

SIMPLE IRA Salary Reduction Agreement

Complete this form and forward it to your employer to establish a salary reduction agreement for your *Wells Fargo Advantage Funds*® SIMPLE IRA. If you have questions, call **1-800-222-8222**, 24 hours a day, 7 days a week.

**WELLS
FARGO** **ADVANTAGE
FUNDS**

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

1 EMPLOYEE INFORMATION (PLEASE PRINT)

Name of employee (first, middle initial, last)

Social Security number

2 SALARY REDUCTION

Salary Reduction Election

Subject to the requirements of the SIMPLE plan for _____,
Name of employer

I authorize _____% or \$_____ (which equals _____% of my current rate of pay) to be withheld from my pay for each pay period and contributed to my SIMPLE IRA as a salary reduction contribution.

Maximum Salary Reduction

I understand that the total amount of my salary reduction contributions cannot exceed \$11,500 for 2010 (this amount may be subject to cost-of-living adjustments for later years).

I further understand that, if I am 50 years of age or older in the current year, I may be eligible for a catch-up contribution of \$2,500 for 2010 (this amount may be subject to cost-of-living adjustments for later years).

Salary Reduction Start Date

I understand that my salary reduction contributions will start as soon as permitted under the SIMPLE plan and as soon as administratively feasible or, if later, _____. (Fill in the date you want the salary reduction contributions to begin.)
Start date (mm/dd/yyyy)

3 EMPLOYEE SELECTION OF FINANCIAL INSTITUTION

I select the following financial institution for my SIMPLE IRA:

Wells Fargo Advantage Funds

P.O. Box 8266

Boston, MA 02266-8266

I understand that I must establish a SIMPLE IRA to receive any contributions made on my behalf under this SIMPLE plan with the financial institution of my choice. If I choose an institution other than *Wells Fargo Advantage Funds*, I must contact that institution for its SIMPLE IRA information kit. If the information regarding my SIMPLE IRA is incomplete when I first submit my Salary Reduction Agreement, I realize that it must be completed by the date contributions must be made under the SIMPLE plan. If I fail to update my agreement to provide this information by that date, I understand that my employer may select a financial institution for my SIMPLE IRA.

4 SIGNATURE

I understand that this Salary Reduction Agreement replaces any earlier agreement and will remain in effect as long as I remain an eligible employee under the SIMPLE plan, or until I provide my employer with a request in writing to end my salary reduction contributions or provide a new Salary Reduction Agreement as permitted under this SIMPLE plan.

To complete this
request, you must sign
and date here.

X

Signature of employee

Print name

Date

Wells Fargo Funds Management, LLC, a wholly owned subsidiary of Wells Fargo & Company, provides investment advisory and administrative services for *Wells Fargo Advantage Funds*. Other affiliates of Wells Fargo & Company provide subadvisory and other services for the Funds. The Funds are distributed by **Wells Fargo Funds Distributor, LLC**, Member FINRA/SIPC, an affiliate of Wells Fargo & Company. 120772 02-10