

Account Services Agreement – ESA



Sub Firm #	BR Code	FA Code	Account Number

Advisory Program (if applicable)

- Allocation Advisors
 Asset Advisor
 CustomChoice
 DMA
 Fundamental Choice
 FundSource
 Network
 Pathways
 PIM
 Quantitative Choice
 Wells Fargo Compass

Owner Information

Primary Owner Name

Social Security or Tax ID No.

Date of Birth

Mailing Address

City

State

Zip Code

Country

You acknowledge entering into this Master Service Agreement and you are opening an Educational Savings Account whereby First Clearing, LLC will serve as Custodian. We will open this account at your direction and then provide you with copies of the related Owner and Account Profiles (including the ESA Custodial Agreement), 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 impact 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. Advisory 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, Network, Pathways, PIM, 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.

DESIGNATED BENEFICIARY (Child must be under the age of 18 when account is established)

Child's Name			Date of Birth (must be under 18) / /
Mailing Address (Cannot be a P.O. Box)			Social Security No.
City	State	ZIP Code	Phone

RESPONSIBLE PARTY (Individual directing this account must be a parent or guardian)

Name			Social Security No.
Mailing Address (Cannot be a P.O. Box)			<input type="checkbox"/> Check here if additional monthly statement should be mailed to this address.
City	State	ZIP Code	Phone

INDIVIDUAL ESTABLISHING THIS ACCOUNT (Depositor)

Name (If different from Responsible Party named above)	Depositor SSN	Amount of Initial Contribution \$
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Investment products and services are offered through Wells Fargo Advisors Financial Network, LLC ("WFAFN"), member FINRA/SIPC, and a registered broker-dealer and non-bank affiliate of Wells Fargo & Company. WFAFN uses the trade name Wells Fargo Advisors.

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SUCCESSOR BENEFICIARY (Who inherits the assets of the ESA at the death of the Original Designated Beneficiary)

If you wish to designate a successor Designated Beneficiary in the event of death, the beneficiary must be a "Member of the Family" of the original Designated Beneficiary as defined by the Internal Revenue Service and outlined in the FCC Education Savings Account Agreement and must be under the age of 30 on the date of the original Designated Beneficiary's death. If the successor beneficiary does not meet these requirements, assets in the ESA will not be distributed to them upon death of the original Designated Beneficiary.

Relationship (Family Member)		Beneficiary Name		Soc. Sec. or Tax ID No.		Beneficiary Phone	
Designated %	Beneficiary Address		City	State	ZIP Code	Birthdate (Note Age Restriction) / /	
Relationship (Family Member)		Beneficiary Name		Soc. Sec. or Tax ID No.		Beneficiary Phone	
Designated %	Beneficiary Address		City	State	ZIP Code	Birthdate (Note Age Restriction) / /	

Check this box if additional beneficiaries are named or information is supplied on a separate signed page using the same format as above. I understand that if none of the beneficiaries named above are living at the death of the Original Designated Beneficiary, this FCC Education Savings Account Custodial Account will pass pursuant to the terms and conditions of the governing Custodial Agreement.

I AGREE TO THE TERMS AND CONDITIONS OF THIS AGREEMENT. THIS AGREEMENT, CONTAINS BY REFERENCE, A PREDISPUTE ARBITRATION CLAUSE LOCATED ON PAGE 1, PARAGRAPH 5, OF THE CLIENT AGREEMENT. I HEREBY ACKNOWLEDGE RECEIPT OF A COPY OF THIS AGREEMENT, THE CLIENT AGREEMENT, AND THE TERMS AND CONDITIONS OF THE ADVISORY PROGRAM ACCOUNT, IF APPLICABLE, AND THE PROSPECTUS FOR MONEY MARKET FUND SWEEP OPTIONS. I, THE UNDERSIGNED, AGREE TO BE BOUND BY THE TERMS OF THIS AGREEMENT AS WELL AS THE FIRST CLEARING, LLC ("FCC") SELF-DIRECTED EDUCATIONAL SAVINGS ACCOUNT DISCLOSURE STATEMENT & EDUCATIONAL SAVINGS ACCOUNT CUSTODIAL AGREEMENT (FOR THE TYPE OF ACCOUNT I HAVE SELECTED ABOVE), WHICH IS HEREBY INCORPORATED INTO THIS AGREEMENT.

Account Owner Signature	Printed Name	Title (if applicable)	Date (Required) / /
Account Owner Signature	Printed Name	Title (if applicable)	Date (Required) / /