

Sub Firm #	BR Code	FA Code	Account Number

### TRANSFER ON DEATH (TOD) APPLICATION

Account Owner(s) Name(s)	Social Security Number(s)	
Account Owner(s) Address(es)	City, State	Zip

You are applying for registration of your TOD account in beneficiary form. This will cause the beneficiary(ies) you name below to own your account assets upon the death of the last surviving account owner. You direct us to transfer all of your TOD account assets according to the instructions listed below.

You certify that you have received and agree to all terms of the TOD agreement.

IF YOU ARE MARRIED AND LIVE IN A COMMUNITY PROPERTY JURISDICTION (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin, or Puerto Rico; in Alaska, community property rules may be adopted by agreement signed by the married couple):

If you designate a beneficiary who is not your spouse, your spouse should approve your designation.

If you get married after signing this form, your marriage may make your beneficiary designation(s) invalid, so your spouse should consent to your designation.

We may reject your TOD application or refuse to distribute your account assets to your beneficiary(ies) if we have not received your spouse's consent to your beneficiary designations.

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### PRIMARY BENEFICIARY DESIGNATION

When the last surviving account owner has died and we have received the documents listed in Section 8 of the TOD agreement, we will transfer assets to the following beneficiaries, if they survive the last account owner. If you indicate no percentages below, we will divide the assets in your account equally among the beneficiaries. If you designate percentages, they must add up to 100%. If no primary or contingent beneficiaries are alive when the last surviving account owner dies, or if all beneficiaries disclaim their interests in your account, we will distribute the assets to the last surviving account owner's estate.

#### YOU MUST CHECK ONE BOX BELOW

If any primary beneficiary is not alive when the last surviving account owner dies or if that beneficiary disclaims his/her interest, then we will distribute that beneficiary's share as follows:

- To the remaining primary beneficiary(ies) on a pro rata basis (p
- To the applicable contingent beneficiary(ies) designated at the
- To the last surviving account owner's estate.

One of the following must be completed for each primary beneficiary and each contingent beneficiary if a contingent beneficiary is provided.  
- Beneficiary SSN or Beneficiary Birthdate/Trust Date

*(Please use a separate sheet if additional beneficiaries are desired. The sheet must be signed by all account owners.)*

	Relationship to Client	Beneficiary Name	Soc. Sec. # or Tax ID #	Beneficiary Phone #
<b>1</b>				
	<b>Percentage</b>	<b>Beneficiary Address</b> (Street number, City, State and Zip Code)		<b>Birth Date or Trust Date</b>
	%			
<b>2</b>				
	<b>Percentage</b>	<b>Beneficiary Address</b> (Street number, City, State and Zip Code)		<b>Birth Date or Trust Date</b>
	%			
<b>3</b>				
	<b>Percentage</b>	<b>Beneficiary Address</b> (Street number, City, State and Zip Code)		<b>Birth Date or Trust Date</b>
	%			
<b>4</b>				
	<b>Percentage</b>	<b>Beneficiary Address</b> (Street number, City, State and Zip Code)		<b>Birth Date or Trust Date</b>
	%			

### CONTINGENT BENEFICIARY DESIGNATION

*(Please use a separate sheet if additional beneficiaries are desired. The sheet must be signed by all account owners.)*


	Contingent to Primary Beneficiary Number(s)	Beneficiary Name	Soc. Sec. # or Tax ID #	Beneficiary Phone #
<b>1</b>	<input type="checkbox"/>			
	<b>Percentage of Primary Beneficiary Share</b>	<b>Beneficiary Address</b> (Street number, City, State and Zip Code)		<b>Birth Date or Trust Date</b>
	%			
<b>2</b>	<input type="checkbox"/>			
	<b>Percentage of Primary Beneficiary Share</b>	<b>Beneficiary Address</b> (Street number, City, State and Zip Code)		<b>Birth Date or Trust Date</b>
	%			
<b>3</b>	<input type="checkbox"/>			
	<b>Percentage of Primary Beneficiary Share</b>	<b>Beneficiary Address</b> (Street number, City, State and Zip Code)		<b>Birth Date or Trust Date</b>
	%			
<b>4</b>	<input type="checkbox"/>			
	<b>Percentage of Primary Beneficiary Share</b>	<b>Beneficiary Address</b> (Street number, City, State and Zip Code)		<b>Birth Date or Trust Date</b>
	%			

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**ACCOUNT INFORMATION** (Check one box below.)

- Original TOD application
- Change of beneficiaries in TOD application

IMPORTANT: If some securities in your account are not eligible for TOD registration, then we will distribute those securities to the last surviving account owner's estate. Louisiana residents may not open TOD accounts with us. Because of the complex legal and tax issues, we cannot advise whether a TOD registration is appropriate for your tax and estate planning. YOU SHOULD CONSULT WITH YOUR LEGAL AND TAX ADVISORS BEFORE ELECTING OR REVOKING A TOD ACCOUNT REGISTRATION.





\_\_\_\_\_  
**Account Owner Signature** \_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Account Owner Signature** \_\_\_\_\_  
**Date**

**SPOUSAL CONSENT**

If you live in a community property jurisdiction and your spouse is neither a joint owner nor the sole beneficiary of your account, your spouse should complete this section. By signing below, your spouse declares that he/she is your spouse and consents to any designation of beneficiaries you have made. He/she agrees not to make any claim against us or the beneficiary(ies) as a result of any distribution we make.

<b>Name of Spouse</b> <i>(Please type or print)</i>			
			
<b>Address of Spouse</b>	<b>City</b>	<b>State</b>	<b>Zip</b>



\_\_\_\_\_  
**Signature of Spouse** \_\_\_\_\_  
**Date**

**REQUIRED NOTARIZATION OF SPOUSE'S SIGNATURE**

State \_\_\_\_\_ Subscribed and sworn to before me  
County \_\_\_\_\_ This \_\_\_\_\_ Day of \_\_\_\_\_ the Year \_\_\_\_\_

\_\_\_\_\_  
(Signature of Notary Public)

My Commission Expires \_\_\_\_\_

**ACCEPTED BY**

\_\_\_\_\_  
**Branch Manager Signature** \_\_\_\_\_  
**Date**

**Investments and Insurance Products:**

<b>Not Insured by FDIC or any Federal Government Agency</b>	<b>May Lose Value</b>	<b>Not a Deposit of or Guaranteed by a Bank or Any Bank Affiliate</b>
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Wells Fargo Advisors, LLC is a registered broker-dealer and separate non-bank affiliate of Wells Fargo & Company.

**BETA UPDATES FOR TRANSFER ON DEATH FORM (PCG)**

**ACCT**

Update registration with "tod registration" in the next line to the individual name or next line to the last joint owner name

Update Lines: Name (if applicable)

Update IRS line accordingly