

Fax Cover Sheet

Date: _____

To: Wells Fargo & Co.
Attn: Wells Fargo Stock Plan Administration
625 Marquette Avenue, N9311-173
Minneapolis, MN 55479
Via Fax: (612) 316-4759

From: _____

Phone: _____

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This fax contains:

1. This Cover sheet
2. WELLS FARGO & COMPANY STOCK OPTION ACH AUTHORIZATION FORM
(completed and signed by optionee)
3. Copy of voided check

THIS FORM CANNOT BE ELECTRONICALLY SUBMITTED

To conduct a Buy and Hold transaction:

- 1) Sign on through *Teamworks* or at <https://esd.melloninvestor.com> or call BNY Mellon at 1-866-463-1070
 - 2) Submit exercise
 - 3) Print out, complete, and sign the WELLS FARGO & COMPANY STOCK OPTION ACH AUTHORIZATION FORM
 - 4) Fax the completed form by **NOON Central Time on the next business day.**
If form is not received in time or is incomplete, it may result in your stock option transaction(s) being CANCELLED!
- ATTACH COPY OF VOIDED CHECK TO YOUR FAX
- 5) Confirm receipt of fax by phone (1-877-574-1039) or by e-mail (excomp@wellsfargo.com).
 - 6) Mail original as indicated in grey section of form.

NOTE: If you have already properly submitted the WELLS FARGO & COMPANY STOCK OPTION ACH AUTHORIZATION FORM, you only need to complete steps 1 and 2.

Stock Options can be complicated; please read your grant materials and consult a tax advisor. For questions, call BNY Mellon at 1-866-463-1070.

NOTE: This facsimile message is being sent solely for use by the intended recipient(s) and may contain confidential information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by phone or reply by e-mail and destroy all copies of the original message.



WELLS FARGO & COMPANY STOCK OPTION ACH AUTHORIZATION FORM

ELECTRONIC FUNDS TRANSFER AUTHORIZATION (ACH DEBITS)

Company Name Wells Fargo & Company Company ID Number 41-0449260

I hereby authorize Wells Fargo & Company, hereinafter called COMPANY to initiate debit entries to my Checking Account / Savings Account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, for the purposes of engaging in stock option transactions from time-to-time. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Depository Name _____ Branch _____
(Street address where account was opened)

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me at the address listed below, or by phone at the number listed below, of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name _____ Social Security Number _____
(Please Print)

Employee ID# _____
(BNY Mellon global id)

Signature _____ Date _____

THIS FORM CANNOT BE USED TO SUBMIT ANY STOCK OPTION TRANSACTION. ALL STOCK OPTION TRANSACTIONS MUST BE SUBMITTED PROPERLY ON BNY MELLON SYSTEM.

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM

You MUST complete all fields, date and sign and fax to 612-316-4759 *along with a copy of a voided check*. If this form is not received in time or is incomplete it may result in the associated stock option transaction(s) being **cancelled** if another acceptable form of payment (or corrected form) is not received in time, in accordance with authorized payment methods as described in the BNY Mellon Stock Options Management Tool. COMPANY makes only **one** attempt to debit the required funds for each stock option transaction(s). If for any reason the debit of required funds is rejected, returned, reversed (for insufficient funds, account status, etc.) or for any other reason that does not result in the COMPANY'S receipt of the required funds on the **first attempt** of debit, then the associated stock option transaction(s) will be **cancelled** and **no** further ACH debit attempts will be made for the transaction(s). This form CANNOT be electronically submitted. Return original signed form via MAC mail to: Stock Plan Administration, MAC N9311-173 or via U.S. mail to: Wells Fargo & Company, Attn: Stock Plan Administration, MAC N9311-173, 625 Marquette Avenue, Minneapolis, MN 55479. Telephone: 1-877-574-1039