

Designation of Successor Custodian or Successor Responsible Individual



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

Complete this form to designate a successor custodian for a *Wells Fargo Advantage Funds*® Uniform Gifts/Transfer to Minors Act (UGMA/UTMA) account or a successor responsible individual for a Coverdell Education Savings Account. If you have questions, call 1-800-222-8222, 24 hours a day, 7 days a week.

1 DESIGNATION OF SUCCESSOR CUSTODIAN OR SUCCESSOR RESPONSIBLE INDIVIDUAL (PLEASE PRINT)

Applicable laws determine who is eligible to become a successor custodian or successor responsible individual.

Name of current custodian or responsible individual (first, middle initial, last) _____ Daytime phone _____ Evening phone _____

Name of minor (first, middle initial, last) _____ Minor's Social Security number _____ Minor's date of birth (mm/dd/yyyy) _____

Fund and account number _____

Name of designated successor custodian or responsible individual (first, middle initial, last) _____

In the event of my incapacity or death, I hereby designate the individual named above to act as successor custodian or successor responsible individual for the minor on the Fund and account number referenced on this form.

A notarized signature is required to complete this request.

X _____
 Signature of current custodian or responsible individual _____ Print name _____ Date _____

Notary Public (witness to the signature of the current custodian or responsible individual named above)

State of _____ County of _____

Signed and sworn before me on this _____ day of _____, 20____.

X _____
 Signature of notary public _____

Notary seal/stamp

My commission expires: _____

2 ACCEPTANCE BY SUCCESSOR CUSTODIAN OR SUCCESSOR RESPONSIBLE INDIVIDUAL

I hereby accept custodianship or responsibility for the above-named minor's account should the current custodian or responsible individual become incapacitated or deceased before the minor reaches the age that custodianship ends or the age of majority in his/her state. To verify this, I have had my signature notarized below.

A notarized signature is required to complete this request.

X _____
 Signature of successor custodian or responsible individual _____ Social Security number _____ Date of birth (mm/dd/yyyy) (must be 18 or older) _____

Street address _____ City _____ State _____ Zip code _____

Daytime phone _____ Evening phone _____

Notary Public (witness to the signature of the successor custodian or responsible individual named above)

State of _____ County of _____

Signed and sworn before me on this _____ day of _____, 20____.

X _____
 Signature of notary public _____

Notary seal/stamp

My commission expires: _____

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