

Account Services Agreement - Personal



Sub Firm No.	BR Code	FA Code	Account Number
			-

Account Type

Individual: Individual Custodian/Minor Guardianship/Conservatorship Sole Proprietor 529 Plan 529 Plan - Custodian
(Must attach appointment)

Joint: Joint Tenants in Common Joint Tenants with Rights of Survivorship Joint Tenants by Entirety (If permitted by your State) Community Property (If required by your State) 529 Plan - Joint

Advisory Program (if applicable)

Allocation Advisors Asset Advisor CustomChoice DMA FundSource Private Advisor Network Pathways PIM Wells Fargo Compass

Owner Information
Primary Owner Name

Social Security or Tax ID No.

Mailing Address

City State ZIP Code Country

Co-Owner/Associated Party's Name 1 (if applicable)

Co-Owner/Associated Party's Name 2 (if applicable)

Co-Owner/Associated Party's Name 3 (if applicable)

You acknowledge entering into this Master Service Agreement with us for the Social Security Number or Tax ID listed above. We will open this account at your direction and then provide you with copies of the related Owner and Account Profiles, and Disclosures (including fees and interest charges for financial instruments or transactions). You agree to promptly review and immediately advise us if any of the Owner and/or Account Profiles information is not accurate or becomes inaccurate. You understand that we will rely on this information and that it is your responsibility to provide accurate and timely updates and that your failure to do so may affect recommendations that are given to you related to investments in this account.

If you decide to close or make changes to this account (including allowable account type changes), you will provide such direction to us. The account will be updated accordingly, you will be provided with notification regarding such changes and any fees, where applicable, will be refunded provided you request your account to be closed within 30 days of opening the account. Advisor fees will be refunded pro-rata.

Account profile, characteristics or activities covered by this agreement include, but are not limited to:

- Managed accounts whereby you will be charged a periodic fee related to the assets under management and for certain account types your Financial Advisor or Money Manager(s) have discretion to purchase or sell securities without discussing such activities with you.
- On-line access including electronic delivery of documents (for example: statements, confirms, tax forms, prospectus, and proxy)

Transaction Confirmation Waiver (Only applicable for Allocation Advisors, DMA, Fundamental Choice, FundSource, Pathways, PIM, Private Advisor Network, Quantitative Choice and Wells Fargo Compass programs)
By initialing here, I/we hereby waive the right to receive transaction confirmations on the assets enrolled in the program.
See Client Agreement, Page 6, Section IV, Paragraph 2.

If this is a Margin Account, by signing this agreement, I acknowledge that my securities may be loaned to the Clearing Firm or loaned out to others.

Tax Certification - Check one box below that applies.

U.S. Person or Resident Alien: By checking this box, under penalties of perjury, I certify that:
 1) The number shown on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me); and
 2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
 3) I am a U.S. citizen or other U.S. person.
 You must cross out item 2) above if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return.

Non-Resident Alien: By checking this box, I certify that I am not a U.S. citizen or resident alien for U.S. tax purposes and I will provide Form W-8BEN, W-8ECI, W-8EXP or W-8IMY with this application. If one of the joint owners provides a Form W-9 furnished in accordance with the procedures described in 31.3406(d)-1 through 31.3406(d)-5 of the federal tax regulations, all payments shall be reportable to that payee.

THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING.

I AGREE TO THE TERMS AND CONDITIONS OF THIS AGREEMENT. THIS AGREEMENT CONTAINS A PREDISPUTE ARBITRATION CLAUSE LOCATED ON PAGE 1, PARAGRAPH 5, OF THE CLIENT AGREEMENT (MASTER SERVICE AGREEMENT). I HEREBY ACKNOWLEDGE RECEIPT OF A COPY OF THIS AGREEMENT, THE CLIENT AGREEMENT (MASTER SERVICE AGREEMENT), AND THE TERMS AND CONDITIONS OF THE ADVISORY PROGRAM ACCOUNT, IF APPLICABLE, AND THE PROSPECTUS FOR MONEY MARKET FUND SWEEP OPTIONS.

Primary Owner Signature X	Printed Name	Title (if applicable)	Date / /
Co-Owner/Associated Party's Signature 1 X	Printed Name	Title (if applicable)	Date / /
Co-Owner/Associated Party's Signature 2 X	Printed Name	Title (if applicable)	Date / /
Co-Owner/Associated Party's Signature 3 X	Printed Name	Title (if applicable)	Date / /

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