SIMPLE IRA Contribution Remittance Form

Click here to clear the form

Each time contributions are made, submit a copy of this form and a check, payable to *Wells Fargo Advantage Funds*℠.
This form should accompany each check for SIMPLE IRA contributions. If you have questions about this form, call **1-800-222-8222,** Monday through Friday, from 8 a.m. to 5 p.m., Central Time.

WELLS FARGO ADVANTAGE FUNDS

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

1 EMPLOYER INFORMATION (PLEASE PRINT)

Employer's name _____ Employer's address _____ City _____ State _____ Zip code _____

Plan identification number _____ Employer's telephone number _____ Contact name _____

Enclosed is a check in the amount of $ _____ , representing the contributions as noted below, to the SIMPLE IRAs of the employees listed in section 2.
Mail with check made payable to: ***Wells Fargo Advantage Funds***, P.O. Box 8266, Boston, MA 02266-8266
Note: If the check and remittance do not match, we will return both to the employer.

2 CONTRIBUTIONS

For changes in allocations, participants should call 1-800-222-8222.

All contributions will be processed as indicated on this form. Note the minimum investment per fund, per participant, is $25 per month. **If contributions are being made for employees who do not already have a *Wells Fargo Advantage Funds* SIMPLE IRA account, attach each employee's completed *Wells Fargo Advantage Funds* SIMPLE IRA Application.**

EMPLOYEE INFORMATION
This section must be typed (not hand-written).

Name	Social Security Number	Employee Contribution	Employer Contribution	TOTAL
		0.00	0.00	0.00
		Total	**+ Total**	**= Total**