

WellsTrade® Letter of Authorization to Transfer Funds or Securities



Account Number (Client to complete-Required) <div></div>	Sub Firm # <div>205</div>	Account Number <div></div> (Office Use Only)
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ACCOUNT INFORMATION
Account Title
Purpose of Transfer – required for UTMA/UGMA, IRA, QRP accounts and Wire Funds

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: _____ (weekly, monthly, etc.) <i>*Standing instructions expiration date must not exceed a rolling 12 month Period</i>

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.) _____

Security Disbursement(s): <input type="checkbox"/> All Securities OR <input type="checkbox"/> Listed below. If needed, attach additional Position Listings on a separate sheet.																		
<table border="1"> <thead> <tr> <th>No. of Shares</th> <th>Security Description</th> <th>Symbol or CUSIP #</th> <th>No. of Shares</th> <th>Security Description</th> <th>Symbol or CUSIP #</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	No. of Shares	Security Description	Symbol or CUSIP #	No. of Shares	Security Description	Symbol or CUSIP #												
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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:	Account Title		Account Number	
	<input type="checkbox"/> to Another Wells Fargo Advisors Account. <input type="checkbox"/> to Another Financial Firm.	Firm Name		Delivery Instructions	
<input type="checkbox"/>	Mail Check/Physical Certificate/DRS. (A fee may apply)	Payee/Recipient		Account Number	
	Payee/Registrant's Address (include City, State, Zip Code & Country)			Registrant's SSN or Tax ID	
<input type="checkbox"/>	Wire Funds. (A fee may apply) (Domestic or Foreign)	Bank Name		ABA Routing # (Domestic Only)	
	Bank Address	Bank City	Bank State	Bank Country (Foreign Only)	
	Name on Bank Account	Account Number		Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
	Recipient Name	Recipient Address (include City, State, Zip Code & Country - No PO Box or APO)			
	Swift/BIC # Code (Foreign Only)	IBAN # (if applicable)		Country/Local Routing Code (if applicable)	
	Intermediary Bank Name	Account Number	Intermediary Bank Information		
	Special Instructions		Further Credit (if applicable)		
	Foreign Currency Distribution: Send: (currency) _____ (in the amount of) _____ <input type="checkbox"/> Foreign Currency <input type="checkbox"/> US Dollar Equivalent				

CLIENT SIGNATURES (If required) (Do not sign below unless you have read and understand all terms and conditions on page two.)		
Signature X	Print Name	Date
Signature X	Print Name	Date

Office Use Only	Authorized Account Holder	Personally known to me	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