

# Check-Writing Authorization



Complete this form to establish or update the check-writing option on your *Wells Fargo Advantage Funds*® account. Check writing is available on select Funds for nonretirement accounts. 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)

Fund and account number(s)		Fund and account number(s)	
Name of account owner, custodian (first, middle initial, last), trust, or entity		Name of joint owner or minor (first, middle initial, last)	
If trust, name of trustee(s)			
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
Daytime phone	Evening 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. Checks will automatically be sent to the new address after the expiration of the 15-day address-change hold.

## 2 SIGNATURES

### Choose one:

- Add the check-writing option to an existing account; or
- Update the signature(s) required for my existing check-writing option.
  - Check this box if you are only updating the signature(s) and do **not** need a new book of checks.

### Signature requirements:

- Individual, joint tenant, and trust (personal or corporate) accounts: All registered owners or trustees must sign.
- Uniform Gifts/Transfers to Minors Act (UGMA/UTMA) accounts: The custodian must sign.
- Corporate or partnership accounts: One authorized signer is required; additional signers may be authorized.
- Power of Attorney: The attorney-in-fact must be registered on the account or a completed *Wells Fargo Advantage Funds* Power of Attorney (POA) form will be required.

By signing below I agree to the check-writing terms and conditions found in the prospectus. I understand that this check-writing authorization will replace any check-writing authorization already on file for the Fund and account(s) referenced on this form. I acknowledge that *Wells Fargo Advantage Funds* will accept checks with **one** signature.

*If the account is a UGMA/UTMA account:* By signing below, I certify that any funds redeemed will be used for benefit of the minor.

*If the account is a corporate or partnership account:* As the authorized signer, I have been duly authorized per the resolution on file. I hereby authorize any additional signers for check writing only. I acknowledge that the individuals authorized per this form will be the only individuals authorized to sign checks. I further acknowledge that this authorization 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.

### SIGNATURES OF REGISTERED OWNER(S) OR AUTHORIZED INDIVIDUAL(S)

X _____ Signature (as you will sign your check)	_____
X _____ Signature (as you will sign your check)	_____
X _____ Signature (as you will sign your check)	_____

Wells Fargo Funds Management, LLC, a wholly owned subsidiary of Wells Fargo & Company, provides investment advisory and administrative services for *Wells Fargo Advantage Funds*. Other affiliates of Wells Fargo & Company provide subadvisory and other services for the Funds. The Funds are distributed by **Wells Fargo Funds Distributor, LLC**, Member FINRA/SIPC, an affiliate of Wells Fargo & Company. 116552 06-09