

Power of Attorney (POA)

Complete this Power of Attorney (POA) form to designate a person(s) as attorney-in-fact. We do not accept a POA to establish an attorney-in-fact on a custodial, estate, or guardianship account. 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, MA 02266-8266
www.wellsfargo.com/advantagefunds

1 TYPE OF POWER OF ATTORNEY

This Power of Attorney is: Durable Non-durable

NOTE: A durable Power of Attorney will continue even if you become incapacitated. A non-durable Power of Attorney will terminate at such time as we receive actual notice of your incapacitation.

2 NOTICES

Notice to Person Executing Power of Attorney

A Power of Attorney is an important legal document. By signing the Power of Attorney, you are authorizing another person to act for you, the principal. Before you sign this Power of Attorney, you should know these important facts:

Your agent (attorney-in-fact) has no duty to act unless you and your agent agree otherwise in writing.

This document gives your agent the powers to manage, dispose of, sell, and convey your personal property, and to use your property as security if your agent borrows money on your behalf. This document does not give your agent the power to accept or receive any of your property, in trust or otherwise, as a gift, unless you specifically authorize the agent to accept or receive a gift.

Your agent will have the right to receive reasonable payment for services provided under this Power of Attorney unless you provide otherwise in this Power of Attorney.

The powers you give your agent will continue to exist for your entire lifetime, unless (a) you state that the Power of Attorney will last for a shorter period of time, (b) you terminate the Power of Attorney (effective when we receive written notice from you), or (c) for a non-durable Power of Attorney, you become incapacitated (effective when we receive written notice of your incapacitation). The powers you give your agent in a durable Power of Attorney will continue to exist notwithstanding your subsequent disability or incapacity. In other words, the powers you give your agent in a durable Power of Attorney will continue to exist even if you can no longer make your own decisions respecting the management of your property.

You can amend or change this Power of Attorney only by executing a new Power of Attorney or by executing an amendment through the same formalities as an original. You have the right to revoke or terminate this Power of Attorney at any time. However, you retain this right for a durable Power of Attorney only so long as you are competent. A non-durable Power of Attorney will automatically terminate at such time as we receive written notice of your incapacitation.

This Power of Attorney must be dated and must be acknowledged before a notary public.

You should read this Power of Attorney carefully. When effective, this Power of Attorney will give your agent the right to deal with property that you now have or might acquire in the future. The Power of Attorney is important to you. If you do not understand the Power of Attorney, or any provision of it, then you should obtain the assistance of an attorney or other qualified person.

Notice to Person Accepting the Appointment as Attorney-in-Fact

By acting or agreeing to act as the agent (attorney-in-fact) under this Power of Attorney you assume the fiduciary and other legal responsibilities of an agent. These responsibilities include:

1. The legal duty to act solely in the interest of the principal and to avoid conflicts of interest.
2. The legal duty to keep the principal's property separate and distinct from any other property owned or controlled by you.

You may not transfer the principal's property to yourself without full and adequate consideration or accept a gift of the principal's property unless this Power of Attorney specifically authorizes you to transfer property to yourself or accept a gift of the principal's property. If you transfer the principal's property to yourself without specific authorization in the Power of Attorney, you may be prosecuted for fraud and/or embezzlement. If the principal is 65 years of age or older at the time that the property is transferred to you without authority, you may also be prosecuted for elder abuse under California Penal Code Section 368. In addition to criminal prosecution, you may also be sued in civil court.

I have read the foregoing notice and I understand the legal and fiduciary duties that I assume by acting or agreeing to act as the agent (attorney-in-fact) under the terms of this Power of Attorney.

X _____ Signature of Account Owner	_____	_____
	Print name	Date
X _____ Signature of Joint Account Owner	_____	_____
	Print name	Date
X _____ Signature of Attorney-in-Fact/Agent	_____	_____
	Print name	Date

3 ACCOUNT INFORMATION (PLEASE PRINT)

Account Owner's name (first, middle initial, last)

Social Security number for tax reporting

Fund name

Account number

Fund name

Account number

Fund name

Account number

Fund name

Account number

4 DESIGNATION OF ATTORNEY(S)-IN-FACT

I, _____, hereby appoint _____ (hereinafter referred to as "Agent"), to act for me as my agent and attorney-in-fact for the "Account(s)," defined as the accounts listed in section 3, which may include a retirement account such as an IRA, Qualified Retirement Plan (QRP), and/or SEP IRA account (retirement accounts collectively referred to as "Retirement Account").

I authorize Agent to act for me and on my behalf in the same manner and with the same force and effect as if I were acting with respect to such transactions as set forth below and all things necessary or incidental thereto:

- Buy, sell, redeem, exchange, assign, or otherwise transfer to dispose of mutual fund shares, change my dividend and distribution options, direct and receive disbursements, and exercise any/all investment powers available under my Account(s);
- Receive account statements and act with respect to them;
- Endorse and cash or deposit checks payable to me, open other accounts in my name alone or together with my Agent, and make, execute and deliver any and all written instruments necessary to effectuate the powers conferred herein;
- Do any other lawful act with respect to my Account(s).
- If a Retirement Account is listed as one of my Account(s), then in addition to the other powers specified herein, make contributions on my behalf, select any distribution option or change the payment options I have selected, make rollovers or transfers to or from my Retirement Account, up to and including the total amount of such account, exercise the investment powers available under the Retirement Account as specified herein, including the purchase or sale of mutual fund shares held in the Retirement Account on my behalf.

5 SIGNATURE(S) AND NOTARIZATION

I agree that any third party may act under this Power of Attorney, whether durable or non-durable, without further inquiry or investigation and regardless of the date of such authorization. I hereby ratify and confirm any and all transactions heretofore and hereafter made by Agent pursuant to this Power of Attorney for my Account(s). I agree this Power of Attorney is governed by applicable California law.

I, for myself and my heirs, executors, legal representatives and assigns, hereby agree to indemnify and hold harmless Wells Fargo Funds Management, LLC, the transfer agent for *Wells Fargo Advantage Funds*, and any and all affiliated or non-affiliated third parties from and against any and all claims that may arise against such third party by reason of any action or inaction by such third party having relied on this Power of Attorney, and to pay such third party promptly on demand, for any and all losses arising out of any act by Agent under this Power of Attorney. This indemnification and hold harmless provision shall survive any termination of this Power of Attorney.

X

Signature of Account Holder

Date

X

Signature of Joint Account Holder

Date

NOTE: The signature of the Account Holder(s) must be notarized.

State of _____ County of _____

On this _____ day of _____, 20_____, before me _____, personally
Notary's name

appeared _____ personally known to me (or proved to me on the basis of satisfactory
Account Owner's name

evidence) to be the person(s) whose name(s) is /are subscribed to the within instrument and acknowledged to me that he/she/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

Notary Seal/Stamp

X

Signature of Notary Public

My commission expires (is permanent): _____

IMPORTANT NOTICE:

In compliance with the USA Patriot Act of 2001, all financial institutions are required to obtain, verify, and record information that identifies each person who opens an account or is granted authority to act on an account.

What this means: As you are being named Agent to act on the above-referenced Account(s), we must ask for your name, address, date of birth, and other information that will allow us to identify you. This information will be verified to ensure your identity as required by the USA Patriot Act. The bolded items below must be completed.

_____		_____		_____	
Name of Agent (first, middle initial, last)		Social Security number		Date of birth (mm/dd/yy)	
_____		_____		_____	
Residential address or APO/FPO		City		State Zip code	

State of

County of

Being duly sworn and deposed, I affirm that:

_____ as principal(s), who resides at

_____ did,

on this _____ day of _____, 20_____, appoint me his/her/their true and lawful Agent by the foregoing instrument hereby made a part hereof. I further certify, under penalty of perjury, that the personal information I have provided above is true and accurate.

X _____
Signature of Agent

NOTE: The signature of the Agent must be notarized.

Sworn to before me this _____ day of _____, 20_____

Notary Seal/Stamp

X _____
Signature of Notary Public

My commission expires (is permanent): _____