Account Closure/Withdrawal Request (Checking/Savings/Time Deposit)

Instructions
1. Complete all fields, as applicable. **Notarization is required.**
2. If account funds are to be wired, a bank account and routing # (Swift # and IBAN for wires outside the U.S.) is required. Wire instructions are required for receiving funds internationally.
3. Ensure that you have the appropriate signatures/notary and any supporting documentation as indicated below.
4. Return to:
   - by Overnight Courier
   - by Regular Mail

   Wells Fargo Bank
   Exception Payments MAC P6102-05B
   350 SW Jefferson St DP-5
   Portland, OR 97201
   P.O. Box 3055
   Portland, OR 97208

Please note:
- Only an authorized signer may close the account.
- No third party transactions are permitted. Funds will only be remitted to the name as it reads on the account statement.
- For parties outside the U.S., you must provide complete wiring instructions in order to receive your funds

Section 1. Customer Information
Customer Name (First, M.I., Last)

Customer Address (Street #/Name) Apt #

City State Zip

Country

Contact information (will only be used if we need to contact you with open issues about your request):

Phone

Best days/times to contact you:

E-mail address:

Section 2. Account Information
Please provide the following information for each account:

<table>
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<tr>
<th>Account #</th>
<th>Is this a business account? Yes/No</th>
<th>Is this a checking account? Yes/No</th>
<th>Is this a savings account? Yes/No</th>
<th>Is this a time deposit account, such as a CD? Yes/No</th>
<th>Branch where account opened (optional)</th>
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Business Accounts
- If the account(s) is (are) business account(s) and you are not an authorized signer, you must submit the appropriate business documentation to evidence signing authority (for example, corporate resolution, certified board meeting minutes, operating agreement) along with this form. Upon closure of the account the check will be made payable to the business name on the account.

Time Deposit accounts
- If the account(s) is(are) time deposit account(s): I acknowledge that I am subject to early withdrawal fee if not closing within the 7 day grace period: please initial ________
Section 3. Account Closure/Partial Withdrawal Instructions

Type of Account Closure/Partial Withdrawal (select one):

□ Partial withdrawal: specify amount $______________________________
□ Close account and transfer to my Wells Fargo account #__________________
□ Close account and send funds as instructed below

Receipt of Funds (select one):
Note: A fee may apply for each cashier's check, domestic or international wire transfer, depending on your account type. Please refer to the fee schedule in your customer agreement. Applicable fees will be deducted from the account balance.

□ Cashier's Check (within the U.S. only).
   ○ Delivered via U.S. Mail – no charge
   ○ Delivered via UPS – courier fees deducted from check proceeds

□ Wire transfer (domestic or international). All wires are sent in US Dollars only. Please provide the account and routing information below.
   ○ Name of Institution __________________________
   ○ Intermediary Bank Name (if applicable) __________________________
   ○ Account number or IBAN# (International Bank Account Number (IBAN)) __________________________
   ○ Routing transit number (for US banks) __________________________
   ○ SWIFT BIC (for international wires) __________________________
   ○ CLABE (required for transfers to Mexico) __________________________
   ○ Sort Code __________________________

Section 4. Reason For Closing (Please check one box)

Moving
○ Within Wells Fargo Banking Group (76)
○ Outside Wells Fargo Banking Group (77)

Personal Circumstances
○ Divorce/marriage (80)
○ Death (81)
○ Bankruptcy (82)
○ Re-issue/estate (83)
○ Re-issue/divorce or marriage (84)

Other Circumstances
○ No longer needs account (85)
○ Re-issue/customer request (86)
○ Forged/lost/stolen (87)
○ Business no longer exists (88)
○ Purchased other products (89)
○ OD/NSF abuse (Iowa use only)

Service Related
○ Too many Wells Fargo errors (90)
○ Inconsiderate/inattentive staff (91)
○ Wait time too long (92)
○ Inconvenient hours/locations (93)
○ Slow/poor follow-up (94)
○ Could not find right person (95)
○ Due to merger (96)
Section 5. Signature and Notary

Wells Fargo requires that you have this document notarized to protect your identity and ensure fastest processing of your request.

Signature Date:

Notary: You may attach your own acknowledgement form if the language below does not meet your State requirement.

STATE OF [ ], COUNTY OF [ ]

On [ ] before me, the undersigned, a Notary Public in and for said State, personally appeared [ ] proved to me on the basis of satisfactory evidence/to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of [ ] that the forgoing paragraph is true and correct.

WITNESS my hand and official seal

Signature (Seal)

Name (typed or printed)

My commission expires:

Checklist

• Have you provided contact information in case we need to reach you?
• Have you provided account numbers?
• If receiving funds by wire transfer, did you provide the required bank and account information?
• If this is a business account, and you are not indicated as an authorized signer on the account, have you provided the corporate resolution or certified board meeting minutes?

Return to:

Overnight Courier
Wells Fargo Bank
Exception Payments MAC P6102-05B
350 SW Jefferson St DP-5
Portland, OR 97201

Regular Mail
Wells Fargo Bank
Exception Payments MAC P6102-05B
P.O. Box 3055
Portland, OR 97208

For questions and assistance: Call 503-886-4357 Monday through Friday 7:00 a.m. – 5:00 p.m. Pacific Time.