

Certification of Authorized Individual(s)



Complete this form to designate the individuals authorized to sign on behalf of your corporation, unincorporated association, partnership, or investment club (hereinafter referred to as "organization"). 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 ACCOUNT REGISTRATION AND MAILING ADDRESS (PLEASE PRINT)

Name of organization _____		Taxpayer ID number _____	
Mailing address _____	City _____	State _____	Zip code _____
Daytime phone _____			

Note: If the address above is different than the address currently listed on our records, we will update our records to reflect this new address. All future correspondence will be sent to the new address until you advise us otherwise.

2 FUND AND ACCOUNT NUMBER(S)

Choose one:

- Update the authorized signers on all accounts for the organization linked to the taxpayer ID number listed in section 1 of this form.
- Make this change only on the specific Fund and account numbers listed below.

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

3 AUTHORIZED INDIVIDUAL(S) AND SIGNATURE(S)

The following individual(s) is (are) duly authorized by resolution or otherwise to purchase, sell, assign, transfer, exchange, and/or deliver securities on behalf of said organization in connection with ownership of shares of any member of the Wells Fargo Advantage Funds family of mutual funds (including, without limitation, executing forms for any account options offered by the Funds and modifying such account options).

Number of signatures required for transactions: _____ (If no number is indicated, only one signature will be required.)

Note: The authorized signers listed on this form will replace all authorized signers currently on file.

X	_____	_____	_____
	Signature	Print name	Title
X	_____	_____	_____
	Signature	Print name	Title
X	_____	_____	_____
	Signature	Print name	Title
X	_____	_____	_____
	Signature	Print name	Title

To complete this request, an authorized signature and Medallion Guarantee are required in section 4 of this form.

The undersigned and the organization referenced in section 1 of this form agree to indemnify and hold the applicable Fund, Wells Fargo Funds Management, LLC, its transfer agent, and their affiliates, and the officers, directors, employees, and agents of these entities (collectively "Wells Fargo") harmless against any loss, cost, damage, or expense resulting from acting upon any written, telephone, or electronic instructions pursuant to any account options (that is, without limitation, Express Purchase, Exchange, Redemption, Automatic Investment Plan, and Systematic Withdrawal Plan) adopted by the organization. The undersigned represents that he/she has full authority to execute this document on behalf of the organization. The Fund and its transfer agent will not be liable for any loss, cost, or expense for acting upon any written, verbal, or electronic instructions if they follow reasonable procedures designed to prevent unauthorized or fraudulent transactions.

If the undersigned is the only person authorized to act on behalf of the organization, and the undersigned is the sole officer of the organization, the undersigned certifies that he/she is the sole officer of the organization and that the organization's Articles of Incorporation or Charter and Bylaws provide that he/she is the only person authorized to so act.

Certain Funds may assess early redemption fees. For more details about account fees, minimums, bank information, and account options, refer to the prospectus. Accordingly, the organization bears the risk of loss. This authorization and indemnification is a continuing one, and such authorization shall remain in full force and effect until the Fund's transfer agent receives and has had a reasonable amount of time to act upon a written notice of revocation or the authorization is amended by another properly completed form.

I hereby certify that I am an officer of the organization named in section 1 of this form and that all information contained within this form is accurate.

THE SIGNATURE
MUST BE MEDALLION
GUARANTEED TO
COMPLETE THIS
REQUEST.

X _____
Signature of secretary, officer, or partner

Print name

Date

Medallion Guarantee*

*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.**