

Request for Change of Registration

To a Trust, Partnership, Corporation, Estate, or other Entity



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

Complete this form to transfer ownership of all or a portion of an existing *Wells Fargo Advantage Funds*® account. If you have questions, call **1-800-222-8222**, 24 hours a day, 7 days a week.

Transfer of ownership to **(check one of the following)**:

Reregister due to death of an account owner or trustee: The personal representative or successor trustee(s) must have their signature(s) **Medallion Guaranteed** on this completed form. If you are not transferring to an existing *Wells Fargo Advantage Funds* account, sections 4-11 of this form must also be completed by the new account owner(s).

Name of decedent

Date of death of decedent

Reregister an individual or joint tenant account to a trust: All current account owners must have their signature(s) **Medallion Guaranteed** on this completed form. If you are not transferring to an existing *Wells Fargo Advantage Funds* account, sections 4-11 of this form must also be completed by the new account owner(s).

Make a charitable contribution: All current account owners must have their signature(s) **Medallion Guaranteed** on this completed form. If the charity has an existing account with *Wells Fargo Advantage Funds*, list the Fund and account number in section 2 of this form. If the charity does not have an existing account, it must complete sections 4-11 of this form.

Other: Call us for instructions.

Note: A new account number may be assigned for each account listed on this form. If you have the check-writing option on your current account(s) and you are transferring the full balance, checks will not be honored once the registration has changed.

1 CURRENT ACCOUNT REGISTRATION (PLEASE PRINT)

List the registration as the accounts are currently registered:

Name of current account owner, custodian, or trustee (first, middle initial, last)

Social Security/taxpayer ID number

Name of current joint owner, co-trustee, or minor (first, middle initial, last)

Social Security/taxpayer ID number

Provide the mailing address for delivery of future statements and year-end tax forms:

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

Note: If the address above is different than the address currently listed on our records, we will update all accounts for the account owner or custodian. All future correspondence will be sent to the new address until you advise us otherwise. Distributions to a new address may require your signature to be **Medallion Guaranteed** if requested within 15 days of the address being changed.

List the current Fund and account numbers for this transaction:

Current Fund and account number

Current Fund and account number

Current Fund and account number

Current Fund and account number

Current Fund and account number

Current Fund and account number

2 TRANSFER INSTRUCTIONS

Transfer amount:

Full balance

Accrued dividends to transfer to new account **or**

Accrued dividends to be paid out

Note: If no box is checked, all accrued dividends will be transferred to the new account.

OR Partial balance (list the amount below)

Number of shares _____ **or**

Dollar amount \$ _____

Note: All accrued dividends will remain in the FROM account.

Transfer ownership to:

Name of new owner(s)

Fund and account number (if transferring to an existing account) or write "New account" if new*

**Note: Sections 4-11 of this form must be completed if you are not transferring to an existing account.*

3 SIGNATURE(S) OF CURRENT ACCOUNT OWNER(S) OR AUTHORIZED INDIVIDUAL(S)

To complete this request, all signatures must be Medallion Guaranteed.

X _____
Signature of current account owner, trustee, personal rep, or beneficiary

Print name

Date

Medallion Guarantee*

X _____
Signature of current joint account owner or co-trustee

Print name

Date

Medallion Guarantee*

**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 each 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.*

If the funds are not transferred to an existing Wells Fargo Advantage Funds account, sections 4-11 of this form must be completed by the new account owner(s).

4 NEW ACCOUNT REGISTRATION AND MAILING ADDRESS (PLEASE PRINT)

IMPORTANT INFORMATION: Federal law requires that we obtain the entity's name, street address, and taxpayer ID number prior to opening the account. If you are establishing an account as attorney-in-fact on behalf of the account owner, contact *Wells Fargo Advantage Funds*® for instructions on properly establishing the account.

Choose one:

- Trust:** We require a copy of the title and signature pages of the trust document with the application.
- Partnership:** We require a copy of the partnership agreement with the application.
- Corporation:** We require a certified copy of the Articles of Incorporation with the application. The Articles of Incorporation can be certified either by sending in the original legal copy or by sending a photocopy with certification language signed by an authorized individual with either the corporate seal or a **Medallion Guarantee**. Example of certification language: I hereby certify that this document is a true and correct copy of the original, which is still in full force and effect.
- Estate:** We require a certified copy of the Letters of Testamentary with the application.
- Other entity (list type):** _____ We require a copy of the documentation supporting the entity's establishment with the application.

Name of trust, partnership, corporation, estate, or other entity	Taxpayer ID number	Date of trust (if applicable)	
U.S. street address for principal place of business or local office	City	State	Zip code
U.S. mailing address (if different than U.S. street address)	City	State	Zip code
E-mail address	Daytime phone	Evening phone	

Country of incorporation/organization: United States or Other (Specify country of tax residency.) _____
Call the phone number above for instructions on properly establishing your account.

5 TRUSTEE OR PERSONAL REPRESENTATIVE INFORMATION (PLEASE PRINT)

IMPORTANT INFORMATION: Prior to opening an account, we require that you provide us with your name, street address, date of birth, and Social Security number.

To list additional trustees or personal representatives, include all information in this section on a separate sheet.

Name of trustee or personal representative	Name of trustee or personal representative
Social Security number	Date of birth (mm/dd/yyyy)
U.S. residential street address for trustee or personal representative	U.S. residential street address for trustee or personal representative
City	State
Zip code	City
	State
	Zip code

6 TRUSTS/ESTATES—CHECK WRITING (OPTIONAL)

Check writing is available for money market and certain bond Funds only.

If you would like check-writing privileges added to your new money market and/or bond Fund(s), list the Fund name(s) for which you would like check-writing privileges and sign below. For multiple trustees or personal representatives, all signatures are required.

By signing below, I agree to the check-writing terms and conditions found in the prospectus. I acknowledge that *Wells Fargo Advantage Funds* will accept checks with **one** signature.

Fund name(s)	Fund name(s)
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SIGNATURE(S)

X _____	_____
Signature (as you will sign your check)	Print name of trustee or personal representative
X _____	_____
Signature (as you will sign your check)	Print name of trustee or personal representative
X _____	_____
Signature (as you will sign your check)	Print name of trustee or personal representative

IF OPENING A TRUST OR ESTATE ACCOUNT, PROCEED TO SECTION 8.

Continued on next page ►

7 PARTNERSHIP/CORPORATION/OTHER ENTITY AUTHORIZATION, CERTIFICATION, AND CHECK WRITING

The following individual(s) is (are) duly authorized by resolution or otherwise to purchase, sell, assign, transfer, exchange, and/or deliver securities on behalf of the organization listed in section 1 of this application ("organization") in connection with ownership of shares of any member of the *Wells Fargo Advantage Funds* family of mutual funds (including, without limitation, executing forms for any account options offered by the Funds and modifying such account options). If only one person is authorized to act on behalf of the organization and the individual is the sole officer of the organization, the undersigned certifies that: (1) he/she is the sole officer of the organization and that all information contained within this section is accurate, and (2) the organization's Articles of Incorporation or Charter and Bylaws provide that he/she is the only person authorized to so act.

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.

This information will also serve as the signature card for the check-writing option, if applicable.

Number of signatures required for transactions (excluding check writing): _____ (If no number is indicated, only one signature will be required.)

X	_____	_____	_____
	Signature	Print name	Date
X	_____	_____	_____
	Signature	Print name	Date
X	_____	_____	_____
	Signature	Print name	Date

Check writing is available for money market and certain bond Funds only.

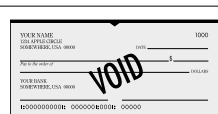
I **want** the check-writing option added to the new money market and/or certain bond Fund(s) listed below.

By checking the box, I understand that the individuals authorized within section 5 of this application will be the only individuals authorized to sign checks. I agree to the check-writing terms and conditions found in the prospectus. I acknowledge that *Wells Fargo Advantage Funds* will accept checks with **one** signature.

List the Fund name(s) for which you want check-writing privileges:

_____	_____
Fund name(s)	Fund name(s)
_____	_____
Fund name(s)	Fund name(s)

8 ESTABLISH ACCOUNT OPTIONS



Include a voided check if you are establishing an AIP, Express Purchase, direct deposit of distributions, or the Redemption Option via electronic funds transfer (EFT) or wire.

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

Automatic Investment Plan (AIP)—Automatic purchases can be made from your bank account into your *Wells Fargo Advantage Funds* account. There is a \$50 minimum per investment, per account.

_____	\$	_____	\$
Fund name	Amount	Fund name	Amount

Investment frequency for all Funds indicated: Once a month on the _____ day of the month or Twice a month on the _____ and _____ days of the month.

This privilege will be effective upon receipt of valid bank information. If no amount is chosen, your bank account will be debited \$50 on the date(s) you have chosen. If no date is chosen, your account will be debited on the 25th day of each month. If the date falls on a weekend or holiday, your AIP purchase will occur on the next business day. If the next business day falls in the next month, the AIP purchase will cycle on the previous business day.

Payroll Direct Deposit—You may be able to contribute to your account via payroll direct deposit. We will send information that you may forward to your employer, which includes your new account number(s). Confirm that your employer offers payroll direct deposit before selecting this option.

Dividend and Capital Gain Distributions—All dividends and capital gains will be automatically reinvested, unless you select one of the following options:

- Electronically transfer distributions to the bank account indicated on the voided bank check included with this application.
- Mail the distribution checks to the address listed in section 1 of this application.

8 ESTABLISH ACCOUNT OPTIONS (CONTINUED)

The following account options will be added to your account. If you do not want these options, check the boxes below.

Exchange Option—This option allows you to sell shares via the Internet or by phone from one *Wells Fargo Advantage Funds* account and use the proceeds to buy shares in an identically registered *Wells Fargo Advantage Funds* account in another Fund. This option will be added to your account unless you check the following box: I do **not** want the Exchange Option.

Redemption Option—This option allows you to sell shares via the Internet or by phone to have money sent to the account owner's address of record or to your bank account (via EFT or wire) if a preprinted, voided check is provided. This option will be added to your account unless you check the following box: I do **not** want the Redemption Option.

Express Purchase—This option allows you to purchase shares via the Internet or by phone with payment from your designated bank account by EFT if a preprinted, voided check is provided. If a voided check is included, this option will be added to your account unless you check the following box: I do **not** want Express Purchase.

9 BANK INFORMATION

To establish account options by EFT at any time, your bank account registration **MUST** have one name in common with your *Wells Fargo Advantage Funds* account registration for purchase options. For redemption options, all *Wells Fargo Advantage Funds* account owners must be listed in the bank account registration. If a voided check is not enclosed with this application but you do include a personal investment check, we will use the information contained on the personal investment check to establish a requested AIP. 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 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.

10 CONSENT FOR eDOCUMENTS

I would like to receive my account statements, transaction confirmations, Fund prospectuses (and prospectus supplements), annual reports, semi-annual reports, and shareholder notices electronically. If I do not consent below, I understand that I will receive my documents/statements in paper format.

I consent to delivery of my Fund documents/statements in electronic format.

I understand that I will receive an e-mail notice indicating that the most recent documents or statements are available for viewing and downloading at www.wellsfargo.com/advantagefunds and that I will need to establish a login ID and password in order to view these materials. I may change my electronic delivery preferences or unsubscribe from eDocuments at any time by logging into my account online or by calling **1-800-359-3379**.

11 SIGNATURE(S)

The undersigned, whether acting individually or in a fiduciary role, hereby certifies as follows:

I acknowledge that I have received the current prospectus for the Fund(s) in which I am investing. I agree to be bound by the terms of the prospectus as it may be revised from time to time. I will obtain the current prospectus for each Fund into which I may exchange before I request the exchange. I acknowledge and consent to the householding (i.e., consolidation of mailings) of regulatory documents such as prospectuses, shareholder reports, proxies, and other similar documents. I may contact the Fund's transfer agent to revoke my consent.

I ratify any instructions given on this account or any account subsequently opened by exchange of shares in *Wells Fargo Advantage Funds*. I agree that the Fund, its transfer agent, and any of their affiliates will not be liable for any loss, cost, or expense for acting upon any instructions if it follows reasonable procedures designed to prevent unauthorized transactions. I agree to notify the Fund's transfer agent of any errors or discrepancies within 60 days after the date of the statement confirming a transaction. I understand that the statement will be deemed to be correct, and the Fund, its transfer agent, Wells Fargo Funds Management, LLC, and its affiliates shall not be liable if I fail to notify the transfer agent within such time period. I represent that I am of legal age and have legal capacity to make this purchase.

11 SIGNATURE(S) (CONTINUED)

I acknowledge that *Wells Fargo Advantage Funds* is required by law to obtain certain personal information from me, which will be used to verify my identity, and that my account may not be opened if I do not provide this information. I further acknowledge that *Wells Fargo Advantage Funds* reserves the right to close my account, or take other reasonable steps, if it is unable to verify my identity.

I certify under penalties of perjury that: (1) the number shown on this form is the correct taxpayer ID number (or that I am waiting for a number to be issued to me); (2) I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and (3) I am a U.S. person (including a U.S. resident alien). I understand that I must cross out item (2) above if I have been notified by the IRS that I am subject to backup withholding because of underreporting interest or dividends on my tax returns.

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

To complete the application, you must sign and date here.

X _____
Signature of trustee, partner, officer, or personal representative Print name Date

X _____
Signature of co-trustee, partner, officer, or personal representative Print name Date

- | | | |
|-----------------------------------|---|---|
| Before you mail, have you: | <input type="checkbox"/> Completed section 1 and 2 of this form? | <input type="checkbox"/> Signed this application in section 11 (if applicable)? |
| | <input type="checkbox"/> Had signature(s) Medallion Guaranteed in section 3? | <input type="checkbox"/> Enclosed the appropriate documents as required in section 4? |
| | <input type="checkbox"/> Completed sections 4-10 (if applicable)? | <input type="checkbox"/> Included a voided check (if applicable)? |