

IRA Distribution Request

Complete this form to request a distribution from your *Wells Fargo Advantage Funds*® IRA. If you have questions or would like help completing this form, 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 MAILING ADDRESS (PLEASE PRINT)

Name of account owner (first, middle initial, last)	Social Security number	Date of birth (mm/dd/yyyy)	
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
Fund and account number(s)	Daytime phone	Evening phone	

Note: If the address listed for the account owner is different than the address currently listed on our records, we will change all accounts under the Social Security number listed above to reflect this new address. All future correspondence will be sent to the new address until you advise us otherwise. **Distributions to this new address will require your signature to be Medallion Guaranteed in section 8 of this form if requested within 15 days of the address being changed.**

2 TYPE OF DISTRIBUTION

Consult your tax advisor for information about possible taxes and penalties.

Choose one:

- Premature distribution** (if you are the shareholder, under age 59½, and not disabled).
Note: If this is a SIMPLE IRA and the distribution is within the two-year period in which you first participated in your employer's SIMPLE IRA plan, you may be subject to a 25% premature distribution penalty.
- Normal distribution** (if you are the shareholder and age 59½ or older).
- Permanent disability** (if you are the shareholder and disabled under Section 72(m)(7) of the Internal Revenue Code).
- Excess contribution.** Year of excess contribution: _____ Amount of excess contribution: \$ _____
Is the excess contribution being removed prior to your tax return due date (including extensions)? Yes No
Note: Withholding, if elected in section 5 of this form, is not an available option on excess contribution removals.
- Beneficiary distribution** (if you are a beneficiary of this account):
 - Have your signature **Medallion Guaranteed** (as instructed in section 8 of this form) and
 - Complete the following:

Name of beneficiary (first, middle initial, last) or entity	Beneficiary's Social Security/ taxpayer ID number	Date of birth (mm/dd/yyyy) (if applicable)	
U.S. residential street address	City	State	Zip code
Daytime phone	Evening phone		
Relationship to IRA owner	Date of death for IRA owner (mm/dd/yyyy)		

3 PAYMENT AMOUNT

If you have more than one IRA, call us at 1-800-222-8222 to discuss your options for required minimum distributions.

Choose one:

- The entire account balance.
- \$ _____
- Dividends and capital gains. (**Note: This option is only available if you are 59½ or older.** If you choose this option to have future dividends and capital gains paid out in cash, do not select a payment frequency in section 4 of this form.)
- Required minimum distribution based on the uniform lifetime table in IRS regulations.

4 PAYMENT FREQUENCY

Choose one:

- One-time distribution** processed upon receipt
- 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): _____

Unless specified above, periodic redemptions will be made on the 25th day of the month. If the date falls on a weekend or holiday, your redemption will occur on the next business day. If the next business day falls in the next month, the redemption will cycle on the previous business day. If payment frequency of annually is selected and no month is listed, redemptions will be made in December. Certain funds may assess early redemption fees. For more information, refer to the prospectus.

5 TAX WITHHOLDING

If no box is checked, we will withhold 10%.

Choose one:

- I elect **not** to have federal income tax withheld from my distribution.
- I elect to have _____% federal income tax withheld from my distribution (**must be 10% or greater**).
- I want the following additional amount withheld from my distribution: \$_____

Important state tax withholding information: We will withhold state tax in accordance with the respective state's rules if, at the time of distribution, your address of record is within a mandatory withholding state and you have federal income tax withheld. Contact your tax advisor for the withholding amount.

Note: If no withholding election is indicated above, IRS regulations require that 10% federal tax withholding be taken from your distributions. We encourage you to consult your accountant or tax advisor regarding your IRA distributions. Even if you elect not to have federal income tax withheld, you are liable for payment of federal income tax on the taxable portion of your distribution. You may be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding are not adequate.

6 PAYMENT METHOD

Choose one:

- I would like this distribution to be paid to me by check and sent to the mailing address listed in section 1 of this form.
- I would like this distribution to be paid to me by check and mailed to the temporary address listed below. **A Medallion Guarantee is required in section 8 of this form.**

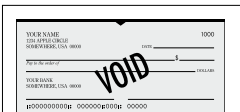
Mailing address City State Zip code

- I would like this distribution to be sent electronically via EFT to my bank account (attach voided check). I understand that this service is governed by the terms and conditions explained in section 7 of this form and that the proceeds will normally arrive at my bank within two banking days.
- One-time distribution to be paid by wire transfer. Wire the proceeds of this distribution request to the bank account indicated on the enclosed voided check. A wire fee will be deducted from the account balance. **A Medallion Guarantee may be required in section 8 of this form.**
- I would like this distribution invested in another *Wells Fargo Advantage Funds* account. **A Medallion Guarantee may be required in section 8 of this form.**

Fund number (or list Fund name if new*) Account owner(s)

Account number (or write "New Account" if new*)

***Note:** If you are opening a new account, complete and submit a **Wells Fargo Advantage Funds** New Account Application with this form.



Include a voided bank check for the electronic funds transfer (EFT) or wire payment method to ensure accurate bank account information.

Note: Checks must be preprinted with your name and address. We cannot accept starter or counter checks.

7 BANK INFORMATION

To establish the redemption option by EFT at any time, all Wells Fargo Advantage Funds account owners must be listed in the bank account registration or a Medallion Guarantee may be required (see section 8 of this form for details).

The applicable Fund, Wells Fargo Funds Management, LLC, and their affiliates, subcontractors, and the officers, directors, employees, and agents of these entities (collectively "Wells Fargo") will not be responsible for banking system delays beyond their control.

I understand that by executing this application, I herein authorize my bank to honor all entries to my bank account initiated through State Street Bank and Trust Company, or any successor custodian, on behalf of the applicable Fund. I acknowledge and understand that Wells Fargo will not be liable for acting upon instructions believed genuine and in accordance with the procedures described in the prospectus or the rules of the Automated Clearing House. I further agree that any such authorization, unless previously terminated by my bank in writing, is to remain in effect until Wells Fargo receives, and has a reasonable amount of time to act upon, a subsequent notice.

8 SIGNATURE

I have received the IRA Custodial Agreement and Disclosure Statement. I adopt the terms of the IRA Custodial Agreement and appoint State Street Bank and Trust Company as custodian. I authorize State Street Bank and Trust Company or its agent to perform those functions and appropriate administrative services specified. I understand that for a complete liquidation, a \$25 distribution fee will be collected by redeeming sufficient shares from my account.

I certify that the information I have provided on this form—and all future information I will provide with respect to my account—is true, complete, and correct.

To complete this distribution request, you must sign and date here.

X _____
Your signature (or beneficiary's signature, if applicable)

Print name

Date

Medallion Guarantee** (if applicable):

HAVE YOUR SIGNATURE MEDALLION GUARANTEED FOR ANY DISTRIBUTION THAT IS:

- Requesting distribution proceeds be sent to a different name or address than is registered on the account, including another *Wells Fargo Advantage Funds* mutual fund account, or to a new address prior to the expiration of the 15-day hold;
- Requesting redemption proceeds be sent to a bank address with no owner(s) in common with the *Wells Fargo Advantage Funds* account registration;
- More than \$100,000; or
- Made payable to you as a beneficiary.

****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 the 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.**