

Group Life and Disability Plans Beneficiary Designation Form

Participant Signature (Form is not valid unless signed and dated. Please use black ink.)

Subject to the terms and conditions of the Wells Fargo & Company Basic Term Life, Optional Term Life, Business Travel Accident, Accidental Death and Dismemberment and Short-Term Disability Plans (the Group Life and Disability Plans), I request that any sum becoming payable by reason of my death be payable to the beneficiary(ies) indicated below. Please be advised that submission of this fully completed form will mean that any previous beneficiary designations for these plans will become null and void and therefore no longer considered valid by the Group Life and Disability Plans. If you do not have a valid beneficiary designation on file at the time of your death, payment will be made pursuant to the beneficiary default provisions as explained in each applicable Summary Plan Description in the *Benefits Book*

Team Member Signature	Date Signed	MAC	Employee ID
Team Member Last Name	First Name	Middle Initial	

Plan Designation (Check appropriate box.)

The following beneficiary designation applies to:

- All applicable plans
 Business Travel Accident (BTA)
 Basic Term Life
 Optional Term Life
 Accidental Death and Dismemberment (AD&D)
 Short Term Disability

Primary Beneficiary Designation (Please print legibly.)

Please include the name, Social Security Number, and percent entitlement for each additional beneficiary. Make sure the total equals 100% for all of your designated primary beneficiaries. See definition of "Primary Beneficiary" on page 2. Please attach a separate sheet for additional primary beneficiaries if needed.

Primary Beneficiary: Last Name, First Name	% Entitled	Social Security Number	Relationship	Birth Date
Home Address: Number, Street (Apt. #)	City	State	Zip	Phone Number
Primary Beneficiary: Last Name, First Name	% Entitled	Social Security Number	Relationship	Birth Date
Home Address: Number, Street (Apt. #)	City	State	Zip	Phone Number

Contingent Beneficiary Designation (Please print legibly.)

Please include the name, Social Security Number, and percent entitlement for each additional beneficiary. Make sure the total equals 100% for all of your designated contingent beneficiaries. See definition of "Contingent Beneficiary" on page 2. Please attach a separate sheet for additional contingent beneficiaries if needed.

Contingent Beneficiary: Last Name, First Name	% Entitled	Social Security Number	Relationship	Birth Date
Home Address: Number, Street (Apt. #)	City	State	Zip	Phone Number
Contingent Beneficiary: Last Name, First Name	% Entitled	Social Security Number	Relationship	Birth Date
Home Address: Number, Street (Apt. #)	City	State	Zip	Phone Number

General Provisions

Naming a Beneficiary

If you are naming multiple beneficiaries, you must allocate the benefit by percentage. If you need additional space to list your multiple beneficiaries, please complete a separate sheet. Make sure to write your name, Social Security Number and percent entitlement for each additional beneficiary on the separate sheet. The amount you designate for all your beneficiaries must equal 100%.

When indicating the relationship for your beneficiary, please use the terms "spouse", "child", "sibling", "parent", "partner", "friend", "estate", "trust" or "other". If you wish to designate a different beneficiary for each of the plans you are enrolled in, please complete a separate form for each plan.

Beneficiary Default Provisions

If you do not have a valid beneficiary designation on file, proceeds from the Basic Term Life, Optional Term Life, Business Travel Accident, Accidental Death and Dismemberment, and Short-Term Disability plans will be paid to the first of the following who survives you: (1) your surviving spouse or domestic partner; (2) equally among your surviving biological and adopted children, except if any of your children predecease you but leave descendants surviving, such descendants shall take by right of representation the share their parent would have taken, if living; (3) equally between your surviving parents; (4) equally among your surviving brothers and sisters; or (5) your estate.

If you are not the biological or adoptive parent of your spouse's child but would like that child to receive benefits in the event of your death, you must properly designate the child as your beneficiary.

The referenced beneficiary default provisions are subject to the terms of the official plan documents. In the event of a conflict between what is stated on this form and the official plan documents, the official plan documents will govern. Wells Fargo & Company reserves the discretionary right to amend, change, or terminate its plans, programs, and policies at anytime, for any reason. This includes, but is not limited to, Wells Fargo & Company reserving the discretionary right to change the beneficiary default provisions referenced on this form at any time, for any reason.

Primary/Contingent Beneficiary Definitions

Proceeds from the Group Life and Disability Plans will be paid to your Primary Beneficiary(ies). In the event that your Primary Beneficiary(ies) predecease you, the proceeds from the Group Life and Disability Plans, except for the Long Term Care Plan, will be paid to your Contingent Beneficiary. If no designated beneficiary is living at the time of your death, proceeds from the Group Life and Disability Plans, except for the Long Term Care Plan, will be paid according to the Beneficiary Default Provisions listed above.

Review completed form, sign, date, and return to:

Wells Fargo HR Service Delivery
MAC N9310-117
550 South 4th Street
Minneapolis, MN 55415

Form is not valid unless signed and dated. If no Plan selection is made under plan designation section of this form, the designation will apply to all applicable plan(s) you are enrolled in.

The person, persons, trust, or institution you have designated on this form will be entered, per your instructions, in Workday.