Clear Form

Letter of Authorization (LOA)

WELLS FARGO Advisors

Use the Letter of Authorization (LOA) form to transfer cash and/or investments between Wells Fargo brokerage accounts, or to make a partial outgoing transfer to an outside brokerage account

Section 1 From: Account Information

Complete all fields, including your 8-digit account number.

Wells Fargo 8-Digit Brokerage Account Number

Qualified Retirement Plan ☐ Yes ☐ No

Account Name/Title (e.g., John Doe, John and Mary Doe, the Doe Family Trust, etc.)

Section 2 Tell Us About Your Transfer Request

Please only select one transfer type, then complete applicable transfer details. If no selection is made, one-time disbursement is the default. Transfer requests from deceased accounts can only be One-Time Instructions.

You may elect to distribute cash only, securities only, or both cash and securities.

Purpose for Transfer – required for UTMA/UGMA _____

☐ One-Time Instructions (Any future requests will require a new form):

- ☐ All Cash and Securities - does not include residuals
- ☐ All Cash and Securities - including 90 day cash residual transfer
- ☐ Cash $ _____ or ☐ All Cash
- ☐ Securities - only those listed on next page
- ☐ All Securities

☐ Standing Instructions (may be used for future transactions at the client's request; client must initiate each request):

- ☐ Cash (Check one box below)
  - ☐ Not to Exceed Dollar Value $ _____ or ☐ Cash - Unlimited
- ☐ Securities (Check one box below)
  - ☐ Not to Exceed Securities and Quantity or Values Listed Below or ☐ Any Securities, Unlimited

☐ Periodic Instructions (automated transfer of a specific dollar amount or type; only available for cash):

Amount $ _____ AND/OR Type(s) (dividends, interest, etc.): _____

Start Date: _____ Frequency (monthly, quarterly, etc.): _____

Expiration Date (if none listed, transfers will continue until you revoke): _____

Investment and Insurance Products are:
- **Not Insured by the FDIC or Any Federal Government Agency**
- **Not a Deposit or Other Obligation of, or Guaranteed by, the Bank or Any Bank Affiliate**
- **Subject to Investment Risks, Including Possible Loss of the Principal Amount Invested**

Wells Fargo Advisors is a trade name used by Wells Fargo Clearing Services, LLC, Member SIPC, a registered broker-dealer and non-bank affiliate of Wells Fargo & Company.

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Only the securities listed below.

Need more space? Attach separate pages including Tax Lot Selections if applicable; any attachments must also be signed.

Number of Shares/Contracts (or for standing instructions, list not to exceed or unlimited quantity)	Security Description	Symbol or CUSIP	For standing instructions, provide maximum market value based on prior business day's closing value

Section 3 Tell Us How You Want To Move Assets

Please only select one checkbox in Section 3.

☐ Move via Journal to another Wells Fargo Advisors Account

Important: Time of completion varies based on account activity and method of distribution.

8-Digit Account Number	Account Title

☐ Send assets to another Financial Firm (DTC or Partial ACATs)

Receiving Account Number	Receiving Account Name	
Receiving Firm Name	Delivery Instructions	Firm or DTC Number
Receiving Tax ID Number		

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☐ Check **Important: Checks cannot be mailed directly to the IRS or other taxing authorities.**

Payee Information - Make Check Payable To:

Payee Name: _____

Payee Name (Continued): _____

Delivery Instructions - Mail to Address: Important: Check cannot be overnighted to a P.O. Box.

Care of (C/O)	Street Address	
City	State/Province	ZIP/Postal Code
Country (if outside of U.S.)		

Purpose: Use the following fields to note the purpose(s) and amount(s) on the check stub:

Purpose: _____ Amount: _____

Purpose: _____ Amount: _____

Purpose: _____ Amount: _____

Purpose: _____ Amount: _____

Purpose: _____ Amount: _____

Purpose: _____ Amount: _____

Delivery Method

☐ Regular Mail (default)

☐ Overnight Delivery (Fee will apply, overnight is not an option for recurring instructions)

Section 4 Complete this section for QRP Tax Withholding Disbursements Only

As Plan Trustee(s) I request additional checks to pay federal and state taxes. *I understand that I should consult with the third party administrator, tax advisor or legal advisor regarding any mandatory federal tax withholding and any mandatory state tax withholding required for certain distributions and the preparation and filing of the IRS Form 1099-R.*

I request the following additional check(s) to pay federal and state taxes:

Note: Frequency must match frequency in Section 2

☐ **One-Time Instructions** (Any future requests will require a new form):

☐ **Standing Instructions** (may be used for future transactions at the client's request; client must initiate each request):

☐ Cash (check one box below)

☐ Not to Exceed Dollar Value $ _____ or ☐ Unlimited

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☐ For **federal tax** withholding purposes, please disburse a check in the amount of $ _____

Payee Information - Make Check Payable To:

Payee Name: _____

Payee Name (continued): _____

Delivery Instructions - Mail to Address:

Important: Check cannot be mailed to the IRS or other taxing authorities, nor can they be overnighted to a P.O. Box.

Name of Plan or Third Party tax reporting provider and mailing address ***(mailing address can not be a state agency)***		
Street Address		City
State/Province	ZIP/Postal Code	Country (if outside of U.S.)

☐ For **state tax** withholding purposes, please disburse a check in the amount of $ _____

Payee Information - Make Check Payable To:

Payee Name: _____

Payee Name (continued): _____

Delivery Instructions - Mail to Address:

Important: Check cannot be mailed to the IRS or other taxing authorities, nor can they be overnighted to a P.O. Box.

Name of Plan or Third Party tax reporting provider and mailing address ***(mailing address can not be a state agency)***		
Street Address		City
State/Province	ZIP/Postal Code	Country (if outside of U.S.)

Section 5 Provide Signature(s) and Date

The undersigned acknowledges that I/We have read this form in its entirety and understand and agree to be bound by this Letter of Authorization and the Terms and Conditions located on page 5.

Account Owner/Plan Trustee/Authorized Person Signature	Print Name - First Person	Date Signed
X		
Account Owner/Plan Trustee//Authorized Person Signature	Print Name - Second Person, if any	Date Signed
X		
Account Owner/Plan Trustee//Authorized Person Signature	Print Name - Third Person, if any	Date Signed
X		

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Terms and Conditions

WELLS FARGO CLEARING SERVICES, LLC, ("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 Wells Fargo Clearing Services, LLC, member NYSE/SIPC.

In consideration of WFA accepting the instructions on this document, I release and discharge WFA and its affiliates from any liability or claims in connection with these 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 in which you have no ownership interest, you agree that by signing this document that you are irrevocably relinquishing all rights, title, and interest to the asset(s) listed on this document.

I 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 me and the recipient(s) of these assets.

The following additional terms also apply to Qualified Retirement Plans accounts:

If the instructions on this document relate to a Qualified Retirement Plan (the “Plan”) account under the Employee Retirement Income Security Act (“ERISA”), the Trustee(s), as Authorized Person(s) certifies the disbursement is permissible under the terms of the Plan document, the assets are properly distributable to the above-named payee/recipient, and no other party has any claim of interest to these assets. Trustee(s) acknowledge they have provided all disclosures and notices to participants, including notice of distribution options, required under the terms of the Plan and/or ERISA and Internal Revenue Code (“IRC”) and the regulations promulgated thereunder. Trustee(s) further confirm that any required withholding is being performed by the Plan Administrator or other entity hired by the employer and acknowledges that WFA is NOT withholding federal or state taxes on any disbursements, providing the required special tax notice or other required notices to participants, nor preparing Internal Revenue Service Form 1099(s) for the requested disbursement. WFA does not act as Plan Administrator, third party administrator, or reporting or paying agent for the Plan.

In consideration of WFA accepting the instructions within this document related to a Plan account, the Trustee(s), as Authorized Person(s) represent that I/We have the authority to act on behalf of the Plan and on behalf of its Plan Administrator, if applicable, and that the Plan, Plan Administrator, and the Trustee(s) hereby release and discharge WFA from any liability or claims in connection with these instructions, and agree to indemnify and hold FA harmless against loss from any action, claim, penalty, or demand of any person (including, without limitation, any participant or beneficiary under the Plan, the IRC, the Department of Labor, state or local taxing authority, and any other governmental agency) based upon WFA acting under these instructions.

Section 6 Next Steps

WellsTrade® - Submit your Completed Form via Secure Email or Mail (for Non-Electronic Signatures).
Ensure all sections are complete and that the form is signed and dated.
Secure Email: (available from computers and tablets only):

1. Scan or take photos of your completed form.
   - Include your Wells Fargo Advisors account number on each document.
   - Documents must be clear, legible and include all pages.
2. Select www.wellsfargo.com/senddocument to access Message Center.
3. Choose Attach Documents, then select Send. Please note that attachments cannot be larger than 25 MB.

Mail: Wells Fargo Advisors, Attention: MAC N9160-01P
PO Box 77046, Minneapolis, MN 55480-9902

Should you require assistance with this form, please call 1-800 TRADERS (1-800-872-3377).

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