

# Account Services Agreement – Personal



Sub Firm #	BR Code	FA Code	Account Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*(Office Use Only)*

**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     Customized Portfolios     DMA     Fundamental Choice  
 FundSource/Pathways     Masters     PIM     Private Advisor Network     Quantitative Choice     Wells Fargo Compass

**Owner Information**

Primary Owner Name			Social Security or Tax ID Number
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)			

**I understand and acknowledge that investments and insurance products in my brokerage account:**

- are NOT insured by the FDIC or any other federal government agency
- are NOT obligations or deposits of or guaranteed by any Wells Fargo Bank or by any Bank affiliate
- involve investment risk, including possible loss of principal

I agree to promptly review and immediately advise Wells Fargo Advisors if any of the Owners and/or Account Profile information is not accurate or becomes inaccurate. I understand that Wells Fargo Advisors will rely on this information and that it is my responsibility to provide accurate and timely updates. My failure to do so may affect recommendations that are given to me related to investments in my Account. If I decide to close or make changes to my Account, I will provide notification to Wells Fargo Advisors.

**TRANSACTION CONFIRMATION WAIVER – DISCRETIONARY ADVISORY PROGRAM ACCOUNTS**

**X** \_\_\_\_\_ By initialing here, I waive receipt of trade-by-trade confirmations and understand that waiving this right is not a condition of participating in the Program and will not result in a different fee. I may rescind my waiver at any time and may request, for no additional cost, confirmations for any transactions effected for up to one year preceding my last statement. See Client Agreement, Confirmations and Reports.

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**BY SIGNING THIS DOCUMENT, I/WE AUTHORIZE, ACKNOWLEDGE AND AGREE TO THE TERMS AND CONDITIONS OF THE CLIENT AGREEMENT AND ANY OTHER AGREEMENTS AND DOCUMENTS THAT ARE INCORPORATED BY REFERENCE THEREIN AND SUBSEQUENT AMENDMENTS THERETO, AND TO THE FOLLOWING:**

- **Advisory Programs:** If this is an advisory account, I/we have received and reviewed a copy of the Disclosure Document(s) related to my particular Advisory Program Accounts.
- **Margin:** If this is a margin account, my securities may be loaned to First Clearing, LLC or loaned to others.
- **Communications Consent:** My Financial Advisor may contact me/us as described in the Communications, Recording and Monitoring, Statements and Confirmations section of the Client Agreement.
- **Command Asset Program Account Holders:** In connection with the Command Asset Program, Wells Fargo Bank, N.A. may establish a Bank Account in my/our name(s) and provide the banking-related services under the terms set forth in the Command Agreement and may make any inquiry it considers appropriate, including credit or other reports, to determine if the Bank Account should be opened. **I/We also agree to the terms of the dispute resolution program described in the Command Agreement relating to disputes specifically involving the Bank Account.**
- **Joint Account Holders with Rights of Survivorship in Alabama, North Carolina, Tennessee, Texas and Virginia Only:** The persons signing below agree with each other and Wells Fargo Advisors that this account is a joint account with right of survivorship and that on the death of one party to a joint account all sums in the account on the date of death vest in and belong to the surviving party as his or her separate property and estate. Each person signing below who is married to a person who is not also signing below represents and warrants that no assets now or hereafter deposited to the account, nor any interest earned on such assets, are subject to the management, control or disposition (jointly or otherwise) of such person's spouse.
- **Permission to Share Information with Financial Advisors:** Wells Fargo Bank, N.A. and any of its affiliates is authorized to share non-public personal information, which Wells Fargo Bank and any of its affiliates may have about my/our account(s), including the Wells Fargo Bank deposit account(s), with my/our Wells Fargo Advisors Financial Network, LLC Financial Advisor and other Associated Persons of Wells Fargo Advisors Financial Network, LLC. This authorization to share information will allow my/our Financial Advisor to better serve my/our financial needs. Previous instructions and agreements to the contrary are revoked.

**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; and*
  - 4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. (NOTE: The FATCA code is not applicable for accounts maintained in the United States.)*
- 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 under reporting interest or dividends on your tax return.
- Non-Resident Alien Individuals and Foreign Entities:** By checking this box, I certify that I am not a U.S. citizen, resident alien or other U.S. entity for U.S. tax purposes and I will provide the appropriate Form W-8 with this application. If any joint owner of this account provides an IRS Form W-9, I understand all income will be reported to that person or entity under the rules in Chapters 3, 4, and 61 of the U.S. Internal Revenue Code.

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

**THE CLIENT AGREEMENT CONTAINS A PRE-DISPUTE ARBITRATION CLAUSE LOCATED ON PAGE 2, IN SECTION I, PARAGRAPH 5 UNDER THE HEADER "ARBITRATION." BY EXECUTING THIS DOCUMENT CLIENT IS AGREEING TO BE BOUND BY THE PRE-DISPUTE ARBITRATION CLAUSE. THE UNDERSIGNED HEREBY ACKNOWLEDGES RECEIPT OF A COPY OF THE CLIENT AGREEMENT AND HEREBY AGREES TO THE TERMS THEREOF.**

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