

Tri-Continental Corporation

Change of Ownership Application

Part 1 Current Account Registration and Authorization

Name of Owner, Trust or other entity

Social Security or Tax I.D. Number

Co-Owner, Trustee or other capacity

Social Security or Tax I.D. Number

Current Account Number

Daytime Telephone Number

This section is to be completed and signed by **all authorized registered owners of the current account**.

If acting in a special capacity (executor, administrator, custodian, trustee, corporate officer, etc.), the capacity (title) must be indicated and supporting documentation must be included with this form. Please contact a representative at 1 (800) 221-2450, Monday through Friday, 7:00 a.m. to 6:00 p.m. central time for instructions regarding supporting documentation.

I/We authorize RiverSource Service Corp. to transfer from the account referenced in Part 1 of this form to the new account registration referenced in Part 3 of this form:

All or _____ shares

Signature of current owner, trustee or personal representative

X

Date

Signature of Co-owner, trustee or personal representative

X

Date

Medallion Signature Guarantee Stamp
(Required on each Signature)

Place stamp here

Medallion Signature Guarantee Stamp
(Required on each Signature)

Place stamp here

Part 2 Certificates

Please return this form and any outstanding certificates. We suggest certificates be returned unsigned by **registered or certified mail** to **RiverSource Service Corp.** If you have a certificate but cannot find it, please call a representative at 1 (800) 221-2450, Monday through Friday, 7:00 a.m. to 6:00 p.m. central time.

Part 3 New Account Registration (please select only one)

A: Individual Owner Joint Owner (as Joint Tenants with Rights of Survivorship) TOD (transfer on death)

Owner's name

First

M.I. Last

Social Security Number

Date of Birth (MMDDYYYY)

Co-owner's Name

First

M.I. Last

Co-owner's Social Security Number

Date of Birth (MMDDYYYY)

Passport Number(s) (required for foreign applicants)

B: Uniform Gifts/Transfers to Minors Act (UGMA/UTMA)

Minor's Name

First

M.I. Last

Minor's Social Security Number

Date of Birth (MMDDYYYY)

Custodian's Name

First

M.I. Last

Custodian's Social Security Number

Date of Birth (MMDDYYYY)

Under the _____ Uniform Gifts/Transfers to Minors Act.
(State of minor's residence)

*Attach an additional sheet if more than two.

Account Registration continued on next page.

Part 3 New Account Registration (continued)

- C:** Corporation – Please attach a copy of Articles of Incorporation and a Corporate Resolution that identifies individuals authorized to conduct transactions in this account.
- Trust – Please attach a copy of title and signature pages of trust instrument and include documentation that identifies who is authorized to act on behalf of the trust.
- Partnership – Please attach a copy of title and signature pages of partnership agreement and include documentation that identifies who is authorized to act on behalf of the partnership.
- Other Entity – Please attach a copy of By-laws of Entity or other organizational documents, and include documentation that identifies who is authorized to act on behalf of the entity.

Corporation, Partnership, Trust or Other Entity Name

Date of Trust Agreement

Federal Taxpayer Identification Number

For Trust Accounts Only

Name(s) of Trustee(s)*

Social Security Number

Date of Birth (MMDDYYYY)

Name(s) of Trustee(s)*

Social Security Number

Date of Birth (MMDDYYYY)

Part 4 Primary Mailing Address — required

Mailing Address

Apt #

City

State

Zip

Attention (If applicable)

Daytime Phone Number

Evening Phone Number

Street Address (required if P.O. Box is being used as mailing address)

Apt #

City

State

Zip

Attention (If applicable)

Daytime Phone Number

Evening Phone Number

Part 5 Authorization For Automatic Dividend Investment and Cash Purchase Plan

I have read the Terms and Conditions of the Automatic Dividend Investment and Cash Purchase Plan and the current Prospectus, a copy which I have received, and I wish to establish a Plan to use the Services checked below:

Service(s) Desired

Distribution Payment Options:

- Credited to my account in additional full and fractional shares.
 Credited 75% to my account in shares and 25% paid to me in cash.
 Credited 50% to my account in shares and 50% paid to me in cash.
 100% paid to me in cash.

Note: If no election is made, all distributions will be invested to purchase additional shares.

Automatic Investment of Other Corporation's Dividends

I intend to give orders for the payment of cash dividends from other corporations to be invested in shares of Tri-Continental Common Stock for my account.

Note: Checks in payment of dividends from other corporations should indicate your name and Tri-Continental account number. The checks should be made payable to the order of Tri-Continental Corporation and be mailed to RiverSource, c/o Boston Financial, P.O. Box 8041, Boston, MA 02266-8041.

Cash Purchases

I intend to send funds from time to time to be invested in shares of Tri-Continental Common Stock for my account.

Note: Your checks should indicate your name and Tri-Continental account number. Make all checks payable to Tri-Continental Corporation and mail to RiverSource, c/o Boston Financial, P.O. Box 8041, Boston, MA 02266-8041.

Automatic Check Service

I have completed the Authorization Form in Part 6 to have pre-authorized checks drawn on my regular checking account at regular intervals for investment in shares of Tri-Continental Common Stock.

Part 6 New Account Information

Please arrange with my bank to accept pre-authorized checks in the amount of \$ on my regular checking account and invest the proceeds in shares of Tri-Continental Common Stock every:

- Month
 3 Months

I have completed Part 8, "Automated Clearing House Service" and have enclosed one of my bank checks marked "void." (Please attach the voided check in Part 8). I understand that my checks will be invested on the Wednesday following the 5th day of the month and that I must remember to deduct the amount of my investment as it is made from my checking account balance.

Part 7 Systematic Withdrawal Plan

This Plan is available if you wish to receive fixed payments from your investment in Tri-Continental Corporation's Common Stock in any amount at specified regular intervals. You may start a Systematic Withdrawal Plan if your shares of the Corporation's Common Stock have a market value of \$5,000 or more. Shares must be on deposit in your account as book credits. RiverSource Service Corp. will act for you, make payments to you in specified amounts on either the 1st or 15th day of each month, as designated by you, and maintain your account. If the 1st of 15th falls on a weekend or holiday, the withdrawal will be made on the prior business day. Please note there is a \$1 fee per withdrawal.

I authorize RiverSource Service Corp. to make systematic withdrawals from my account and send the proceeds as indicated below.

Dollar Amount Day of Withdrawal (1st or the 15th) * Circle "All" or applicable months
All J F M A M J J A S O N D

* If Day of Withdrawal is not indicated, withdrawals will be made on the 1st day of the month.

Please direct my systematic withdrawal proceeds to:

- My address of record (via check)
 My bank account specified in Part 8 (via ACH)
 The payee and address specified below (via check)

Third Party Payment Details

Name
Address — Line 1
Address — Line 2
City State Zip Code

Part 8 Automated Clearing House Service

Automated Clearing House (ACH) is a secure payment transfer system that connects US financial institutions. The ACH network acts as a central clearing facility for all Electronic Fund Transfers (EFT) transactions that occur nationwide.

Please choose one or any combination of the three eligible services by placing a check in the appropriate boxes provided below:

- Systematic Withdrawal Plan
 Quarterly Distributions
 Automated Check Service (systematic investing)

Please Note: If your bank is not an ACH member, these services may not be available. If you choose to use ACH for any of the eligible services mentioned above, please provide the appropriate bank information on the lines below:

Name of Bank or Federal Credit Union _____

Name(s) on Bank Account _____

Bank Account Number _____ Bank Routing Number _____

Street Address of Bank _____ City _____ State _____ Zip Code _____

Additionally, in order to ensure accuracy when establishing any of these services, please identify the account type by marking the appropriate box and **attach a voided check or deposit slip in the space provided below:**

- Checking Account
 Savings Account

PLEASE ATTACH VOIDED CHECK

1109

J. SMITH
123 MAIN STREET
ANYTOWN, USA 12345

_____ 20 _____

PAY TO THE
ORDER OF _____

_____ DOLLARS

YourBank
123 MAIN STREET
ANYTOWN, USA 12345

NOTE _____

: 1 2 3 4 5 6 7 8 9 ; 1 1 0 9 , 1 2 3 4 5 6 7 8 9 ; 7 6 5

ABA Routing
Number
Check
Number
Bank Account
Number

Part 9 Investor Signature and Certification

You are required by law to provide *RiverSource* funds with your correct Social Security or other Taxpayer Identification Number (TIN). Failure to do so and to complete this section may subject you to penalties and result in backup withholding at the current required rate of fund distributions or other payments. If you are an exempt recipient, please furnish your TIN and write "Exempt" after your signature. Exempt recipients include but are not limited to: corporations, tax-exempt pension plans and IRA plans, governmental agencies, financial institutions, registered securities and commodities dealers and others. If you are a non-resident alien or foreign entity, write "NRA" after your signature and provide a completed Form W-8 to the fund in order to avoid backup withholding on certain payments.

Under penalties of perjury, I certify that:

- (1) The number shown on this form is my correct taxpayer identification number, and
- (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- (3) I am a U.S. citizen or other U.S. person (defined in the Form W-9 instructions)

Form W-9 instructions are available upon request or on www.irs.gov.

Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

The Internal Revenue Service does not require your consent to any provision of the document other than the certifications required to avoid backup withholding.

I certify my legal capacity to purchase or redeem shares of each Fund, for my own account, or for the account of the entity named above. I have received and read the current prospectus of each Fund in which I am investing and appoint RiverSource Service Corp. as my agent to act in accordance with the instructions herein.

Signature of new Owner	Print Name	Date
X _____	_____	_____

Signature of new Owner	Print Name	Date
X _____	_____	_____

Part 10 Return Instructions

Please return to:

Regular mail	RiverSource c/o Boston Financial P.O. Box 8041 Boston, MA 02266-8041
Overnight mail	RiverSource c/o Boston Financial 30 Dan Road Canton, MA 02021-2809