

CEO SecurID Token Request Form

1. Token Administrator Information (Note: Tokens for all User's will be sent to this person at the address listed below.)

Company Name: _____ CEO Company ID (if existing): _____
 Administrators Name: _____ Administrator Phone: _____
 Does the Administrator listed above also require a token? Yes No
 Street Address: _____ (Please Do Not use a PO Box)
 City: _____ State: _____ Zip: _____

2. User Information Check here if you attached a Multiple User Addendum for additional users

| User Name | New | Allow Trading Via Phone* | Delete (Serial Number Required) | Reassign (Serial Number Required) | Replace (choose one) (Serial Number Required) |
|-----------|--------------------------|--------------------------|---------------------------------|-----------------------------------|---|
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Broken <input type="checkbox"/> Lost |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Broken <input type="checkbox"/> Lost |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Broken <input type="checkbox"/> Lost |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Broken <input type="checkbox"/> Lost |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Broken <input type="checkbox"/> Lost |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Broken <input type="checkbox"/> Lost |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Broken <input type="checkbox"/> Lost |

* By checking this box, the designated user will be able to place trades by calling the Wells Fargo Advantage Funds Inst. Srvc. customer support line.

3. Customer Approval (Authorized Signature Required)

Name: _____ Phone: _____ Title: _____
 Signature: _____ Date: _____

4. Wells Fargo Approval (Authorized Signature Required)

TED CASE: _____

Relationship Manager/Banker/
 Sales Representative Name: _____ Signature: _____
 Phone: _____ RAU/Cost Center: _____ Date: _____