

Institutional Trading Authorization Form



Complete this form to establish trading authorization for a Licensed or Registered Wells Fargo Banker to act on your *Wells Fargo Advantage Funds*® Institutional account. If you have questions or would like help completing this form, call our Shareholder Service Center.

Wells Fargo Advantage Funds
 MAC N9882-01C
 100 Heritage Reserve
 Menomonee Falls, WI 53051
 Fax: 1-888-250-9574

Shareholder Service Center
 1-800-260-5969
 Monday through Friday, 8 a.m. to 7 p.m., Eastern Time

1 ACCOUNT OWNER INFORMATION (PLEASE PRINT)

_____ Name of Account Owner (first, middle initial, last) or entity	_____ Social Security/taxpayer ID number		
_____ Name of Joint Owner (first, middle initial, last)	_____ Social Security 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
_____ E-mail address	_____ Daytime phone	_____ Evening phone	

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

The authorization specified in section 3 of this Trading Authorization Form will apply to the specific Institutional accounts listed below.

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

2 LICENSED OR REGISTERED BANKER INFORMATION (PLEASE PRINT)

By listing a Licensed or Registered Banker in this section, you are revoking any existing Licensed or Registered Banker(s) who may be linked to the accounts specified in section 1 of this form.

The Licensed or Registered Banker must sign and date here.

_____ Name of Licensed or Registered Banker (first, last)	_____ Title	_____ Rep ID
X _____ Signature of Licensed or Registered Banker	_____ Date	

3 TRADING AUTHORIZATION

I authorize the Licensed or Registered Banker designated in section 2 of this form to act on behalf of the *Wells Fargo Advantage Funds* account(s) listed in section 1 of this form with respect to account inquiries, initiating purchases into existing *Wells Fargo Advantage Funds* accounts using a preauthorized bank account, exchanges between existing identically registered *Wells Fargo Advantage Funds* accounts, and redemptions from the indicated *Wells Fargo Advantage Funds* accounts to the address of record or a preauthorized bank account.

This form does not give the Licensed or Registered Banker the authority to request any type of maintenance, including, but not limited to, change of address, modifying or establishing linked bank account information or account options, requesting redemptions by check to addresses other than the address of record, changing a designated beneficiary, or maintaining the account registration.

Wells Fargo Funds Management, LLC, and *Wells Fargo Advantage Funds*, their affiliates, subcontractors, and the officers, directors, employees, and agents (collectively "*Wells Fargo Advantage Funds*"), and Boston Financial Data Services, Inc. (BFDS), its affiliates, officers, directors, employees, and agents, may treat the Licensed or Registered Banker, designated in section 2 of this form, as authorized to act

for me and on my behalf in the same manner and with the same force and effect as if I were acting on my own behalf. If I am acting in the capacity of a trustee, I hereby state and affirm that this authorization is granted to me in my fiduciary capacity and powers and is consistent with the fiduciary duties as set forth in the agreement granting me such powers. I agree to notify *Wells Fargo Advantage Funds* in writing immediately if this authority is revoked and further agree that, in the case of my death, disability, incapacity, or incompetency, *Wells Fargo Advantage Funds* may continue to act on the instructions of the Licensed or Registered Banker until a reasonable period after *Wells Fargo Advantage Funds* is notified in writing that my authorization has been terminated or revoked. Such revocation shall not affect any liability in any way resulting from transactions initiated prior to such revocation.

I agree that *Wells Fargo Advantage Funds* is not responsible for suitability of investment recommendations or transactions initiated by the Licensed or Registered Banker on my behalf. I agree to indemnify and hold *Wells Fargo Advantage Funds* and BFDS harmless from acting upon any transactions on my account in *Wells Fargo Advantage Funds* resulting from oral, written, or electronic instructions that *Wells Fargo Advantage Funds* or BFDS reasonably believes to have originated from any and all acts of the Licensed or Registered Banker.

This authorization and indemnity is also a continuing one and shall remain in full force and effect until *Wells Fargo Advantage Funds* receives, and has a reasonable amount of time to act upon, a written notice of revocation or is amended by another properly completed form.

To complete this authorization, you must sign and date here or this form will be returned.

X _____
Signature of Owner, Custodian, Trustee, Partner, or Officer Print name Date

X _____
Signature of Joint Owner, Co-Trustee, Partner, or Officer Print name Date