

Shareholder Account Options



Complete this form to establish or change options on your Wells Fargo Funds mutual fund account. Note that some of the options may not be available on employer-sponsored retirement plans. Before mailing this form, confirm that you have signed in section 6. If you have questions, call 1-800-222-8222.

P.O. Box 219967 | Kansas City, MO 64121
wellsfargofunds.com

1 ACCOUNT OWNER INFORMATION (PLEASE PRINT)

_____ Name of account owner, trustee, or custodian (first, middle initial, last)	_____ Social Security/taxpayer ID number		
_____ Name of joint owner or co-trustee (first, middle initial, last)	_____ Social Security/taxpayer ID number		
_____ U.S. residential street address	_____ City	_____ State	_____ ZIP code
_____ U.S. mailing address (if different than U.S. residential street address)	_____ City	_____ State	_____ ZIP code
_____ Email address	_____ Daytime phone	_____ Evening phone	

Note: If the address above is different than the address currently listed on our records, we will update all accounts under the Social Security/taxpayer ID number(s) to reflect this new address. All future correspondence will be sent to the new address until you advise us otherwise. **Redemptions or distributions to a new address will require your signature to be Medallion Guaranteed if requested within 15 days of the address change.**

2 ESTABLISH OR CHANGE BANK INFORMATION

Complete this section to establish or change bank information used for an automatic investment plan (AIP), the express purchase option, or the redemption option. See section 2, continued on the following page, for details on bank account registration requirements.

Bank information for the express purchase and redemption options will be updated on accounts linked to the Social Security/taxpayer ID number(s) listed in section 1 of this form or the specific accounts indicated in section 4. Fund and account number(s) must be provided to establish an AIP (complete section 3 of this form) or to change the distribution method for dividends or capital gains (complete section 5 of this form).

Note: If you currently have bank information on file for an AIP, the express purchase option, or the redemption option, it will be removed and replaced with the new bank information provided, unless otherwise indicated in section 3 or section 4 of this form.

Contact your financial institution to confirm that the routing number on the voided check (or for your savings account) is valid for electronic funds transfer (EFT) and wire transactions. Include written instructions if the routing numbers are different.

Account type (check one):

- Checking account (attach a preprinted, voided check)
- Savings account (provide the savings account information below):

Savings account registration: _____

Savings ABA/routing number: _____ Savings account number: _____

Note: If no box is checked, your account will be updated as checking.

Please attach your preprinted, voided check here. Do not staple.

Note: Checks must be preprinted with your name and address. We cannot accept starter or counter checks.

YOUR NAME	1000
1234 APPLE CIRCLE	
SOMEWHERE, USA 00000	DATE _____
Pay to the order of	
_____	_____ DOLLARS
YOUR NAME	
SOMEWHERE, USA 00000	
_____	_____

VOID

2 ESTABLISH OR CHANGE BANK INFORMATION (CONTINUED)

To establish account options by EFT at any time, your bank account registration **MUST** have one name in common with your Wells Fargo Funds account registration for the purchase option. For the redemption option, all Wells Fargo Funds account owners must be listed in the bank account registration, or a *Medallion Guarantee* may be required in section 6 of this form. Wells Fargo Funds, Wells Fargo Funds Management, LLC, affiliates, and subcontractors—as well as the officers, directors, employees, and agents of these entities (collectively, “Wells Fargo”)—will not be responsible for banking system delays beyond their control.

I understand that by executing this form, I hereby authorize my bank to honor all entries to my bank account initiated through State Street Bank and Trust Company or any successor, on behalf of the applicable fund. I acknowledge and understand that Wells Fargo will not be liable for acting upon instructions believed genuine and in accordance with the procedures described in the prospectus or the rules of the Automated Clearing House. I further agree that any such authorization, unless previously terminated by my bank in writing, is to remain in effect until Wells Fargo receives, and has a reasonable amount of time to act upon, a subsequent notice.

3 ESTABLISH OR MAKE CHANGES TO AN AUTOMATIC INVESTMENT PLAN

Complete this section to establish or modify an AIP. An AIP allows you to make scheduled, automatic purchases from your bank account into your Wells Fargo Funds account. The bank account **must have at least one name in common** with the Wells Fargo Funds account, and the current account balance must meet the fund minimum to add or restart an AIP.

Note: The AIP option is not available on a SEP-IRA or SIMPLE IRA.

List the account(s) to be updated:

_____ Fund number and account number

_____ Fund number and account number

- Establish a new AIP (fund and account number(s) are required) or Modify or restart an existing AIP
- Using the **new** bank account indicated on the attached preprinted, voided check.
- Using the **existing** bank information on file.

AIP dollar amount per investment: \$ _____ (There is a \$50 minimum investment, per account.)

Note: When establishing an AIP on an individual retirement account (IRA) or an education savings account (ESA), the account holder is responsible for calculating the amount to be invested. Overcontributions may result in IRS penalties.

Frequency (choose one):

- Monthly**, on the _____ Date(s)
- Periodically**, on the _____ of each month indicated below:
Date(s)
- January February March April May June
- July August September October November December

This privilege will be effective upon receipt of valid bank information. If you are establishing a new AIP and no amount is chosen, your bank account will be debited \$50 on the date(s) you have chosen. If no date is chosen, your account will be debited on the 25th day of each month. If the date falls on a weekend or holiday, your AIP purchase will occur on the next business day. If the next business day falls in the next month, the AIP purchase will occur on the previous business day. If you are updating an existing AIP and no amount or date is indicated, your AIP will be restarted with the amount and date on file.

FOR IRAs ONLY

If your account is a traditional IRA or Roth IRA, indicate how the AIP purchases should be considered.

Consider all purchases made between January 1 and April 15 as: Current-year purchases or Prior-year purchases

If no box is checked, all investments will be considered current-year purchases. Any changes to this election must be made in writing prior to the purchase taking place. This election will remain in effect until the transfer agent for the fund receives written notice of the change.

4 ESTABLISH OR CHANGE THE EXCHANGE, REDEMPTION, OR EXPRESS PURCHASE OPTIONS

The following options will be updated on all account(s) associated with the Social Security/taxpayer ID number(s) listed in section 1 of this form. If you would like only specific accounts updated, list them below:

_____	_____
Fund number and account number	Fund number and account number
_____	_____
Fund number and account number	Fund number and account number

If you have existing bank information on file for any of these options, it will be removed and replaced with the new bank information provided, unless you check the following box:

Change the bank information for the express purchase and redemption options, keeping any previous bank information on file as secondary information.

If you do not want certain options on your account, check the applicable box to indicate that you do not want that option.

Exchange—This option allows you to sell shares via the internet or by phone from one Wells Fargo Funds account and use the proceeds to buy shares in an identically registered Wells Fargo Funds account in another fund. This option will be added to your account unless you check the following box:

I do **not** want the exchange option.

Redemption*—This option allows you to sell shares via the internet** or by phone to have money sent to the account owner’s address of record; or by phone to have money sent to the designated bank account (via EFT or wire) if a preprinted, voided check is provided. This option will be added to your account unless you check the following box:

I do **not** want the redemption option.

* If the Wells Fargo Funds account is a Uniform Gifts/Transfers to Minors Act (UGMA/UTMA) account, I certify that any funds redeemed will be used for the benefit of the minor.

** The redemption option via the internet is not available on an IRA or ESA.

Express purchase—This option allows you to purchase shares via the internet or by phone with payment from your designated bank account by EFT if a preprinted, voided check is provided. If a preprinted, voided check is provided, this option will be added to your account unless you check the following box:

I do **not** want the express purchase option.

Note: The express purchase option is not available on a SEP-IRA or SIMPLE IRA.

If you have an active systematic withdrawal plan and would like to change the bank information, please attach a letter of instruction signed by all account owners.

5 CHANGE HOW DIVIDENDS AND CAPITAL GAINS ARE DISTRIBUTED

Complete this section to change how dividends and capital gains are distributed for your accounts. Attach a preprinted, voided check if you choose to have funds sent electronically to your bank account.

Note: If the account is an IRA, this option is only available if you are 59½ or older.

List the account(s) to be updated (required):

_____	_____
Fund number and account number	Fund number and account number
_____	_____
Fund number and account number	Fund number and account number

How would you like dividends and capital gains to be distributed?

Dividends: Reinvested or Paid in cash

Capital gains: Reinvested or Paid in cash

If you have chosen to have your dividends and capital gains paid in cash, please indicate a payment method:

- Mailed to my address of record (listed in section 1 of this form).
- Sent electronically to my bank account indicated on the attached preprinted, voided check.
- Automatically reinvested in the following identically registered Wells Fargo Funds account:

Fund number and account number for identically registered account

You must sign here to complete this request. A Medallion Guarantee may be required.

X _____
 Signature of owner, trustee, custodian, or responsible individual

 Print name

 Date

Medallion Guarantee[†] (if applicable)

X _____
 Signature of joint owner or co-trustee

 Print name

 Date

Medallion Guarantee[†] (if applicable)

HAVE YOUR SIGNATURE MEDALLION GUARANTEED WHEN:

- Adding or changing a bank account for redemptions or distributions if all Wells Fargo Funds account owners are not listed in the bank account registration.
- Reinvesting dividends or capital gains in another Wells Fargo Funds account if all account owners are not the same.

[†] A **Medallion Guarantee** may be obtained from any eligible guarantor institution, as defined by the Securities and Exchange Commission. These institutions include banks, savings associations, credit unions, and brokerage firms that participate in the Medallion Program. The bar-coded stamp with the words "**MEDALLION GUARANTEED**" must be stamped near **each** signature being guaranteed. The guarantee must appear with the name of the guarantor institution and the signature of an individual authorized to act on behalf of the guarantor institution. **Note that a Notary Public stamp or seal is not acceptable.**

Before you mail, have you:

- Entered your Social Security/taxpayer ID number in section 1?
- Included a preprinted, voided check in section 2 (if applicable)?
- Indicated the specific fund and account number(s) for an AIP or dividends and capital gains in section 3 and section 5 (if applicable)?
- Had all account owners sign in section 6?

MAIL

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 Kansas City, MO 64121

OVERNIGHT

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