

# IRA Recharacterization Form

WELLS FARGO

ADVANTAGE FUNDS

Complete this form to make an irrevocable election to recharacterize all or part of your traditional or Roth IRA account. If you have questions, contact an IRA Specialist at 1-800-222-8222.

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

## 1 REGISTRATION AND MAILING ADDRESS (PLEASE PRINT)

Owner's name (first, middle initial, last)	Social Security number	Date of birth	
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	

## 2 RECHARACTERIZATION OF AN IRA CONTRIBUTION

**A recharacterization is a tax-reportable event. See IRS Form 8606 and its instructions, or contact a tax advisor for tax-reporting requirements.**

Complete this section if you have previously contributed to either a traditional or Roth IRA and desire to recharacterize either a portion or the entire amount of those assets. Indicate the IRA account number(s) and amount of the contribution that you wish to recharacterize.

### A. IRA account(s) you are recharacterizing (The account(s) from which the contribution is being removed.)

Fund number	Account number	\$	or	%
		Amount		Percentage
Fund number	Account number	\$	or	%
		Amount		Percentage

### B. Date of original contribution \_\_\_\_\_ (month/day/year)

### C. IRA account(s) you are recharacterizing to (The account(s) into which the contribution is being moved.) **If you are recharacterizing to a new IRA account, you must also complete an IRA Application.** Allocations will remain the same unless otherwise indicated.

Fund number	Account number (write "New Account" if new)	\$	or	%
		Amount		Percentage
Fund number	Account number (write "New Account" if new)	\$	or	%
		Amount		Percentage

## 3 RECHARACTERIZATION OF A CONVERSION

**After you recharacterize a conversion, you may not convert again until after January 1 of the year following the ORIGINAL conversion or 30 days after the recharacterization occurs, whichever is longer.**

Complete this section if you have previously converted assets from a traditional IRA to a Roth IRA and desire to reverse either a portion or the entire amount of those assets back to a traditional IRA. Indicate the Roth IRA account number(s) and the conversion amount that you wish to recharacterize.

### A. Roth IRA account and amount to recharacterize

Fund number	Account number	\$	or	%
		Amount		Percentage
Fund number	Account number	\$	or	%
		Amount		Percentage

### B. Date of original conversion \_\_\_\_\_ (month/day/year)

### C. Traditional IRA account(s) (The account(s) into which the Roth conversion is being moved.) **If you do not have an existing traditional IRA account, you must also complete an IRA Application.** Allocations will remain the same unless otherwise indicated.

Fund number	Account number (write "New Account" if new)	\$	or	%
		Amount		Percentage
Fund number	Account number (write "New Account" if new)	\$	or	%
		Amount		Percentage

## 4 SIGNATURE

I certify that all of the information I have provided on the IRA Recharacterization Form is correct. I understand the rules and restrictions regarding my ability to recharacterize. I understand and assume the responsibility for my tax liability.

**X** \_\_\_\_\_  
Signature of Owner Date

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