

# Shareholder Account Options



Complete this form to establish or change options on your *Wells Fargo Advantage Funds*® account. Note that some of the options may not be available on employer-sponsored retirement plans. Remember to have your signature **Medallion Guaranteed**, if applicable (see section 6 of this form). 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](http://www.wellsfargo.com/advantagefunds)

## 1 ACCOUNT OWNER INFORMATION (PLEASE PRINT)

Name of Account Owner or Custodian (first, middle initial, last)		Social Security/taxpayer ID number	
Name of Joint Owner or Co-Trustee (first, middle initial, last)		Social Security number of Joint Owner/Co-Trustee	
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	

**Note:** If the address above is different than the address currently listed on our records, we will change all accounts under the Social Security/taxpayer ID number(s) listed above to reflect this new address. All future correspondence will be sent to the new address above until you advise us otherwise. Redemptions or distributions to this new address will not be allowed for 15 days after the address change unless your signature is **Medallion Guaranteed**.

## 2 ESTABLISH OR CHANGE BANK INFORMATION

You will need to attach a preprinted voided check or deposit slip to establish or change the bank information used for an Automatic Investment Plan (AIP), Express Purchase<sup>SM</sup>, Redemption Option via Electronic Funds Transfer (EFT), or wire on the accounts linked to the Social Security number(s) listed in section 1 or the specific account(s) listed in section 1 or sections 3 through 5 of this form. See Bank Information in section 6 of this form for additional details.

Account type:

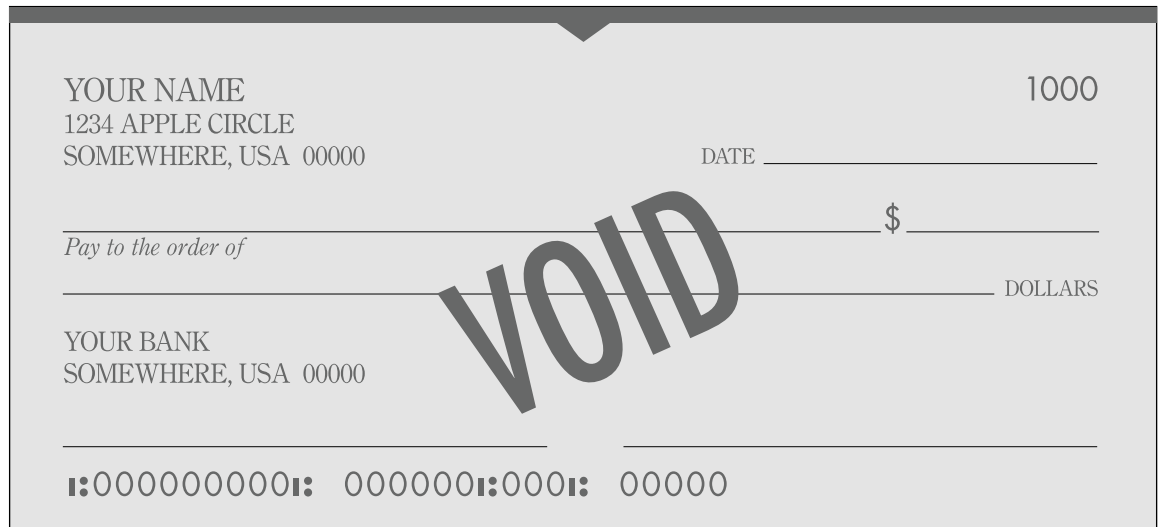
- Checking account
- Savings account

Savings account registration: \_\_\_\_\_

Savings ABA/Routing #: \_\_\_\_\_

**Note:** If no box is checked, your account will be updated as checking.

Please attach your preprinted, voided check or deposit slip. Do not staple.



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

**3 ESTABLISH OR CHANGE EXCHANGE, PURCHASE, OR REDEMPTION OPTIONS**

The following options will be updated on all account(s) associated with the Social Security number(s) listed in section 1 of this form. If you would like only specific accounts changed, list them below:

\_\_\_\_\_  
Fund and account number

\_\_\_\_\_  
Fund and account number

\_\_\_\_\_  
Fund and account number

\_\_\_\_\_  
Fund and account number

If you have existing bank information on file for any of these options, it will be removed and replaced with the new bank information provided, unless you check the box below:

Change the banking information for the following option(s), keeping any previous bank information on file as secondary information.

If you do not want certain options to be added or updated on your account, check the boxes below to indicate that you do not want that option.

**Exchange**

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\***

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 by phone to your bank account (via EFT or wire) if a 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.

*Note: If the account is an IRA or ESA, the redemption option via the Internet is not available.*

*\*A Medallion Guarantee may be required in section 7 of this form (see section 6 for details).*

*\*\*If the Wells Fargo Advantage Funds account is a UGMA/UTMA account, I certify that any funds redeemed will be used for the benefit of the minor.*

**Express Purchase<sup>SM</sup>**

This option gives you the ability to purchase shares via the Internet or by phone with payment from your designated bank account by EFT. Unless a voided check is enclosed, *Express Purchase* cannot be established with this form. This option will be added to your account unless you check the following box: I do **not** want *Express Purchase*.

*Note: Sections 4 and 5 of this form must be completed to establish and/or change the bank information for dividend and capital gains distributions and the Automatic Investment Plan (AIP). If no changes are indicated, these options will not be updated.*

*If you have an active Systematic Withdrawal Plan and would like to change the bank information, please attach a letter of instruction signed by all account owners. A Medallion Guarantee may be required in section 7 of this form (see section 6 for details).*

**4 CHANGE HOW DIVIDENDS AND CAPITAL GAINS ARE DISTRIBUTED**

Complete this section if you wish to change how the dividends and/or capital gains are distributed for your accounts. Specify what changes you would like to make and also what accounts are affected. If you choose to have funds sent electronically to a bank account, you will need to attach a preprinted voided bank check or deposit slip.

*Note: If the account is an IRA, this option is only available if you are 59½ or older.*

\_\_\_\_\_  
Fund and account number

\_\_\_\_\_  
Fund and account number

\_\_\_\_\_  
Fund and account number

**How would you like the dividends and capital gains to be distributed?**

Dividends:  Reinvested  Paid in cash

Capital gains:  Reinvested  Paid in cash

If you have chosen to have your dividends and capital gains paid in cash, please indicate where you would like them sent:

Mailed to my address of record (section 1 of this form).

Sent electronically to my bank account (attach voided check).

Automatically reinvested in the following identically registered *Wells Fargo Advantage Funds* account:

\_\_\_\_\_  
Identically registered Fund and account number

**5 ESTABLISH OR MAKE CHANGES TO AN AUTOMATIC INVESTMENT PLAN**

Complete this section if you would like to establish an Automatic Investment Plan (AIP) that allows you to make scheduled automatic purchases from your bank account into your *Wells Fargo Advantage Funds* account. Complete this section to change, restart, or update an existing AIP.

**You will need to check the appropriate box below and, if establishing or updating the bank information, attach a preprinted voided bank check or deposit slip.**

*The balance in your account must meet the minimum required for the Fund before we can add or restart an AIP. There is a \$50 minimum per investment, per account. If no amount is chosen for a new AIP, your bank account will be debited \$50 on the date(s) you have chosen. If no date is chosen for a new AIP, your account will be debited on or about the 25th day of the month. If the date falls on a weekend or holiday, your AIP 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. If you are restarting an existing AIP and no amount or date is indicated, your AIP will be restarted with the amount and date on file.*

**TO MAKE CHANGES:**

_____	_____	_____
Fund and account number	Fund and account number	Fund and account number
<input type="checkbox"/> Change AIP dollar amount \$_____ and/or date(s) of withdrawal _____		
<input type="checkbox"/> Restart/continue AIP using the existing bank information. Dollar amount \$_____ Date(s) _____		
<input type="checkbox"/> Restart/continue AIP using the new attached bank information. Dollar amount \$_____ Date(s) _____		

**TO ESTABLISH:**

_____	_____	_____
Fund and account number	Fund and account number	Fund and account number
<input type="checkbox"/> Add AIP using the existing bank information. Dollar amount \$_____ Date(s) _____		
<input type="checkbox"/> Add AIP using the new attached bank information. Dollar amount \$_____ Date(s) _____		

If an IRA, select how the AIP purchases should be considered.

All purchases made between January 1 and April 15 are to be considered:  Current-year purchases  Prior-year purchases

*If no box is checked, all investments will be considered **current-year** purchases. Any changes to this election must be made in writing prior to the purchase taking place. This selection will remain in effect until the transfer agent for the Fund receives written notice of the change.*

**6 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 or a *Medallion Guarantee* may be required (see section 7 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 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. 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.

**7 SIGNATURE(S) AND MEDALLION GUARANTEE(S)**

**HAVE YOUR SIGNATURE(S) MEDALLION GUARANTEED IF:**  
Establishing bank information with no owner in common with the *Wells Fargo Advantage Funds* account owner or when all *Wells Fargo Advantage Funds* joint account owners are not also bank account owners.

X \_\_\_\_\_ X \_\_\_\_\_  
Signature of Owner, Trustee, or Custodian Medallion Guarantee\* Date

X \_\_\_\_\_ X \_\_\_\_\_  
Signature of Joint Owner or Co-Trustee Medallion Guarantee\* Date

*\*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. The words "MEDALLION GUARANTEED" must be stamped or typed near each of the signatures being guaranteed. The guarantee must appear with the printed name, title, and signature of an officer and the name of the guarantor institution. Note that a Notary Public stamp or seal is not acceptable.*

- Before you mail, have you:**
- Entered your Social Security/taxpayer ID number in section 1?
  - Included a voided check or deposit slip in section 2 (if applicable)?
  - Indicated the specific Fund and account number(s) for AIP and dividends/capital gains in section 4 and 5 (if applicable)?
  - Had all account owners sign in section 7?

Wells Fargo Funds Management, LLC, a wholly owned subsidiary of Wells Fargo & Company, provides investment advisory and administrative 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. 106050 09-07

**NOT FDIC INSURED • NO BANK GUARANTEE • MAY LOSE VALUE**