

Account Closure or Partial Withdrawal Request

(Checking/Savings/Time Deposit)

Instructions

1. Complete all fields, as applicable. **Notarization is required.**
2. Wire instructions are required for receiving funds internationally or for receiving funds of \$1,000,000 or greater.
3. Ensure that you have the appropriate signatures/notary and any supporting documentation as indicated below.
4. Return to:

by Overnight Courier

Wells Fargo Bank
Exception Payments
MAC R4058-018
7711 Plantation Road
Roanoke, VA 24019

by Regular Mail

Wells Fargo Bank
Exception Payments
MAC R4058-018
P.O. Box 13327
Roanoke, VA 24040

Please note:

- Only an authorized signer may close the account.
- Funds will only be remitted in the name as it reads on the current Wells Fargo account statement the funds are being withdrawn from.
- For parties outside the U.S., you must provide complete wiring instructions in order to receive your funds.

Important Reminders:

- **Prepare your account for closure before submitting your request:**
 - Accounts must have a zero or positive balance in order to be closed.
 - All deposits, outstanding and pending items must be posted to the account in order to be closed.
 - Any recurring payments or withdrawals from your account need to be cancelled before your request to close (examples include bill payments and debit card payments) otherwise, they may be returned unpaid.
- **Certain conditions on your account may prevent closure:**
 - *Portfolio by Wells Fargo*® Checking accounts need to process a statement at month end, the statement will be finalized no later than the third business day of the month.
 - Claims, disputes, legal or bank restrictions need to be resolved.
 - Funds pledged for collateral or other purposes need to be released.
 - Balance sweep feature needs to be removed.
 - For assistance or questions please call *Wells Fargo Phone Bank*SM at 1-800-TO-WELLS (1-800-869-3557). For business accounts, Wells Fargo's National Business Banking Center at 1-800-CALL WELLS (1-800-225-5935).

Section 1. Customer Information

Customer Name (First, M.I., Last)			
Current Customer Address (Street #/Name)			Apt.#
City	State	ZIP Code	Country

Contact Information

Phone Number (Required)	Best Days/Times to Contact You
Email Address	

Section 2. Account Information

Please provide the following information for each account:

Account #	Account Type				Branch where account opened (optional)
	<input type="checkbox"/> Business Account	<input type="checkbox"/> Checking Account	<input type="checkbox"/> Savings Account	<input type="checkbox"/> Certificate of Deposit Account	
	<input type="checkbox"/> Business Account	<input type="checkbox"/> Checking Account	<input type="checkbox"/> Savings Account	<input type="checkbox"/> Certificate of Deposit Account	
	<input type="checkbox"/> Business Account	<input type="checkbox"/> Checking Account	<input type="checkbox"/> Savings Account	<input type="checkbox"/> Certificate of Deposit Account	
	<input type="checkbox"/> Business Account	<input type="checkbox"/> Checking Account	<input type="checkbox"/> Savings Account	<input type="checkbox"/> Certificate of Deposit Account	
	<input type="checkbox"/> Business Account	<input type="checkbox"/> Checking Account	<input type="checkbox"/> Savings Account	<input type="checkbox"/> Certificate of Deposit Account	

Business Accounts

- If the account(s) is (are) business account(s) and you are not an authorized signer, you must submit the appropriate business documentation to evidence signing authority (for example: corporate resolution, certified board meeting minutes, operating agreement, Amended Articles of Incorporation and Articles of Dissolution) along with this form. Upon closure of the account the check will be made payable to the business name on the account.

Time Deposit Accounts

Initial next to the appropriate selection.

If the account(s) is (are) time deposit account(s): I acknowledge that I may be subject to an early withdrawal penalty or a Regulation D penalty in connection with a partial withdrawal or closing my time deposit prior to maturity. Please refer to the applicable Fee & Information Schedule and Account Agreement for further information.

_____ I choose to close account(s) at maturity. Requests can be submitted up to 30 days prior to the maturity date.

Section 3. Account Closure/Partial Withdrawal Instructions

Type of Account Closure/Partial Withdrawal (select one):

- Partial withdrawal (specify amount) \$ _____
- Close account and transfer to my Wells Fargo (checking/savings) account # _____
- Close account and send funds as instructed below:

Receipt of Funds (select one):

- Cashier's Check (within the U.S. only)**
- Deliver via U.S. Mail – no charge
- Deliver via overnight courier - courier fees deducted from check proceeds
- Deliver via overnight courier signature required – courier fees deducted from check proceeds Deliver to current
- customer address (Section 1)
- Deliver to address below: (if different from current customer address in Section 1)

Note: No third party transactions are permitted.

Name			
Address (Street #/Name)			Apt.#
City	State	ZIP Code	Country

Wire Transfer (Domestic or International)

Note: A fee may apply for each domestic or international wire transfer, depending on your account type. Please refer to your Consumer Account Fee and Information Schedule or your Business Account Fee and Information Schedule. Applicable fees will be deducted from the account balance.

Please provide the account and routing information below: (All wires are sent in U.S. Dollars only)

Exact Customer Name (as it appears on the account at the receiving institution) No third party transactions are permitted.		
Name of Institution		
Intermediary Bank Name (if applicable)		
Account Number/International Bank Account Number [Examples: IBAN, CLABE (Required for transfers to Mexico), CPAPRN, IFSC, etc.]		
Routing Transit Number (for U.S. Banks)	SWIFT BIC (for International Wires)	Sort Code

Section 4. Reason for Closing

Please check one box:

Moving <input type="checkbox"/> Within Wells Fargo Banking Group (76) <input type="checkbox"/> Outside Wells Fargo Banking Group (77)		
Personal Circumstances <input type="checkbox"/> Divorce/Marriage (80) <input type="checkbox"/> Death (81) <input type="checkbox"/> Bankruptcy (82) <input type="checkbox"/> Re-issue/Estate (83) <input type="checkbox"/> Re-issue/Divorce or Marriage (84)		
Other Circumstances <input type="checkbox"/> No longer needs account (85) <input type="checkbox"/> Re-issue/Customer Request (86) <input type="checkbox"/> Forged/Lost/Stolen (87) <input type="checkbox"/> Business no longer exists (88) <input type="checkbox"/> Purchased other products (89)		
Service Related <input type="checkbox"/> Too many Wells Fargo errors (90) <input type="checkbox"/> Inconsiderate/Inattentive Staff (91) <input type="checkbox"/> Wait time too long (92) <input type="checkbox"/> Inconvenient hours/locations (93) <input type="checkbox"/> Slow/Poor Follow-up (94) <input type="checkbox"/> Could not find right person (95) <input type="checkbox"/> Due to merger (96)		
Price Related <input type="checkbox"/> Service charges (78) <input type="checkbox"/> Interest rates (79)		

Section 5. Signature and Notary

Wells Fargo requires that you have this document notarized to protect your identity and ensure fastest processing of your request. If you are having this document notarized internationally, please refer to the U.S. Embassy/U.S. Consulate for notarization or a legal confirmation of your signature (known as an Apostille Guarantee) from a government agency in your country.

Notary: You may attach your own acknowledgement form if the language below does not meet your State requirement.

STATE OF _____

COUNTY OF _____

Subscribed and sworn to before me on the _____ day of _____, 20_____, the undersigned,

a Notary Public in and for said State, personally appeared _____

(Name of Customer)

proved to me on the basis of satisfactory evidence/to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of _____ that the forgoing paragraph is true and correct.

X

Customer Signature

WITNESS my hand and official seal

Notary Public Signature

Notary Public Name (Typed or Printed)

My Commission Expires

Notary Seal

Checklist

- Have you provided contact information in case we need to reach you?
- Have you provided account numbers?
- If receiving funds by wire transfer, did you provide the required bank and account information?
- If this is a business account, and you are not indicated as an authorized signer on the account, have you provided the corporate resolution or certified board meeting minutes?

For questions and assistance: Call 866-990-0814 Monday through Friday 7:00 a.m. – 7:00 p.m. Central Time.