

Wells Fargo Fair Fund
c/o Rust Consulting, Inc.
Fund Administrator - 6989
P.O. Box 1369
Minneapolis, MN 55440-1369

IMPORTANT LEGAL MATERIALS

UNITED STATES OF AMERICA
Before the
SECURITIES AND EXCHANGE COMMISSION
In the Matter of Wells Fargo & Co.
Administrative Proceeding File No. 3-19704 (Feb. 21, 2020)
Wells Fargo Fair Fund

WELLS FARGO FAIR FUND CLAIM FORM

I. GENERAL INSTRUCTIONS

A. To be considered for eligibility to recover from the Wells Fargo Fair Fund, you or your authorized representative must fully complete, and timely submit, this Claim Form. This Claim Form must be signed by the beneficial owner of the Wells Fargo common stock traded on the New York Stock Exchange under the trading symbol WFC (the "Security") or by that person's authorized representative, under the penalty of perjury. If you fail to complete and timely submit this Claim Form in accordance with the directions herein, your Claim Form may be rejected and you may be precluded from any recovery from the Wells Fargo Fair Fund.

B. Submission of this Claim Form does not mean that you will be determined eligible for a payment from the Wells Fargo Fair Fund.

C. You can complete and submit an online Claim Form by visiting the Wells Fargo Fair Fund's website at www.WellsFargoFairFund.com. If you choose to submit your Claim Form online, you must submit it **on or before 11:59 p.m. Eastern Standard Time on June 25, 2021**.

D. To submit the Claim Form by mail, you must complete and sign this Claim Form and submit it to the Fund Administrator at the following address by first class mail, **postmarked (or if not sent by U.S. Mail, received) no later than June 25, 2021**:

Wells Fargo Fair Fund
c/o Rust Consulting, Inc.
Fund Administrator - 6989
P.O. Box 1369
Minneapolis, MN 55440-1369

E. Certain Potential Claimants¹ with large numbers of transactions may request, or may be requested, to submit information regarding their transactions in electronic files. If you wish to file your Claim Form electronically, you must send an e-mail to info@WellsFargoFairFund.com or visit www.WellsFargoFairFund.com to obtain the required electronic filing template. Files that do not comply with the template and format provided by the Fund Administrator may be rejected. Electronic files will NOT be considered properly submitted unless the Fund Administrator issues to the Potential Claimant a written acknowledgment of receipt and acceptance of the electronically submitted data. If you do not receive such an acknowledgement, please contact the Fund Administrator.

¹ Capitalized terms used in this Claim Form but not defined are defined in the approved distribution plan, which you can access on the Wells Fargo Fair Fund website: www.WellsFargoFairFund.com, and through the Securities and Exchange Commission's website at <https://www.sec.gov/divisions/enforce/claims/wells-fargo-company.htm>.

F. Separate Claim Forms should be submitted for each separate legal entity (e.g., a claim from Joint Owners should not include separate transactions of just one of the Joint Owners, and an Individual should not combine his or her IRA transactions with transactions made solely in the Individual's name). Conversely, a single Claim Form should be submitted on behalf of one legal entity including all transactions made by that entity no matter how many separate accounts that entity has (e.g., a corporation with multiple brokerage accounts should include all transactions in the Security) during the Recovery Period on one Claim Form, no matter how many accounts the transactions were made in.

II. CLAIMANT IDENTIFICATION

A. If you held the Security in your name, you are the beneficial owner (holder) as well as the record owner. If, however, you purchased or otherwise acquired the Security through a third party, such as a nominee or brokerage firm, and the security was registered in the name of that third party, you are the beneficial owner and the third party is the record owner.

B. THIS CLAIM FORM MUST BE FILED BY THE ACTUAL BENEFICIAL OWNER OR OWNERS, OR THE LEGAL REPRESENTATIVE OF SUCH OWNER OR OWNERS, OF THE SECURITY UPON WHICH THE CLAIM IS BASED.

C. If the Beneficial Owner is an entity, the entity name should be provided (e.g., corporation, trust, estate, etc.).

D. All joint owners must sign this Claim Form. Executors, administrators, conservators, and trustees must complete and sign this Claim Form on behalf of persons and/or entities represented by them. Proof of their authority must accompany this Claim Form and their titles or capacities must be stated.

E. The Social Security (or taxpayer identification) number and telephone number of the Potential Claimant may be used in verifying this Claim Form. Failure to provide that information could delay verification of your Claim Form or result in rejection of your Claim Form.

III. THIRD-PARTY FILERS

A. When submitting claims to the Wells Fargo Fair Fund on behalf of its clients, all Third-Party Filers must use the electronic filing template provided by the Fund Administrator in this matter. Files that do not comply with the template and format provided by the Fund Administrator may be rejected. Third-Party Filers must also submit a signed master proof of claim and release, as well as proof of authority to file on behalf of the claimant(s) at the time the electronic file of transactions is submitted. Failure to do so may result in rejection of the claim(s).

B. Each Third-Party Filer must establish the validity and amount of each claim in its submission. Like all other Potential Claimants, Third-Party Filers must submit such supporting documentary evidence of purchases, dispositions, and holdings of Eligible Securities as the Fund Administrator deems necessary or appropriate to substantiate each individual claim. Without limitation, this includes the complete name of the Potential Claimant (beneficial account owner) and its TIN (for individuals) or EIN (for companies), sufficient contact information to confirm the identity of the beneficial owner, and documentation from the original bank, broker or other institution of purchases and dispositions of the Security (account statements, confirmations and other documentation of purchases and dispositions), as well as holdings of the Security on pertinent dates. Documentation generated by the Third-Party Filer as well as affidavits in lieu of supporting documentation, will not be accepted unless, for good cause, the Fund Administrator determines it acceptable.

C. Distribution Payments must be made by check or electronic payment payable to the Potential Claimant (beneficial account owner). The Third-Party Filer shall not be the payee of any Distribution Payment check or electronic Distribution Payment. Subject to ¶ 90 in the Plan (ERISA Plans), any other payment arrangement must be discussed with the Fund Administrator in consultation with the SEC staff and must be authorized by the Potential Claimant. Compensation to the Third-Party Filer for its services may not be paid or deducted from the Distribution Payment.

IV. CLAIM FORM

A. Use Part II of this Claim Form titled "Transactions in Wells Fargo Common Stock" to supply all required details of your purchases and/or acquisitions, sales, transfers, and holdings of the Security. Failure to provide all transactional information may result in the rejection of your Claim Form.

B. Note any shares RECEIVED or TRANSFERRED between funds or entities or persons controlled by the same person or entity shall not be considered purchases. In order to be considered, you must provide the original purchase information as well as supporting documentation. For any shares DELIVERED or TRANSFERRED out of an account, you must provide the actual disposition of the shares delivered out by submitting documentation showing the shares were sold or retained.

C. Broker confirmations or other valid third-party supporting documentation of your purchases and/or acquisitions, sales, transfers, and holdings of the Security should be attached to your Claim Form. Failure to provide this documentation may delay verification of your Claim Form or result in rejection of your Claim Form.

D. This Claim Form must be submitted online by 11:59 p.m. Eastern Standard Time on **June 25, 2021** or mailed to the Fund Administrator **postmarked (or if not sent by U.S. Mail, received) on or before June 25, 2021**.

E. This Claim Form requests information necessary to process your Claim Form. The Fund Administrator may request additional information as required to efficiently and reliably process your Claim Form.

CLAIM FORM COMPLETION CHECKLIST

- 1. Taxpayer Identification Information Required** – In Part I of the Claim Form, in addition to providing all of the requested information, you must provide a Social Security Number or Employer Identification Number of the Potential Claimant.
- 2. Submission/Postmark Date** – This form, with your supporting documentation, must be submitted online at www.WellsFargoFairFund.com by 11:59 p.m. Eastern Standard Time on **June 25, 2021** or mailed to the Fund Administrator such that it is **postmarked (or if not sent by U.S. Mail, received) on or before June 25, 2021**. The burden to prove timely receipt of a claim by the Fund Administrator will be upon the claimant.
- 3. Mailing Address** – Mail to:

Wells Fargo Fair Fund
c/o Rust Consulting, Inc.
Fund Administrator - 6989
P.O. Box 1369
Minneapolis, MN 55440-1369

- 4. Supporting Documentation** – Remember to attach the required supporting documentation. Do NOT provide originals of brokerage statements or any other documentation. If the name appears different on the supporting documentation, you must provide proof of name/bank account change.

Required supporting documentation may include: (a) trade confirmation slips; (b) applicable statement(s); (c) a signed letter from your broker on firm letterhead verifying the information you are providing; or (d) other equivalent proof of your transactions. All documentation must be legible and include all of the information necessary to support the information on the Claim Form. Please send copies of documents, not originals.

- 5. Retain Copies of Submitted Documents** – Keep a copy of your Claim Form and all documents submitted for your records.
- 6. Notice of Address Change** – If you move after submitting this Claim Form or any of your contact information changes, please promptly notify the Fund Administrator in writing, directed to the email or mailing address below, of the change in your address or contact information.

7. If You Have Additional Questions, please contact the Fund Administrator:

Call: 1-855-225-1888

Website: www.WellsFargoFairFund.com

Email: info@WellsFargoFairFund.com

Write to the Fund Administrator at:

Wells Fargo Fair Fund
c/o Rust Consulting, Inc.
Fund Administrator - 6989
P.O. Box 1369
Minneapolis, MN 55440-1369

**MUST BE POSTMARKED
NO LATER THAN
JUNE 25, 2021**

UNITED STATES OF AMERICA
Before the
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In the Matter of Wells Fargo & Co.
Administrative Proceeding File No. 3-19704 (Feb. 21, 2020)

FOR OFFICIAL USE ONLY

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WELLS FARGO FAIR FUND CLAIM FORM

PART I - CLAIMANT IDENTIFICATION

Name of Beneficial Owner (First, Middle, Last): _____

Name of Joint Beneficial Owner (if applicable): _____

Name of Custodian (if applicable): _____

Entity Name (if applicable): _____

Name of Representative (if applicable): _____

Account Type: Individual(s) Corporation UGMA Custodian IRA
 Partnership Estate Trust Other: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Foreign Province: _____ Foreign Postal Code: _____

Country (if other than United States): _____

Daytime Phone Number: (_____) _____ - _____

Evening Phone Number: (_____) _____ - _____

Email Address: _____

Account Number: _____

Social Security or Employer Identification Number: _____

Proceed to Part II of this Claim Form.





PART II – TRANSACTIONS IN WELLS FARGO COMMON STOCK

BEGINNING HOLDINGS

1. Number of shares of Wells Fargo common stock held at the close of trading on **November 17, 2012**:
 (If none, write “zero” or “0”; if other than zero, must be documented) Number of Shares

PURCHASES/ACQUISITIONS

2. List all purchases and/or acquisitions of Wells Fargo common stock from November 18, 2012 through and including December 13, 2016:

A. Date(s) of Purchase or Acquisition Month/Day/Year	B. Number of Shares Purchased/Acquired	C. Purchase Price Per Share	D. Amount Paid (Excluding Commissions, Taxes & Fees)

SALES

3. List all sales of Wells Fargo common stock from November 18, 2012 through and including December 13, 2016:

A. Date(s) of Sale Month/Day/Year	B. Number of Shares Sold	C. Sale Price Per Share	D. Amount Received (Excluding Commissions, Taxes & Fees)

ENDING HOLDINGS

4. Number of shares of Wells Fargo common stock held at the close of trading on **December 13, 2016**:
 If none, write “zero” or “0”; if other than zero, must be documented Number of Shares

BE SURE TO ATTACH THE REQUIRED DOCUMENTATION.

IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS, PLEASE PHOTOCOPY THIS PAGE, WRITE YOUR NAME ON THE COPY, AND CHECK THIS BOX:

IF YOU DO NOT CHECK THIS BOX, ANY ADDITIONAL PAGES PROVIDED MAY NOT BE REVIEWED.



PART III – PRIOR RECOVERIES

Definition: “Prior Recovery” shall mean the amount confirmed by the Fund Administrator as recovered by an Eligible Claimant on their Eligible Loss Amount prior to the final calculations under the Plan, whether through the Hefler, et al. v. Wells Fargo & Co., et al., 16-cv-5479JST (N.D. Ca.) (“Class Action”) or otherwise.

Check this box if you have NOT received any compensation relating to the claims at issue in this case, including but not limited to, from the Class Action settlement or Wells Fargo.

Check this box if you HAVE received any compensation relating to the claims at issue in this case, including but not limited to, from the Class Action settlement or Wells Fargo.

If you answered YES, please note below the amount received and the date, as well as a brief explanation that describes the amount received and the source.

Amount: _____ Date Received: ____ / ____ / ____

Source(s): _____

PART IV – SIGNATURE AND CERTIFICATIONS

I (We) declare UNDER PENALTY OF PERJURY under the laws of the United States of America that:

1. I (We) have read my (our) foregoing Claim Form, including any attachments and enclosures, and this Claim Form including any attachments and enclosures is true and correct in every aspect;

2. I (We) hereby warrant and represent that I (we) am (are) not an Excluded Party as defined in the Plan;

3. I (We) understand the deadline for filing and returning this Claim Form is June 25, 2021, and that the completed documents and all required supporting documentation must be (1) postmarked (or if not sent by U.S. Mail, received) on or before that date and received at Wells Fargo Fair Fund, c/o Rust Consulting, Inc., Fund Administrator - 6989, P.O. Box 1369, Minneapolis, MN 55440-1369; or (2) submitted online at www.WellsFargoFairFund.com by 11:59 p.m. Eastern Standard Time on June 25, 2021. I (We) understand that if I (we) fail to comply with the deadline, it may result in the denial of my (our) Claim Form;

4. I (We) have not authorized nor am (are) aware of anyone else who has filed a Claim Form on my (our) behalf for the same Security covered in this Claim Form;

5. All notices regarding remission shall be sent to me (us) at the mailing address set forth above, unless I (we) timely provide to you in writing any change of address; and

6. If I (We) am/are a Third-Party Filer, I (we) attest that any distribution to the custodian, trustee, or investment professional representing multiple potentially eligible beneficial owners, will be allocated for the benefit of current or former pooled investors and not for the benefit of management. Compensation to the Third-Party Filer for its services may not be paid or deducted from the Distribution Payment.

I (We) declare under penalty of perjury under the laws of the United States of America that the foregoing information supplied by the undersigned is true and correct.

____ / ____ / ____
Date Executed (Month/Day/Year)

____ / ____ / ____
Date Executed (Month/Day/Year)

Signature of Claimant

Signature of Joint Claimant (if any)

Full Printed Name

Full Printed Name

Signature of person signing on behalf of Claimant

Type or print name of person signing on behalf of Claimant

Capacity of person signing on behalf of Claimant, if other than an individual (e.g., Administrator, Trustee, President, Power of Attorney, etc.)