

Authorization for Account Information



Instructions: To designate an individual to have access to your *Wells Fargo Advantage Funds*SM account(s), complete this form and return it in the enclosed, postage-paid envelope. This will allow an Authorized Individual **to obtain information, but not to act on your account**. If you have questions, call **1-800-222-8222**, 24 hours a day, 7 days a week.

P.O. Box 8266 | Boston, Massachusetts 02266
www.wellsfargo.com/advantagefunds

1 NAME AND MAILING ADDRESS (PLEASE PRINT)

_____		_____	
Account Owner's name (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 from the address currently on our records, we will change our records to reflect this new address on all accounts under this Social Security number.

2 AUTHORIZATION

I hereby acknowledge and confirm that _____ ("Authorized Individual") may obtain account balance, transaction history, and such other information as reasonably requested for the account(s) indicated in section 3. *Wells Fargo Advantage Funds* and Boston Financial Data Services ("BFDS"), as transfer agent, may provide such information upon request of the Authorized Individual, either orally or in writing, and in accordance with procedures established by BFDS to confirm the authority of the Authorized Individual.

I acknowledge that the Authorized Individual is not authorized to provide instructions for account maintenance or option modifications, or to transmit purchase, exchange, or redemption orders on my *Wells Fargo Advantage Funds* account(s).

I hereby agree to indemnify and hold the Fund and its transfer agent and their affiliates harmless from providing account information to the Authorized Individual in accordance with this Authorization for Account Information form.

3 ACCOUNT REGISTRATION AND NUMBER

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

4 SIGNATURE

X _____	_____
Signature	Date