

Systematic Withdrawal Plan Form

Complete this form to establish a Systematic Withdrawal Plan (SWP) on your *Wells Fargo Advantage Funds*® **nonretirement account**. If you have questions, call **1-800-222-8222**.

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

1 REGISTRATION AND MAILING ADDRESS (PLEASE PRINT)

_____ Name of owner, custodian, or trustee (first, middle initial, last)	_____ Social Security/taxpayer ID number	_____ Date of birth (mm/dd/yyyy)	
_____ Name of joint owner or co-trustee	_____ Social Security/taxpayer ID number	_____ Date of birth (mm/dd/yyyy)	
_____ 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 to a new address will require your signature to be Medallion Guaranteed if requested within 15 days of the address change.**

2 ACCOUNT INFORMATION

Your account must have a current minimum balance of \$10,000 to establish a SWP.

Choose one:

Establish this plan on an **existing** *Wells Fargo Advantage Funds* account: _____
Fund and account number

or

Establish this plan on a **new** *Wells Fargo Advantage Funds* account. **A New Account Application must also be completed.**

Note: This form cannot be used for IRAs or other prototype retirement plans.

3 PAYMENTS

Payment amount: \$ _____ (\$100 minimum)

Payment frequency (choose one):

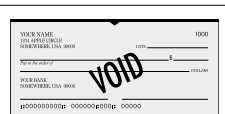
Monthly, beginning (specify month and date): _____

Quarterly, to be paid in March, June, September, and December (specify date of month): _____

Annually, on (specify month and date): _____

The SWP will begin as soon as administratively possible following the receipt of this properly completed form. Unless specified above, periodic redemptions will be made on the 25th day of each month. If the date falls on a weekend or holiday, your redemption will occur on the next business day. If the next business day falls in the next month, the redemption will cycle on the previous business day. If you selected annual payment but did not list the month, redemptions will be made in December. Certain Funds may assess early redemption fees. For more information, refer to the prospectus.

4 PAYMENT METHOD



Include a voided check for the electronic funds transfer (EFT) or wire payment method to ensure accurate bank account information.

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

Check the option you would like for receiving your SWP proceeds:

Electronically transfer the proceeds of this redemption request to the bank account indicated on the enclosed voided check. (Generally, the proceeds will arrive at your bank within two banking days. Receipt of valid bank information and verification by your bank is required before your first distribution will be made by EFT.) I understand that this service is governed by the terms and conditions found in the Bank Information section of the New Account Application and the prospectus. **A Medallion Guarantee may be required in section 5 of this form.**

Send a check by mail to the name and address under which the account is registered.

Send a check by mail to the temporary address or third party listed below. **A Medallion Guarantee is required in section 5 of this form.**

_____ Name of payee	_____ Account number (if applicable)		
_____ Mailing address	_____ City	_____ State	_____ ZIP code

I authorize Boston Financial Data Services (BFDS), the Fund's transfer agent, to systematically withdraw the amount listed in section 3 of this form from the *Wells Fargo Advantage Funds* account listed in section 2 of this form. I understand that payments will be made by redeeming the appropriate number of shares in the account at the current net asset value, including any applicable fees. I further acknowledge that redemptions for the purpose of satisfying the SWP may reduce, or even deplete, the account. I understand that if the amount remaining in the account is not sufficient to meet a SWP payment, the remaining balance will be redeemed and the SWP will be terminated. I further understand that once the SWP is terminated, simply investing additional funds will not reinstate the SWP. I understand that I may also terminate the SWP by calling the toll-free number at the top of this form, or by submitting a request in writing. I agree to the additional details and conditions pertaining to the SWP contained in the prospectus and Bank Information section of the New Account Application. I agree that 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.

You must sign and date here to complete this request. A Medallion Guarantee may also be required.

X _____
 Signature of owner, custodian, or trustee

 Print name

 Date

Medallion Guarantee* (if applicable)

X _____
 Signature of joint owner or co-trustee (if applicable)

 Print name

 Date

Medallion Guarantee* (if applicable)

HAVE ALL SIGNATURES MEDALLION GUARANTEED TO:

- Send proceeds to a bank where all *Wells Fargo Advantage Funds* account owners are not listed in the bank account registration;
- Send proceeds to an address different from the permanent address listed on the account or to a new address prior to the expiration of the 15-day hold;
- Make proceeds payable to someone other than or in addition to all *Wells Fargo Advantage Funds* account owner(s).

**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.*

Before you mail, have you:

- Entered your Social Security or taxpayer identification number in section 1?
- Had all owners sign in section 5 (and obtained a **Medallion Guarantee** if required)?
- Included a voided check (if applicable)?