

Net Asset Value (NAV) Noncommissionable Purchase Agreement

1 ACCOUNT INFORMATION (PLEASE PRINT)

Name of account owner, custodian (first, middle initial, last), or entity

Social Security/taxpayer ID number

Name of joint owner or minor (first, middle initial, last)

Social Security/taxpayer ID number

If trust, name of trustee(s)

Code the following accounts for NAV purchases going forward.

Fund and account number

Fund and account number

Fund and account number

Fund and account number

Fund and account number

Fund and account number

2 FINANCIAL ADVISOR INFORMATION

The following information will be used for verification purposes only.

Name of current financial advisor

Name of dealer

Rep number

Branch number

Street address

City

State

ZIP code

Daytime phone

Fax number

3 AUTHORIZATION

I certify that the shareholder(s) listed in section 1 of this form is/are eligible to purchase shares at NAV as described in the Reductions and Waivers of Sales Charges section of the applicable Fund prospectus. I understand that by executing this form, the specified accounts will be coded for NAV purchases going forward and my commission will be waived.

The financial advisor must sign and date here or the form will be returned.

X

Signature of financial advisor

Print name

Date

MAIL

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OVERNIGHT

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