fees, costs or expenses arising therefrom.

	AGENT-FIDUCIARY SIGNATURE	DATE*
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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

