

Address Change Request

IMPORTANT INFORMATION

Use this form to change the address of record for an account(s). Only the Account Owner may complete this form and authorize these changes. This information will be used to update our records for each of your accounts in the case of multiple accounts held with Columbia Private Trust.

All information in Section 1 is required to complete request.

1. ACCOUNT OWNER INFORMATION

ACCOUNT OWNER NAME (FIRST, MI, LAST)			
SSN	DATE OF BIRTH	ACCOUNT NO.	
PRIMARY PHONE		OTHER PHONE	
EMAIL ADDRESS			

2. MAILING ADDRESS

OLD MAILING ADDRESS			
CITY	STATE/PROVINCE	COUNTY	POSTAL CODE
NEW MAILING ADDRESS (IF P.O. BOX, PROVIDE LEGAL PHYSICAL ADDRESS BELOW)			
CITY	STATE/PROVINCE	COUNTY	POSTAL CODE

3. LEGAL PHYSICAL ADDRESS

Required if different from mailing address, or if P.O. Box is provided above as mailing address.

Legal Physical address same as mailing

LEGAL PHYSICAL ADDRESS			
CITY	STATE/PROVINCE	COUNTY	POSTAL CODE

4. TAX RESIDENCY

Please indicate which State you reside in for tax reporting purposes.

STATE

Check this box if you have a scheduled distribution that you would like to update the Tax Residency State for with the above-listed state.

CONTINUED ON NEXT PAGE



NOTE: Generally, mutual fund sponsors will accept instructions from you and/or your Financial Representative to update their records so you may continue to receive third party statements from the fund(s). Columbia Private Trust does not automatically notify fund companies when provided with an address change. Please contact fund companies directly to update your address. If a fund company requires instructions from Columbia Private Trust, attach a separate sheet for each account with mutual fund names and account numbers (provide separate sheets if you have multiple accounts with Columbia Private Trust that require updating). Columbia Private Trust will contact those companies to provide the appropriate authorization to update their records with your new address.

Please physically sign form or attach electronic signature verification page.

I authorize Columbia Private Trust to process this Address Change Request. I agree to release, indemnify, defend, and hold Columbia Private Trust and its related entities harmless from any claims arising out of making such changes including any damages, fees, costs or expenses (including reasonable attorneys' fees) arising therefrom.

	ACCOUNT OWNER SIGNATURE	DATE (REQUIRED)
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Upload forms to:
ColumbiaPrivateTrust.com/Upload
Fax to: 303.614.7086

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

