

11 MARS 2021

NOTICE OF CLASS ACTION MEMORANDUM

DATE: MARCH 02, 2021

SECURITY DESCRIPTION: WELLS FARGO & COMPANY

ISIN: VARIOUS

HEARING DATE: N/A

EXCLUSION DATE: N/A

PROOF OF CLAIM DEADLINE: JUNE 25, 2021

Enclosed for your consideration is a Notice of Pendency of Class Action, Proposed Settlement of Class Action, and Proof of Claim involving the above-mentioned Security. Kindly note that if you wish to participate in the settlement please complete the enclosed Proof of Claim and forward it together with any supporting documentation if required, postmarked no later than, JUNE 25, 2021: to the following address:

CLAIMS ADMINISTRATOR:

Wells Fargo Fair Fund

C/O Rust Consulting, Inc.

Fund Administrator-6989

Post Office Box 1369

Minneapolis, MN 55440-1369

Website: WWW.WELLSFARGOFAIRFUND.COM

Email: info@WELLSFARGOFAIRFUND.COM

Toll Free Hotline: 1-855-225-1888

Kindly Contact your account representative if you require additional information relating to activity within your account during the class action period.

Kind Regards,

Corporate Actions/ Reorganization Department

UNITED STATES OF AMERICA
Before the
SECURITIES AND EXCHANGE COMMISSION

ADMINISTRATIVE PROCEEDING

File No. 3-19704

In the Matter of Wells Fargo & Company Respondent.
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PLAN NOTICE OF THE WELLS FARGO FAIR FUND

TO: Persons who purchased or acquired Wells Fargo common stock, traded on the New York Stock Exchange under the trading symbol WFC (the "Security") during the Recovery Period (November 18, 2012 through September 14, 2016, inclusive).

If you purchased or acquired the Security during the Recovery Period, you must submit a completed Claim Form with the necessary documentation so that it is postmarked (or if not sent by U.S. Mail, received) by June 25, 2021 (the "Claims Bar Date") to be considered for eligibility to recover from the Wells Fargo Fair Fund. Claim Forms may also be submitted online on the Wells Fargo Fair Fund's website at www.WellsFargoFairFund.com. If you choose to file your Claim Form online, you must file on or before 11:59 p.m. Eastern Standard Time on June 25, 2021.

I. Purpose of this Plan Notice

The purpose of this Plan Notice is to inform you that you may be eligible for a distribution from the Wells Fargo Fair Fund. To be potentially eligible to share in the Wells Fargo Fair Fund, you must file a Claim Form in accordance with the steps set forth in this Plan Notice and in the Securities and Exchange Commission-approved Corrected Plan of Distribution (the "Plan"). Claim Forms together with this Plan Notice are being mailed to all known Potential Claimants¹ who purchased the Security during the Recovery Period, including all Potential Claimants identified by the Securities and Exchange Commission-appointed Fund Administrator ("Fund Administrator"), Rust Consulting, Inc. ("Rust"). Copies of the Plan, this Plan Notice, and the Claim Form are also available on the Wells Fargo Fair Fund website at www.WellsFargoFairFund.com and through the Securities and Exchange Commission's ("SEC" or the "Commission") website at <https://www.sec.gov/divisions/enforce/claims/wells-fargo-company.htm>. Certain persons and entities are excluded from eligibility under paragraph 17 of the Plan; these exclusions are set forth in Section III below.

PLEASE NOTE: Receipt of this Plan Notice does not mean you are an Eligible Claimant; eligibility will be determined by the Fund Administrator pursuant to the Plan.

NOTICE TO INSTITUTIONAL FILERS: Certain Potential Claimants with large numbers of transactions may request, or may be requested, to submit information regarding their transactions in electronic files. If you fall within this category and 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.

SPECIAL NOTICE TO SECURITIES BROKERS AND OTHER NOMINEES: If you purchased or acquired Wells Fargo common stock as nominee for a beneficial owner, then within fourteen (14) calendar days after you receive this Claims Packet, you must either: (a) notify the respective beneficial owners of receipt of the Claims Packet so that beneficial owners may timely file a claim; or (b) provide to the Fund Administrator a list of lastknown names and addresses for all beneficial owners for whom the record holders purchased or acquired the Security during the Recovery Period so that the Fund Administrator can send them a Claims Packet directly. If you choose to follow procedure (a), a copy of the Claims Packet is available to download and print at www.WellsFargoFairFund.com. Requests to the Fund Administrator for additional copies of the Claims Packet in excess of 2,500 are subject to approval by the Fund Administrator in consultation with the Commission staff.

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>.

II. Background

On February 21, 2020, the Commission issued an Order Instituting Cease-and-Desist Proceedings Pursuant to Section 21C of the Securities Exchange Act of 1934, Making Findings, and Imposing a Cease-and-Desist Order (the "Order") against Wells Fargo & Company ("Wells Fargo" or the "Respondent"). In the Order, the Commission found that from 2012 through 2016, the Respondent violated the federal securities laws by misleading investors regarding the success of the core business strategy of the Community Bank operating segment, its largest business unit. At all relevant times, Wells Fargo was a publicly traded financial services corporation with common stock registered under Section 12(b) of the Securities Exchange Act of 1934 ("Exchange Act") and quoted on the New York Stock Exchange (Ticker: WFC). According to the Order, Wells Fargo, among other things, failed to disclose to investors that the Community Bank's sales model had caused widespread unlawful and unethical sales practices misconduct that was at odds with its investor disclosures regarding needs-based selling, and that the publicly reported cross-sell metric included significant numbers of unused or unauthorized accounts. The Commission found that Wells Fargo violated Section 10(b) of the Exchange Act and Rule 10b-5 thereunder.

Pursuant to the Order, the Respondent paid a \$500 million civil money penalty to the Commission. In the Order, the Commission established a Fair Fund pursuant to Section 308(a) of the Sarbanes-Oxley Act of 2002 so the civil penalties paid by the Respondent can be distributed to harmed investors (the "Wells Fargo Fair Fund").

On March 10, 2020, the Commission appointed Miller Kaplan Arase LLP as Tax Administrator for the Wells Fargo Fair Fund to handle its tax obligations. On May 21, 2020, the Commission appointed the Fund Administrator to assist in developing and executing the Plan. On January 11, 2021, the Commission approved the Plan.

III. Eligibility Criteria and the Distribution Formula

To be eligible for a payment from the Wells Fargo Fair Fund, you must satisfy certain eligibility criteria that are described in detail in the Plan. The Plan is available on the Wells Fargo Fair Fund's website at www.WellsFargoFairFund.com and on the Commission's public website at <https://www.sec.gov/divisions/enforce/claims/wells-fargo-company.htm>. You can also request a copy of the Plan by calling the Fund Administrator at 1 (855) 225-1888 or by sending an email to info@WellsFargoFairFund.com. Those criteria include the following:

1. You must have purchased or acquired Wells Fargo common stock, traded on the New York Stock Exchange under the trading symbol WFC, during the Recovery Period.
2. Your approved transactions must calculate to an Eligible Loss Amount as calculated under the Plan and the Distribution Payment must equal or exceed \$10.00.
3. **You are excluded from participation in the Wells Fargo Fair Fund if you are an Excluded Party as defined in the Plan, including:**
 - The Respondent and any person who, at any point during the Recovery Period, served as: (1) a member of the Operating Committee of Respondent; (2) a member of the Cross Sell Steering Committee of Respondent's Community Bank operating segment; (3) an Officer or Regional Bank Executive of Respondent's Community Bank operating segment; (4) an Officer of the Respondent with responsibility for Community Bank audits, its Risk Management function or its filings with the Commission; (5) a member of Respondent's Board of Directors; and (6) any legal representatives, nominees, assigns, creditors, heirs, distributees, spouses, parents, children, successors-in-interest, assigns, or controlled entities of the foregoing. Notwithstanding the foregoing exclusions, no Investment Vehicle shall be an Excluded Party;
 - Any respondent or defendant in related Commission litigation against whom an Order with Findings or Judgment finding liability has been entered and their legal representatives, nominees, assigns, creditors, heirs, distributees, spouses, parents, children, successors-in-interest, or controlled entities of the foregoing;
 - The Fund Administrator, its employees, and those persons assisting the Fund Administrator in its role as Fund Administrator; and
 - Any purchaser or assignee of another Potential Claimant's right to obtain a recovery from the Wells Fargo Fair Fund for value; provided, however, that this provision shall not be construed to exclude those Potential Claimants who obtained such a right by gift, inheritance, devise or operation of law.

The Plan of Allocation that will be used to calculate Distribution Payments is set forth in ¶¶ 35 - 47 of the Plan.

The Plan of Allocation is designed to compensate Eligible Claimants based on their losses from purchases of the Security during the Recovery Period due to conduct of the Respondent. If the Net Available Fair Fund has sufficient funds, each Eligible Claimant will receive a Distribution Payment equal to the amount of his, her, or its Eligible Loss Amount less his, her, or its Prior Recovery. If the Net Available Fair Fund is not sufficient to pay the full Eligible Loss Amount for all

Eligible Claimants less his, her, or its Prior Recovery, then each Eligible Claimant will receive a Distribution Payment that his, her or its Eligible Loss Amount bears in proportion to the aggregate Eligible Loss Amounts of all Eligible Claimants less their Prior Recoveries, up to the maximum allowed by the Offset for Prior Recovery. Because of the magnitude of this distribution, and subject to the Minimum Distribution Amount of \$10.00, ninety percent (90%) of the Net Available Fund shall be distributed to Eligible Claimants whose Distribution Payment calculates to \$10.00 or more. In addition to the reserve referenced in ¶ 77 of the Plan, the remaining ten percent (10%) will be held as a reserve to address any contingencies that may arise. To the extent this amount is not depleted, the remainder will be distributed in a residual distribution, if and as determined in accordance with ¶ 98 of the Plan.

IV. Claim Forms

A CLAIM FORM IS BEING MAILED TOGETHER WITH THIS PLAN NOTICE TO ALL POTENTIAL CLAIMANTS KNOWN TO, OR IDENTIFIED BY, THE FUND ADMINISTRATOR. IF YOU DO NOT RECEIVE A CLAIM FORM IN THE MAIL OR REQUIRE ADDITIONAL CLAIM FORMS, SEE THE INSTRUCTIONS BELOW UNDER "ADDITIONAL INFORMATION."

THE DEADLINE TO SUBMIT A CLAIM FORM AT THE ADDRESS BELOW IS JUNE 25, 2021 (PLEASE NOTE: THIS IS A POSTMARK DEADLINE). IF YOU CHOOSE TO FILE YOUR CLAIM FORM ONLINE, YOU MUST FILE ON OR BEFORE 11:59 P.M. EASTERN STANDARD TIME ON JUNE 25, 2021. IF YOU FAIL TO TIMELY SUBMIT A COMPLETED CLAIM FORM, YOU WILL BE BARRED FROM RECEIVING A PAYMENT FROM THE WELLS FARGO FAIR FUND. THE CLAIM FORM MUST BE ACCOMPANIED BY APPROPRIATE SUPPORTING DOCUMENTS FOR EACH TRANSACTION LISTED IN PART II OF THE CLAIM FORM.

If you submit a Claim Form that fails to provide all required information, or is otherwise deficient, you may receive a Determination Notice advising you of the reason(s) why the claim is deficient and of the opportunity to cure such deficiencies.

V. Claim Determinations

The Fund Administrator will mail a notice advising each Potential Claimant that submitted a Claim Form of the determination concerning such claim. If a claim is denied in whole or in part, the Fund Administrator will state the reason for such denial. All determinations of the Fund Administrator that are made in accordance with the Plan shall be final and not subject to appeal.

VI. Instructions for Submitting a Claim Form

YOU MUST COMPLETE AND SIGN THE CLAIM FORM AND SUBMIT IT TO THE FUND ADMINISTRATOR SO THAT IT IS POSTMARKED (OR IF NOT SENT BY U.S. MAIL, RECEIVED) NO LATER THAN JUNE 25, 2021, AT THE ADDRESS LISTED BELOW IN ORDER TO BE CONSIDERED FOR ELIGIBILITY TO RECOVER FROM THE WELLS FARGO FAIR FUND:

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

Claim Forms may also be submitted online on the Wells Fargo Fair Fund's website at www.WellsFargoFairFund.com. **If you choose to file your Claim Form online, you must file on or before 11:59 p.m. Eastern Standard Time on June 25, 2021.**

VII. Other Claims

Upon receipt and acceptance of a distribution from the Wells Fargo Fair Fund, you shall be deemed to have released any claims you may have against the Fund Administrator and its agents. You are not required to release any rights or claims you may have against, among others, the Respondents, and Respondents' past or present directors, officers, employees, advisers and agents in order to participate in the distribution of the Wells Fargo Fair Fund.

VIII. Additional Information

Additional information regarding the Wells Fargo Fair Fund may be found at www.WellsFargoFairFund.com. Additional Claim Forms and Plan Notices may also be downloaded at the Wells Fargo Fair Fund's website. You may obtain additional information or request copies of Claim Forms and Plan Notices by calling the Wells Fargo Fair Fund's toll-free hotline at 1 (855) 225-1888 in the United States, or by emailing info@WellsFargoFairFund.com.

PLEASE CHECK THE WEBSITE WWW.WELLSFARGOFAIRFUND.COM FREQUENTLY FOR UPDATES

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
SECURITIES AND EXCHANGE COMMISSION
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.)

