

IRA Application



Complete this application to establish a Wells Fargo Funds traditional IRA, Roth IRA, or SEP-IRA. If you are opening more than one type of IRA, complete a separate IRA Application for each IRA. For share class eligibility, please refer to the prospectus. If you have questions or would like help completing this form, contact your FA or call 1-800-222-8222.

P.O. Box 219967 | Kansas City, MO 64121
wellsfargofunds.com

1 REGISTRATION AND MAILING ADDRESS (PLEASE PRINT)

Choose one:

- Individual IRA
- Minor IRA
- Beneficiary IRA
- SIMPLE IRA

IMPORTANT INFORMATION: Federal law requires that we obtain your name, street address, date of birth, and Social Security 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 Funds for instructions on properly establishing the account.

_____ Name of account owner or guardian (first, middle initial, last)	_____ Social Security 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
_____ Email address	_____ Daytime phone	_____ Evening phone	

Citizenship: U.S. citizen Resident alien Nonresident alien (specify country of tax residency) _____
Call the phone number at the top of this page for instructions on properly establishing your account.

For a minor IRA (complete the following):

_____ Name of minor (first, middle initial, last)	_____ Social Security number	_____ Date of birth (mm/dd/yyyy)
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For a beneficiary IRA (complete the following):

_____ Name of deceased account owner	_____ Date of birth (mm/dd/yyyy)	_____ Date of death (mm/dd/yyyy)
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Beneficiary's relationship to deceased: Nonspouse Spouse
If spouse, register my IRA as a Beneficiary IRA or an IRA in my name.
Please consult with your tax or legal advisor if you have questions regarding your particular situation.

For a SIMPLE or SEP IRA (complete the following):

_____ Name of employer	_____ Contact name (if known)	_____ Employer's group number
_____ Mailing address for employer	_____ City	_____ State _____ ZIP code

2 TYPE OF IRA

If no tax year is indicated, your contribution will be coded for the current tax year.

Choose one type of IRA:

Traditional IRA (choose one):

- Individual account For tax year _____ or Rollover from another traditional IRA
- Direct rollover/transfer (Complete an IRA Transfer form and/or any additional form(s) required by your plan administrator.)
 - IRA to IRA or Rollover IRA to rollover IRA or Employer retirement plan (403(b), 401(k), 457 governmental plan) to IRA
- IRA recharacterization (Complete an IRA Recharacterization form.)

Roth IRA (choose one):

- Individual account For tax year _____ or Rollover from another Roth IRA
- Conversion of assets (Complete a Roth IRA Conversion form.)

5 FUND SELECTION

To prevent delays in opening your account, be sure to choose a fund.

There is a minimum investment per fund. **Refer to the prospectus for minimum investment amounts and possible fund restrictions and fees. To waive the minimum investment per fund, you may establish an automatic investment plan (AIP) of \$50 or more in section 7 of this application.**

Make check payable to Wells Fargo Funds. We do not accept cash, starter checks, checks drawn on banks outside the United States, or credit card checks.

For SIMPLE IRAs, future contributions will be purchased according to the allocation indicated below. The minimum investment per fund is \$25 per contribution. **Note:** Percentages must be listed as whole numbers only.

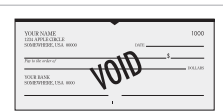
	Initial investment or investment allocation	
_____	\$ _____	or _____ %
Fund name and share class		
_____	\$ _____	or _____ %
Fund name and share class		
_____	\$ _____	or _____ %
Fund name and share class		
_____	\$ _____	or _____ %
Fund name and share class		
_____	\$ _____	or _____ %
Fund name and share class		

6 NOTICE OF WITHHOLDING UPON DISTRIBUTION

You will need to provide a withholding election each time you request a distribution by phone or in writing from your traditional IRA, SIMPLE IRA, or SEP-IRA. If no withholding election is made at the time of distribution, IRS regulations require that 10% federal income tax withholding be taken from your distributions.

Important state tax withholding information: Certain states require us to withhold state income tax from your distributions. If you reside in a state that requires withholding, we will withhold state income tax in accordance with the respective state's rules. Contact your tax advisor or your state tax authority for questions specific to your situation.

7 ESTABLISH ACCOUNT OPTIONS



Include a preprinted, voided check if you are establishing an AIP, the express purchase option, 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 Funds **IRA**, unless the account is a beneficiary IRA. There is a \$50 minimum per investment, per account.

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

Investment frequency: 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 occur on the previous business day.

All AIP purchases made between January 1 and April 15 are to be considered (choose one):

- 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. When establishing an AIP on an IRA, the IRA holder is responsible for calculating the amount to be invested. Overcontributions may result in IRS penalties.

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

Exchange—This option allows you to sell shares via the internet or by phone from one Wells Fargo Funds account and use the proceeds to buy shares in an identically registered Wells Fargo 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 by phone to have money sent to the owner/guardian's address of record or bank account (via EFT or wire) if a preprinted, voided check is provided. A redemption from your account will be considered an IRA distribution. This option will be added to your account unless you check the following box:

- I do **not** want the redemption option.

Express purchase (For traditional and Roth IRAs only)—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. A purchase into your account will be considered an IRA contribution. If a preprinted, voided check is provided, this option will be added to your traditional or Roth IRA unless you check the following box:

- I do **not** want the express purchase option.

8 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 Funds account registration for the purchase option. For the redemption option, all Wells Fargo Funds account owners must be listed in the bank account registration. If a preprinted, 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. Wells Fargo Funds, Wells Fargo Funds Management, LLC, affiliates, and subcontractors—as well as 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 hereby authorize my bank to honor all entries to my bank account initiated through State Street Bank and Trust Company or any successor, 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.

9 REDUCED SALES CHARGES OR WAIVERS (CLASS A ONLY)

If you qualify for a reduced sales charge or waiver, please complete the applicable section below.

Net asset value purchases. If you qualify for Class A purchases to be made without a sales charge, please check the appropriate box below, if applicable.

- Existing clients.** By checking this box, I certify that I am an existing client that was formerly invested in Investor Class shares and qualifies for all purchases to be made at net asset value. To demonstrate your eligibility, provide a fund and account number on the following line:

Fund and account number

- Team members.** By checking this box, I certify that I am a Wells Fargo team member and qualify for all purchases to be made at net asset value. A completed Team Member Verification form must accompany this application.
- Qualified rollovers.** By checking this box, I certify that I am opening this IRA account with assets directly transferred from a qualified retirement plan with Wells Fargo Institutional Retirement Trust or another Wells Fargo affiliate and qualify for all purchases to be made at net asset value.
- Other waivers.** By checking this box, I certify that I am eligible for all purchases to be made at net asset value as described in the "Reductions and waivers of sales charges" section of the applicable fund prospectus.

Rights of accumulation. To qualify for sales discounts on Class A shares, list below (or include on a separate sheet) the account numbers of other Class A, Class B, or Class C shares of the fund(s) for which you—or your spouse/domestic partner or your child/grandchild (under the age of 21)—are the account owner.

Fund and account number

Fund and account number

Letter of intent (LOI). I agree to the LOI conditions set forth below and as further described in the applicable fund prospectus. Although I am not obligated to do so, I intend to make future investments over the next 13 months of eligible shares in the funds in an aggregate amount at least equal to:

- \$50,000 \$100,000 \$250,000 \$500,000 \$1,000,000 Other \$ _____

I acknowledge and understand that each investment will be made at the public offering price applicable to a single transaction of the dollar amount specified in this LOI; that the reduced sales charges may vary for different funds and are subject to change; and that Class A, Class B, or Class C shares of a fund may be combined when determining the reduced sales charge, subject to certain restrictions.

10 FINANCIAL ADVISOR INFORMATION (COMPLETE ONLY IF YOU ARE DESIGNATING A FINANCIAL ADVISOR ON YOUR ACCOUNT)

Name of FA (first, last)

Name of dealer

Rep number

Branch number

Street address

City

State

ZIP code

Daytime phone

Fax number

Registered Investment Advisors (RIAs) cannot be added to any accounts. The FA represents and warrants that he/she is registered as an investment advisor with the Securities and Exchange Commission (SEC) and under the laws of each state in which he/she does or intends to do business or is exempt from such registration or that he/she is a registered representative of a licensed broker/dealer, and to the best of the FA's knowledge, no proceeding, enforcement action, disciplinary action, investigation, or arbitration by or before the SEC or any self-

regulatory organization is pending against the FA. The FA agrees to indemnify and hold Wells Fargo Funds harmless for any loss, cost, or damage (including reasonable attorneys' fees) resulting from acting upon any verbal, written, or electronic instructions that Wells Fargo Funds believes to have originated from the FA or other authorized individuals in connection with this authorization.

If the FA is the addressee of record for the account owner's account(s) in section 1 of this application, the FA agrees to promptly forward all prospectuses, shareholder reports, and other regulatory mailings from Wells Fargo Funds required by rule, statute, or other applicable regulation to be provided to the account owner. To the extent that the FA describes or distributes performance information concerning a fund, the FA agrees to obtain from Wells Fargo Funds and disseminate to his/her clients or prospective clients the most current performance information relating to the funds. The FA further agrees that he/she will not: alter or change in any respect any sales materials relating to the funds provided to him/her by Wells Fargo Funds without the prior consent of Wells Fargo Funds; distribute, disseminate, or publish any sales materials regarding Wells Fargo Funds or the funds that are misleading or otherwise in violation of applicable law; and/or disseminate any sales materials marked "For Institutional Investor Use Only" or similarly restricted as to distribution.

The FA must sign and date here or the application will be returned.

Signature of FA

Date

11 SIGNATURE

I acknowledge that I have received the applicable IRA Custodial Agreement and Disclosure Statement. I adopt the terms of the IRA Custodial Agreement and understand that it may be revised from time to time. I appoint and authorize the Custodian or its agent to perform those functions and the appropriate administrative services specified. 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 shares before I request the exchange. I acknowledge and consent to the householding (that is, 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 understand that my property may be transferred to the appropriate state if no activity occurs in the account within the time period specified by state law.

I represent that I am of legal age and have legal capacity to make this purchase. I understand, acknowledge, and agree that neither Wells Fargo Funds Management nor Wells Fargo Funds Distributor has provided or will provide any investment advice or recommendations to me whatsoever - including relating to the opening of this IRA account or any Wells Fargo Funds which I invest in through this IRA account, and I understand, acknowledge, and agree that, as such, neither will be acting as an investment fiduciary to me. I ratify any instructions given on this account or any account subsequently opened by exchange of shares in Wells Fargo 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 they follow reasonable procedures designed to prevent unauthorized transactions. I agree to notify the fund's transfer agent of any errors or discrepancies within 10 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, and Wells Fargo shall not be liable if I fail to notify the fund's transfer agent within such time period.

If I am opening a traditional IRA or Roth IRA with a distribution from an employer-sponsored retirement plan, I elect to treat the distribution as a partial or total distribution and certify that the distribution qualifies as a rollover contribution. If I am opening a beneficiary IRA or am a nonspousal beneficiary of a deceased participant in an employer-qualified plan, 403(b) arrangement, or eligible governmental 457 plan, I acknowledge that the required minimum distribution rules for a beneficiary apply to the IRA and that I am responsible for providing the custodian with appropriate withdrawal instructions to satisfy such rules. Failure to withdraw amounts as needed to satisfy such rules may result in significant penalty taxes. I understand that the following fees may be collected by redeeming sufficient shares from each fund account balance: an annual \$10 maintenance fee per fund (\$30 maximum) and a \$10 account closing fee. The fee schedule is subject to change and can be viewed at wellsfargofunds.com/fees.

I acknowledge that Wells Fargo 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 Funds reserves the right to close my account, or take other reasonable steps, if it is unable to verify my identity.

The following provisions only apply if you are designating an FA on your account in section 10:

I hereby authorize the FA designated on this application and individuals acting on behalf of the FA (collectively, authorized individuals) to have full access to my account and acknowledge that they may receive duplicate account statements. I authorize these individuals to execute documents and act on my behalf, in accordance with Wells Fargo Funds procedures. I understand that this does not grant the authorized individuals discretionary control over my account but allows them to act according to the instructions I provide to them.

I understand that if I do not want to authorize the FA to act on my behalf, I must check the box below.

I do not authorize my FA to act on my behalf, but he/she may receive duplicate account statements.

To the extent authorized above, Wells Fargo Funds may treat the authorized individuals as authorized to act for me and on my behalf in the same manner and with the same force and effect as I could. I agree to notify Wells Fargo Funds in writing immediately if this authority is revoked and further agree that, in the case of my death, disability, incapacity, or incompetency, Wells Fargo Funds may continue to act on the instructions of the authorized individuals for a reasonable period after Wells Fargo Funds is notified in writing that my authorization has been terminated or revoked. I agree that Wells Fargo Funds is not responsible for suitability of investment recommendations or transactions initiated by the authorized individuals on my behalf. I further agree to indemnify and hold Wells Fargo Funds harmless from acting upon any transactions on my account in Wells Fargo Funds resulting from verbal, written, or electronic instructions that Wells Fargo Funds reasonably believes to have originated from any and all acts of the authorized individuals.

I acknowledge that the authorized individuals are not Wells Fargo Funds employees or agents and that Wells Fargo Funds pays no compensation to the authorized individuals for recommending Wells Fargo Funds mutual funds. I understand that the authorized individuals are authorized to deduct advisory fees directly from my Wells Fargo Funds account. I further understand that they may simultaneously send me a copy of any advisory fee bill that they submit to Wells Fargo Funds and that it will be my responsibility to verify the amount of any such bill and to promptly notify Wells Fargo Funds of any errors.

If the authorized individuals are the addressees of record for my account(s), I acknowledge and agree that the authorized individuals shall receive all confirmations and other regulatory mailings regarding the fund(s) and that the authorized individuals are also responsible for forwarding to me all prospectuses, shareholder reports, and other regulatory mailings from Wells Fargo Funds required to be provided to me under applicable federal, state, or other applicable securities laws or rules and regulations of any self-regulatory organization.

I certify that the information I have provided on this application—and all future information I will provide with respect to my account—is true, complete, and correct.

To complete the application, you must sign here. An original signature is required.

X			
	Signature of owner or guardian (if IRA owner is a minor)	Print name	Date
X			
	Signature of owner or guardian (if IRA owner is a minor)	Print name	Date

Before you mail, have you:

<input type="checkbox"/> Completed section 1?	<input type="checkbox"/> Completed and enclosed an IRA Transfer form (if applicable)?
<input type="checkbox"/> Indicated a fund selection in section 5?	<input type="checkbox"/> Included a preprinted, voided check (if applicable)?
<input type="checkbox"/> Checked a box in section 9?	<input type="checkbox"/> Enclosed your check (if applicable) made payable to Wells Fargo Funds?
<input type="checkbox"/> Signed your application in section 11?	<input type="checkbox"/> Enclosed your check made payable to Wells Fargo Funds?
<input type="checkbox"/> Had your employer sign in section 11 (if applicable)?	

MAIL

Wells Fargo Funds
 P.O. Box 219967
 Kansas City, MO 64121

OVERNIGHT

Wells Fargo Funds
 c/o DST Asset Manager Solutions
 430 W. 7th Street, STE 219967
 Kansas City, MO 64105

Wells Fargo Asset Management (WFAM) is the trade name for certain investment advisory/management firms owned by Wells Fargo & Company. These firms include but are not limited to Wells Capital Management Incorporated and Wells Fargo Funds Management, LLC. Certain products managed by WFAM entities are distributed by Wells Fargo Funds Distributor, LLC (a broker/dealer and Member FINRA). 318135 (592546 Rev 04-02/19)