

Automatic Exchange Plan

Complete this form to establish an Automatic Exchange Plan for your *Wells Fargo Advantage Funds*® account(s). To establish multiple Automatic Exchange Plans, complete a separate Automatic Exchange Plan form for each request. 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 REGISTRATION AND REDEMPTION ACCOUNT INFORMATION (PLEASE PRINT)

The FROM account must have a current minimum balance of \$10,000 to establish an Automatic Exchange Plan.

Exchange **FROM** account:

Fund and account number

Name of owner, custodian, or trustee (first, middle initial, last)

Social Security/taxpayer ID number

Name of joint account owner or co-trustee

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

E-mail 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) listed above 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 REGISTRATION AND PURCHASE ACCOUNT INFORMATION

Exchange **INTO** account:

Fund and account number (or write "New Account" if new*)

Name of owner, custodian, or trustee (first, middle initial, last)

Name of joint owner or designated 529 beneficiary (first, middle initial, last)

**If this is a new account, enclose a completed New Account Application.*

3 EXCHANGE AMOUNT AND FREQUENCY

Exchange Amount: \$_____ (\$100 minimum)

Exchange frequency (choose one):

Monthly, beginning (specify month and date): _____

Quarterly, to be paid in March, June, September, and December (specify date of month): _____

Annually, on (specify month and date): _____

This Automatic Exchange Plan will begin as soon as administratively possible following the receipt of this properly completed form. If an amount is not indicated, it will be established for \$100 on the date(s) you have specified. If no date is specified, the exchange will be processed on the 25th day of the month. If the date falls on a weekend or holiday, the exchange will occur on the next business day. If the next business day falls in the next month, the exchange will cycle on the previous business day. If you selected a frequency of annually and no month is indicated, the exchange will be made in December.

To complete this request, proceed to section 4 of this form.

I authorize the Fund and its transfer agent to automatically process the exchange between the accounts as indicated on this form. I understand that the Automatic Exchange Plan will involve two transactions: (1) the sale of shares from one Fund; and (2) the purchase of shares of another. I further understand and agree to the additional details and conditions pertaining to exchanges contained in the prospectus.

To complete this request, all signatures must be Medallion Guaranteed if the accounts are not identically registered.

X
Signature of account owner, custodian, or trustee

Print name

Date

Medallion Guarantee* (if applicable)

X
Signature of joint account owner or co-trustee

Print name

Date

Medallion Guarantee* (if applicable)

*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 on behalf of the guarantor institution. **Note that a Notary Public stamp or seal is not acceptable.**