

WellsTrade® Letter of Authorization to Transfer Funds or Securities



Account Number (Client to complete-Required) []	Sub Firm # 205	Account Number [] <i>(Office Use Only)</i>
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ACCOUNT INFORMATION	Account Title []	Purpose of Transfer – required for UTMA/UGMA, IRA, QRP accounts and Wire Funds []
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TYPE OF TRANSFER	<input type="checkbox"/> One Time Disbursement: Any future requests will require a new Authorization form. <input type="checkbox"/> Standing Instructions: Requests for periodic transfers of a specific amount or transaction type and specific schedule or periodic transfers at the client's discretion with the amount not to exceed a specific threshold. Start Date: [] Expiration Date*: [] Frequency: [] <i>(weekly, monthly, etc.)</i> <i>*Standing instructions expiration date must not exceed a rolling 12 month Period</i>
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ASSETS TRANSFERRED	<input type="checkbox"/> Funds Disbursement(s): One-Time Amount: \$ [] OR <input type="checkbox"/> All cash and money market OR <input type="checkbox"/> All Funds and Securities Periodic Amount: \$ [] OR Not to exceed amount: \$ [] OR Transaction:(dividends/interest, sale proceeds, etc.) []
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Security Disbursement(s): <input type="checkbox"/> All Securities OR <input type="checkbox"/> Listed below. If needed, attach additional Position Listings on a separate sheet.					
No. of Shares	Security Description	Symbol or CUSIP #	No. of Shares	Security Description	Symbol or CUSIP #
[]	[]	[]	[]	[]	[]
[]	[]	[]	[]	[]	[]

DISTRIBUTION INSTRUCTIONS <i>Deliver of shares is the only option available to IRA accounts using this form. The IRA Distribution Request form is also required.</i>					
<input type="checkbox"/>	Deliver Shares: <input type="checkbox"/> to Another Wells Fargo Advisors Account. <input type="checkbox"/> to Another Financial Firm.	Account Title []	Account Number []		Firm Name []
<input type="checkbox"/>	Mail Check/Physical Certificate/DRS. <i>(A fee may apply)</i>	Payee/Recipient []	Account Number []		Delivery Instructions []
<input type="checkbox"/>	Wire Funds. <i>(A fee may apply) (Domestic or Foreign)</i>	Payee/Registrant's Address (include City, State, Zip Code & Country) []		Registrant's SSN or Tax ID []	
<input type="checkbox"/>	Bank Name []	ABA Routing # (Domestic Only) []		Bank Address []	
<input type="checkbox"/>	Bank City []	Bank State []	Bank Country (Foreign Only) []		Name on Bank Account []
<input type="checkbox"/>	Account Number []		Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings		Recipient Name []
<input type="checkbox"/>	Recipient Address (include City, State, Zip Code & Country - No PO Box or APO) []				
<input type="checkbox"/>	Swift/BIC # Code (Foreign Only) []	IBAN # (if applicable) []	Country/Local Routing Code (if applicable) []		
<input type="checkbox"/>	Intermediary Bank Name []	Account Number []	Intermediary Bank Information []		
<input type="checkbox"/>	Special Instructions []		Further Credit (if applicable) []		
<input type="checkbox"/>	Foreign Currency Distribution: Send: (currency) [] (in the amount of) []		<input type="checkbox"/> Foreign Currency <input type="checkbox"/> US Dollar Equivalent		

CLIENT SIGNATURES (If required) <i>(Do not sign below unless you have read and understand all terms and conditions on page two.)</i>			
Signature X	Print Name []	Date []	
Signature X	Print Name []	Date []	
Office Use Only	Authorized Account Holder []	Personally known to me <input type="checkbox"/>	Confirmed by two pieces of identification (e.g. SSN, DOB, recent account activity) []
Verbal Instructions from Client	[]	<input type="checkbox"/>	[]
	[]	<input type="checkbox"/>	[]

ASSOCIATE AND SUPERVISORY SIGNATURES		
The undersigned certifies that the account holder(s) authorized the terms of the transfer of funds and/or securities as described in this form. The undersigned further certifies that all handwritten portions of this document were filled in before account holder(s) signature(s) and that this document was not altered after being signed by account holder(s).		
Associate's Signature X	Associate's Name []	Date []
Qualified Supervisor's Signature X	Qualified Supervisor's Name []	Date []

SR # []

**ANY ACCOUNT OWNER OR PERSON SIGNING ON BEHALF OF THE ACCOUNT
HEREBY AGREES TO THE FOLLOWING TERMS AND CONDITIONS:**

WELLS FARGO ADVISORS, LLC, WELLS FARGO ADVISORS FINANCIAL NETWORK, LLC, FIRST CLEARING, LLC (herein collectively referred to as "WFA"), and Wells Fargo Bank, N.A., are separate affiliates of Wells Fargo & Company. As separate legal entities, none are responsible for the obligations of the others. Stocks, bonds, mutual funds and other securities bought and sold through WFA are not bank deposits of any bank and are not insured or otherwise protected by the Federal Deposit Insurance Corporation or any other government agency; are not an obligation of any bank or any affiliate of WFA; are not endorsed or guaranteed by Wells Fargo & Company, WFA, or any bank or any affiliate of WFA; and involve investment risk including possible loss of principal. Accounts are carried by First Clearing, LLC, member NYSE/SIPC.

In consideration of WFA accepting the instructions on page one of this document, I hereby release and discharge WFA and its affiliates from any liability or claims in connection with the aforementioned instructions and agree to indemnify and hold WFA harmless against any losses from any action, claim, or demand of any person based upon WFA acting under these instructions.

For transfers to third party accounts of which you have no ownership interest, you agree that by signing this document that you are hereby irrevocably relinquishing all rights, title, and interest to the assets(s) listed on page one of this document.

I hereby acknowledge that I have read and understand the terms of this request to transfer assets and further acknowledge that the terms of this request are binding regardless of any other agreement(s) between myself and the recipient(s) of these assets.

The following terms apply to transfers of assets from Qualified Retirement Plans:

In consideration of WFA accepting the instructions on page one of this document, I (the Plan Trustee(s)) represent that I have the authority to act on behalf of the Plan and on behalf of the Plan Administrator, if applicable, that the Plan, Plan Administrator, and the Plan Trustee hereby release and discharge WFA from any liability or claims in connection with these instructions and agree to indemnify and hold WFA harmless against loss from any action, claim, penalty or demand of any person (including without limitation, any participant or beneficiary under the Plan, the Internal Revenue Service, state or local taxing authority and any other governmental agency) based upon WFA acting under these instructions.

By signing this document, I represent to WFA for their reliance that this disbursement or transfer from the Plan's account, as described on page one of this document, either: (1) is not an "eligible rollover distribution," within the meaning of Section 402(c) of the Internal Revenue Code; or (2) is an "eligible rollover distribution," that is being transferred to the recipient's individual retirement account or to another qualified retirement plan. I acknowledge and agree that WFA may rely upon these representations in effecting the instructions of the signed.

BY SIGNING THIS DOCUMENT, THE SIGNED ACKNOWLEDGES THAT THEY HAVE READ AND UNDERSTAND THE FOREGOING.

WellsTrade® - Submit your completed form to:

Wells Fargo Advisors

Attention: H0004-014

PO Box 66535

St. Louis, MO 63166-9954

or Fax to 800-433-0738

Should you require assistance with this form, please call 1-800-TRADERS (1-800-872-3377)

Investment and Insurance Products:

Not Insured by FDIC or any Federal Government Agency	May Lose Value	Not a Deposit of or Guaranteed by a Bank or any Bank Affiliate
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Wells Fargo Advisors, LLC is a registered broker-dealer and separate non-bank affiliate of Wells Fargo & Company