

Tri-Continental Corporation

CHANGE OF OWNERSHIP APPLICATION

Please complete and send all four pages of this application to Seligman Data Corp., service agent for Tri-Continental Corporation, at the following address: **PO Box 9759, Providence, RI 02940-9759**. To speak with a Stockholder Services Representative, please call 800-874-1092 from all continental states or 212-682-7600.

NOTE: This application does not apply to any type of Seligman Retirement Account. If you have questions regarding a Seligman Retirement Account please contact Retirement Plan Services at 1-800-445-1777.

1. CURRENT ACCOUNT REGISTRATION

CURRENT CUSTOMER INFORMATION:

Current Account Number	Daytime Phone
Name of Owner (or Trust)	Social Security or Taxpayer Identification Number
Co-Owner (or Trustee)	Social Security or Taxpayer Identification Number

2. CURRENT ACCOUNT OWNERS' AUTHORIZATION AND SIGNATURES

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 Stockholder Services Representative at 800-874-1092 from all continental states or 212-682-7600 for instructions regarding supporting documentation.

I/We authorize Seligman Data Corp. to transfer from the account referenced in Section 1 of this form to the new account registration referenced in Section 4 of this form:

ALL

or

_____ SHARES

X	X
Signature of Current Owner, Trustee or Personal Representative	Signature of Current Owner, Trustee or Personal Representative

Title	Date	Title	Date
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PLACE STAMP HERE

PLACE STAMP HERE

MEDALLION SIGNATURE GUARANTEE STAMP
(Required on each Signature)

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(Required on each Signature)

A Medallion Signature Guarantee may be obtained from a bank, credit union, or brokerage firm. The guarantor assumes financial liability for the authenticity of the signature. Medallion Signature Guarantees are issued for various amounts of coverage by surety bonds. The Medallion Signature Guarantee obtained must cover the total value of the requested transaction(s). The transaction(s) *will be rejected if the surety bond amount is insufficient. A notary public cannot provide a Medallion Signature Guarantee.* Please call our Stockholder Service Representatives at 800-874-1092 with any questions.

3. CERTIFICATES

Please return this form and any outstanding certificates. We suggest certificates be returned unsigned by **registered or certified mail to Seligman Data Corp., 101 Sabin Street, Pawtucket, RI 02860**. If you have a certificate but cannot find it, please call our Stockholder Service Representatives at 800-874-1092 from all continental states or call 212-682-7600.

4. NEW ACCOUNT INFORMATION

ACCOUNT TYPE:

This is an application for the following type of account:

- Individual Account Joint Account Trust Community Property Transfer on Death (please attach separate page listing up to 5 beneficiaries)
- Tenants In Common Estate Account Custodial Account (UGMA/UTMA) State _____
- OTHER (e.g., Business, Church) Please Describe: _____

NEW OWNER INFORMATION:

Legal Name of Owner (Trustee, Custodian)

Legal Name of Co-Owner (Trustee, Minor)

Social Security or Taxpayer Identification Number (required)

Social Security or Taxpayer Identification Number (required)

Date of Birth

Date of Birth

5. PRIMARY ADDRESS

Mailing Address (required)

Street Address (if different from above)

City

State

Zip Code

If Non-US, Specify Country

Daytime Telephone Number

Evening Telephone Number

I am a: US Citizen Resident Alien Non-Resident Alien (Indicate Country For Tax Reporting _____)

6. 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 Seligman Data Corp., P.O. Box 9766, Providence, Rhode Island 02940-9766.

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 Seligman Data Corp., P.O. Box 9766, Providence, Rhode Island 02940-9766.

Automatic Check Service

- I have completed the Authorization Form in Section 7 to have pre-authorized checks drawn on my regular checking account at regular intervals for investment in shares of Tri-Continental Common Stock.

7. AUTHORIZATION FOR AUTOMATIC CHECK SERVICE

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 Section 9, "Automated Clearing House Service" and have enclosed one of my bank checks marked "void." (Please attach the voided check in Section 9 on the back page of this form). 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.

8. 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. Seligman Data 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 Seligman Data 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 Section 9 (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

9. AUTOMATED CLEARING HOUSE SERVICE

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

Tape or Staple Voided Check or Deposit Slip Here.
We cannot establish Automated Clearing House Services without it.

10. SIGNATURE AND CERTIFICATION All new account owners must complete this section and sign below

I certify my legal capacity to purchase or redeem shares of Tri-Continental Corporation, for my own account, or for the account of the entity named above. I have received and read the current Prospectus of Tri-Continental Corporation, and appoint Seligman Data Corp. as my agent to act in accordance with the instructions herein.

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct Taxpayer Identification Number or Social Security Number (or I am waiting for a number to be issued to me), 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 US person (including a US resident alien).

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 IRS does not require your consent to any provisions of this document other than the certifications required to avoid backup withholding.**

X

Signature of New Owner Date

X

Signature of New Owner Date