

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [x] a single-employer plan [] a DFE (specify) ____
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. []
D Check box if filing under: [x] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan: WELLS FARGO & COMPANY RETIREE PLAN
1b Three-digit plan number (PN): 504
1c Effective date of plan: 01/01/1930
2a Plan sponsor's name (employer, if for a single-employer plan): WELLS FARGO & COMPANY
2b Employer Identification Number (EIN): 41-0449260
2c Plan Sponsor's telephone number: 877-479-3557
2d Business code (see instructions): 551111

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include: 1. Filed with authorized/valid electronic signature, 09/18/2025, DANIELA NESE; 2. Signature of plan administrator; 3. Filed with authorized/valid electronic signature, 09/18/2025, LEE KEEL; 4. Signature of employer/plan sponsor; 5. Signature of DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor HEAD OF HR, HEAD OF TOTAL REWARDS, AND HEAD OF BENEFITS WELLS FARGO & COMPANY 550 S. 4TH STREET MAC N9310-110 MINNEAPOLIS, MN 55415	3b Administrator's EIN 41-0449260
	3c Administrator's telephone number 877-479-3557

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
--	-----------------------------------

5 Total number of participants at the beginning of the plan year	5	18855
---	----------	-------

6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	0
a(2) Total number of active participants at the end of the plan year	6a(2)	0
b Retired or separated participants receiving benefits.....	6b	20798
c Other retired or separated participants entitled to future benefits	6c	0
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	20798
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	
f Total. Add lines 6d and 6e	6f	
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
--	----------	--

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
 4A 4D 4E

9a Plan funding arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input checked="" type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input checked="" type="checkbox"/> General assets of the sponsor
---	---

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

<p>a Pension Schedules</p> <p>(1) <input type="checkbox"/> R (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p>(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____</p> <p>(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)</p>	<p>b General Schedules</p> <p>(1) <input checked="" type="checkbox"/> H (Financial Information)</p> <p>(2) <input type="checkbox"/> I (Financial Information – Small Plan)</p> <p>(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>6</u></p> <p>(4) <input checked="" type="checkbox"/> C (Service Provider Information)</p> <p>(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)</p> <p>(6) <input checked="" type="checkbox"/> G (Financial Transaction Schedules)</p>
--	--

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan WELLS FARGO & COMPANY RETIREE PLAN		B Three-digit plan number (PN) ▶ 504
C Plan sponsor's name as shown on line 2a of Form 5500 WELLS FARGO & COMPANY		D Employer Identification Number (EIN) 41-0449260

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

KAISER FOUNDATION HEALTH PLAN OF HAWAII

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-1340523	60053	35612	1	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
---	--------------------------------------

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		23418
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan WELLS FARGO & COMPANY RETIREE PLAN		B Three-digit plan number (PN) ▶ 504
C Plan sponsor's name as shown on line 2a of Form 5500 WELLS FARGO & COMPANY		D Employer Identification Number (EIN) 41-0449260

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN, INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-1340523	00000	1915	600	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
---	--------------------------------------

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		2413481
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
---	--	--

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan WELLS FARGO & COMPANY RETIREE PLAN	B Three-digit plan number (PN) ▶	504
C Plan sponsor's name as shown on line 2a of Form 5500 WELLS FARGO & COMPANY	D Employer Identification Number (EIN) 41-0449260	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
KAISER FOUNDATION HEALTH PLAN, INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-1340523	00000	101872	250	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
---	--------------------------------------

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
 b Dental
 c Vision
 d Life insurance
e Temporary disability (accident and sickness)
 f Long-term disability
 g Supplemental unemployment
 h Prescription drug
i Stop loss (large deductible)
 j HMO contract
 k PPO contract
 l Indemnity contract
m Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	481032
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
---	--	--

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan WELLS FARGO & COMPANY RETIREE PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>504</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 WELLS FARGO & COMPANY</p>	<p>D Employer Identification Number (EIN) 41-0449260</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
SIERRA HEALTH & LIFE INSURANCE COMPANY, INC.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
94-0734860	71420	H2001	5948	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
---	--------------------------------------

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		12362255
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
---	--	--

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan WELLS FARGO & COMPANY RETIREE PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>504</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 WELLS FARGO & COMPANY</p>	<p>D Employer Identification Number (EIN) 41-0449260</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
SYMETRA LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
91-0742147	68608	AA0703***	195	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
--------------------------------------	-------------------------------

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ **ONE TIME PREMIUM PAID IN 1995**

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year **7b** 0

c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	

(6) Total additions **7c(6)** 0

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 0

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	

(5) Total deductions **7e(5)** 0

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 0

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		0
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
---	--	--

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan WELLS FARGO & COMPANY RETIREE PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>504</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 WELLS FARGO & COMPANY</p>	<p>D Employer Identification Number (EIN) 41-0449260</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
MINNESOTA LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
41-0417830	66168	50200	5314	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
--------------------------------------	-------------------------------

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
----------------	--

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) individual policies (2) group deferred annuity
(3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
(3) guaranteed investment (4) other ▶

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)	3525428	
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))	9a(4)	3525428	
b Benefit charges (1) Claims paid	9b(1)	1739613	
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))	9b(3)	1739613	
(4) Claims charged	9b(4)		
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)	51989	
(H) Total retention	9c(1)(H)	51989	
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input checked="" type="checkbox"/> credited.)	9c(2)	1837804	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)		
(2) Claim reserves	9d(2)		
(3) Other reserves	9d(3)		
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e		

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	0	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--	--	---

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan WELLS FARGO & COMPANY RETIREE PLAN	B Three-digit plan number (PN) ▶	504
C Plan sponsor's name as shown on line 2a of Form 5500 WELLS FARGO & COMPANY	D Employer Identification Number (EIN) 41-0449260	

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

BLACKROCK ADVISORS, LLC

23-2784752

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

UNITED HEALTH CARE

41-1289245

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 50	NONE	752849	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

WAGEWORKS

94-3351864

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 65	NONE	248867	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

EXPRESS SCRIPTS

43-1420563

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 50	NONE	173101	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

CROWE LLP

35-0921680

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	126000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

DDMN ASO, LLC

41-1852523

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 50	NONE	40764	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

AON CONSULTING, INC.

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 16 50 70	NONE	32500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

SCHEDULE G (Form 5500) <small>Department of Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	Financial Transaction Schedules This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
---	---	---

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan WELLS FARGO & COMPANY RETIREE PLAN	B Three-digit plan number (PN)	504
C Plan sponsor's name as shown on line 2a of Form 5500 WELLS FARGO & COMPANY	D Employer Identification Number (EIN) 41-0449260	

Part I Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectible
 Complete as many entries as needed to report all loans or fixed income obligations in default or classified as uncollectible. Check box (a) if obligor is known to be a party in interest. Attach Overdue Loan Explanation for each loan listed. See Instructions.

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
□					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
□					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
□					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
□					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items			
□					
		Amount received during reporting year		Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

Part II Schedule of Leases in Default or Classified as Uncollectible					
Complete as many entries as needed to report all leases in default or classified as uncollectible. Check box (a) if lessor or lessee is known to be a party in interest. Attach Overdue Lease Explanation for each lease listed. (See instructions)					
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

Part III Nonexempt Transactions

Complete as many entries as needed to report all nonexempt transactions. **Caution:** If a nonexempt prohibited transaction occurred with respect to a disqualified person, file Form 5330 with the IRS to pay the excise tax on the transaction.

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
WELLS FARGO & COMPANY	PLAN SPONSOR	SEE ATTACHMENT-SCHEDULE G	0		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
0	0	0	4325354	4516146	190792

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
WELLS FARGO & COMPANY	PLAN SPONSOR	SEE ATTACHMENT-SCHEDULE G	0		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
0	0	0	1717906	1736023	18117

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
WELLS FARGO & COMPANY	PLAN SPONSOR	SEE ATTACHMENT-SCHEDULE G	0		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
0	0	0	160978	160978	0

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price		
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan WELLS FARGO & COMPANY RETIREE PLAN	B Three-digit plan number (PN) ▶ 504
C Plan sponsor's name as shown on line 2a of Form 5500 WELLS FARGO & COMPANY	D Employer Identification Number (EIN) 41-0449260

Part I	Asset and Liability Statement
---------------	--------------------------------------

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	4549998	175763
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	3608493	8644051
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	50367322	46792989
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	225906565	223937499

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	284432378	279550302
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	284432378	279550302

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	1396576	
(B) Participants.....	2a(1)(B)	33722033	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		35118609
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	253074	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		253074
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	2482631	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2482631
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	350589	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	234690	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		115899
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-1987450	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		1611
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		5429955
d Total income. Add all income amounts in column (b) and enter total	2d		41414329

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	27696478	
(2) To insurance carriers for the provision of benefits	2e(2)	15280186	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		42976664
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	1248091	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	126000	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1945650	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		3319741
j Total expenses. Add all expense amounts in column (b) and enter total	2j		46296405

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-4882076
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: CROWE LLP

(2) EIN: 35-0921680

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	X		6204238
e Was this plan covered by a fidelity bond?	X		100000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

WELLS FARGO & COMPANY RETIREE PLAN

Financial Statements and Supplemental Schedules
(Modified Cash Basis)

December 31, 2024 and 2023

(With Independent Auditor's Report Thereon)

INDEPENDENT AUDITOR'S REPORT

Plan Administrator and Participants
Wells Fargo & Company Retiree Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the financial statements of Wells Fargo & Company Retiree Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits (modified cash basis) as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits (modified cash basis) for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from an agent on behalf of the qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with the modified cash basis of accounting described in Note 2.
- the information in the accompanying financial statements related to assets held by a qualified institution and certified to by an agent on behalf of a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an agent of an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Emphasis of Matter – Basis of Accounting

We draw attention to Note 2 to the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting described in Note 2, and for determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year from the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of the modified cash basis of accounting described in Note 2.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with the modified cash basis of accounting.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matters – Supplemental Schedules Required by ERISA

The supplemental schedules (modified cash basis) of Schedule G, Part III – Schedule of Nonexempt Transactions; Schedule H, Line 4i – Schedule of Assets (Held at End of Year); Schedule H, Line 4j – Schedule of Reportable Transactions as of and for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules (modified cash basis), other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules (modified cash basis) that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules (modified cash basis), we evaluated whether the supplemental schedules (modified cash basis), other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion

- the form and content of the supplemental schedules (modified cash basis), other than the information in the supplemental schedules (modified cash basis) that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules (modified cash basis) related to assets held by a qualified institution and certified to by an agent on behalf of a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an agent of an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Crowe LLP
Crowe LLP

Oakbrook Terrace, Illinois
September 8, 2025

WELLS FARGO & COMPANY RETIREE PLAN

Statements of Net Assets Available for Benefits
(Modified Cash Basis)

December 31, 2024 and 2023

	2024	2023
Assets:		
Investments, at fair value:		
Registered investment companies	\$ 46,792,989	50,367,322
Insurance contracts	223,937,499	225,906,565
Plan interest in Master Trust	8,644,051	3,608,493
Total Investments	279,374,539	279,882,380
Accrued income	175,763	224,644
Loan receivable from Wells Fargo & Company Health Plan	—	4,325,354
Net assets held in Wells Fargo & Company Cash Balance Plan - restricted for 401(h) account	225,643,745	220,921,964
Net assets available for benefits	<u>\$ 505,194,047</u>	<u>505,354,342</u>

See accompanying notes to financial statements (modified cash basis).

WELLS FARGO & COMPANY RETIREE PLAN

Statement of Changes in Net Assets Available for Benefits (Modified Cash Basis)

Year ended December 31, 2024

Additions to Plan assets attributed to:

Investment income:

Net depreciation in fair value of investments	\$ (1,871,551)
Interest and dividends	2,735,705
Plan interest in Master Trust net investment income	1,611
Total net investment income	<u>865,765</u>

Contributions:

Employer	1,396,576
Employee	33,722,033
Total contributions	<u>35,118,609</u>

Other income:

Death benefits	5,380,190
Fee rebates and other	49,765
Total other income	<u>5,429,955</u>

Net increase in 401(h) account	<u>4,721,781</u>
Total additions	<u>46,136,110</u>

Deductions from Plan assets attributed to:

Benefit payments, net of rebates and guarantees	27,696,478
Insurance premiums	15,280,186
Administrative expenses	3,319,741
Total deductions	<u>46,296,405</u>
Net decrease	(160,295)

Net assets available for benefits:

Beginning of year	<u>505,354,342</u>
End of year	<u>\$ 505,194,047</u>

See accompanying notes to financial statements (modified cash basis).

WELLS FARGO & COMPANY RETIREE PLAN

Notes to Financial Statements
(Modified Cash Basis)

December 31, 2024 and 2023

(1) Description of the Plan

The following description of the Wells Fargo & Company Retiree Plan (the “Plan”) is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan’s provisions. Wells Fargo & Company (“Wells Fargo” or the “Company”) is the Plan Sponsor. The Plan Administrator is the Company’s Head of Human Resources (or the functional equivalent title of the most senior position in Human Resources), the Head of Total Rewards (or the functional equivalent title of the most senior position in Human Resources over compensation and benefit plans or programs other than the Head of Human Resources), and the Head of Benefits (or the functional equivalent title of the most senior position in Human Resources over benefit plans and programs other than the Head of Human Resources and the Head of Total Rewards), each of whom, acting individually or jointly, may take action as the Plan Administrator, or its or their authorized delegate.

(a) General

The Plan is a combination of self-insured and insured health and welfare benefit options that provides for the payment or reimbursement of all or a portion of covered medical, dental and vision expenses incurred by participating eligible retirees (and their participating eligible dependents) of Wells Fargo or participating employers (collectively, the Company). It is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”). Generally, former employees are eligible to enroll in retiree medical and dental coverage upon retirement from a benefits eligible full-time or part-time position if they meet one of the following age and service requirements under the Plan:

- (i) On or after age 55 with at least 10 full years of service;
- (ii) On or after age 65 with one full year of service (retiree dental coverage not available);
or
- (iii) If age plus full years of service equals 80 points or more.

In addition, former employees, who were in a benefits eligible position and on Wachovia Corporation’s payroll as of December 31, 2009, and whose age and full years of service equaled 50 or greater as of January 1, 2010 and upon termination of employment from Wells Fargo are at least age 50 with 10 or more full years of service are eligible to enroll in pre-Medicare retiree medical and/or retiree dental.

Retiree dental coverage ends the first of the month in which a retiree turns 65. A retiree is not eligible for retiree dental coverage if already age 65 or older at time of retirement.

Retiree vision coverage is a closed option. There are no new enrollments into this option.

Eligible retirees may also elect to cover their eligible spouse or domestic partner and other eligible dependents at the time of their initial enrollment at retirement.

Effective, January 1, 2016, the Plan was amended and the age and service considered for additional medical subsidy amounts was “frozen” for future eligible plan participants (i.e. for retirement dates as of January 1, 2016 or later, years of service and age will be calculated as of December 31, 2015).

Effective January 1, 2017, the Plan was amended and restated to eliminate the Medicare self-insured options and to replace them with a fully-insured Medicare Advantage plan

WELLS FARGO & COMPANY RETIREE PLAN

Notes to Financial Statements
(Modified Cash Basis)

December 31, 2024 and 2023

option. Employer retiree medical Medicare subsidy amounts and Retirement Medical Allowance amounts have been modified for certain participants.

Effective April 1, 2018, the Plan was amended to revise the definition of Retiree to exclude a former Employee who becomes Medicare-eligible on or after April 1, 2018 and is not eligible for an employer subsidy under the Plan. However, this exclusion does not apply to:

- Eligible Medicare retirees who were eligible for Medicare and enrolled in a Wells Fargo & Company Retiree Plan Medicare Advantage Plan with an effective date of coverage prior to April 1, 2018.
- Covered pre-Medicare family members of an eligible retiree participant who were enrolled in a Wells Fargo & Company pre-Medicare plan option if any member of the family was already covered under a Wells Fargo & Company Retiree Plan Medicare Advantage Plan with an effective date of coverage prior to April 1, 2018. These covered pre-Medicare family members may enroll in Medicare Advantage option at the time they become eligible for Medicare on or after April 1 2018.
- Eligible retirees living in a U.S. territory and covered by the Plan prior to January 1, 2020.
- Deferred former Employees who are eligible for a Retirement Medical Allowance or other retiree medical subsidy under the Wells Fargo & Company Retiree Plan.

(i) Medical Program

The medical program includes medical and prescription drug services through a number of different medical coverage options, including both self-insured and insured medical coverage options as described by the Plan document.

Pre-Medicare participants enrolled in a high deductible health plan option may establish a tax-advantaged savings vehicle known as a Health Savings Account (“HSA”) to pay for qualified medical expenses that they or their eligible dependents incur. Contributions to the HSA may be made by the participant. The HSA is owned by the participant and is not part of the Plan. Contributions to HSAs and payments of qualified medical expenses from HSAs are not included in the statements of changes in net assets available for benefits.

Prior to January 1, 2019, Pre-Medicare participants enrolled in a health reimbursement account (“HRA”) plan option could receive an allocation from Wells Fargo to an HRA. Effective January 1, 2019, Pre-Medicare participants enrolled in an HRA plan option could no longer receive a new allocation from Wells Fargo to an HRA, but unused amounts allocated prior to January 1, 2019 continued to be available to pay for qualified medical expenses incurred during the plan year. For participants newly retired on January 1, 2019, and after, any HRA balance they accumulated while an active employee enrolled in the HRA eligible plan is transferred to their pre-Medicare HRA plan. The HRA is a notional account and no specific funds are set aside or otherwise segregated. Amounts allocated to the HRA are not vested and are subject to forfeiture upon coverage termination. Any amounts remaining at the end of the year can generally be carried over to the next year if the participant remains enrolled in a HRA plan option.

WELLS FARGO & COMPANY RETIREE PLAN

Notes to Financial Statements
(Modified Cash Basis)

December 31, 2024 and 2023

Eligible Medicare-eligible participants (as described in Note (1) (a) above) are eligible to participate in a group fully-insured Medicare Advantage medical coverage option as described in section (1)(a)(iii) of the Plan document.

(ii) Dental Program

The dental program offers preventative, restorative, and prosthetic care to eligible participating retirees and eligible participating dependents on a self-insured basis as described in the Plan document. The claims administrator for the dental program has contractual agreements with dentists nationwide. The maximum expense considered for benefits for services received from a participating dentist is the agreed-upon allowable charge between the claims administrator and the participating dentists. The maximum expense for services received from an out-of-network dentist is based on the claim administrator's table of allowances. Participants are responsible for paying the amount in excess of the fee in the table of allowances.

(iii) Vision Program

The vision program provides for the payment or reimbursement of all or a portion of covered expenses for eye examinations and eyeglass frames, lenses, and contacts on a self-insured basis for eligible retirees. Benefits differ if participants choose a network provider rather than an out-of-network provider. Each covered participant must generally pay a copayment or coinsurance for each type of covered service provided.

(b) Funding

Retirees and their covered eligible dependents generally pay a monthly contribution equal to the full cost of coverage less a subsidy (if applicable) that may be fixed or based upon the number of years of service and age at retirement. The cost and subsidy varies depending on the Plan coverage election and the plan provisions. Retiree contributions range from 0% – 100% of the cost of these benefits. For years ended December 31, 2024 and 2023, retiree contributions amounted to approximately 57% and 62%, respectively, of the cost of retiree plan benefits.

The Wells Fargo & Company Employee Benefit Trust for Retiree Medical Benefits ("Retiree Trust") provides benefits to retirees who are not key retirees, and the Wells Fargo & Company Employee Benefit Trust ("Master Trust") provides benefits to retirees who are key retirees. The Retiree Trust and Master Trust may be referred to collectively as the Trusts. Delaware Charter Guarantee & Trust Company, conducting business under the trade name "Principal Trust Company", is the trustee of the Trusts ("Trustee"). Principal Bank, an affiliate of Principal Trust Company, serves as an agent for Principal Trust Company, and is the qualified certifying institution of the financial information for the Plan. The Trustee executes purchases and sales of investments in the Trusts pursuant to the direction of the Employee Benefit Review Committee or its agent. The investments of the Trusts and changes therein have been reported to the Plan by the Trustee.

(c) Benefit Payments

The Plan provides benefit payments to or on behalf of eligible participating retirees, and their eligible participating dependents for covered medical, dental and vision expenses, as applicable.

WELLS FARGO & COMPANY RETIREE PLAN

Notes to Financial Statements
(Modified Cash Basis)

December 31, 2024 and 2023

(2) Summary of Significant Accounting Policies

(a) *Basis of Presentation*

The Plan's policy is to prepare its financial statements on a modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America. Under such modified cash basis, financial statements are prepared on the basis of cash receipts and disbursements, except for certain receivables and payables. Additionally, investments are reported at fair value. Consequently, certain revenues are recognized when received rather than when earned and certain expenses are recognized when paid rather than when the obligations are incurred. Accordingly, the accompanying financial statements are not intended to be a presentation in conformity with accounting principles generally accepted in the United States of America.

(b) *Use of Estimates*

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations and changes therein, claims incurred but not reported, claims payable, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

(c) *Investment Valuation and Income Recognition*

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year. The investment in the Master Trust is carried at the current unit value based upon the fair values of the individual investments held by the Master Trust as determined by the Trustee.

(d) *Fair Value – Definition and Hierarchy*

Investments are reported at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value is based on an exit price notion that maximizes the use of observable inputs and minimizes the use of unobservable inputs.

The Plan classifies its assets and liabilities measured at fair value based upon a three-level hierarchy that assigns the highest priority to unadjusted quoted prices in active markets and the lowest priority to unobservable inputs. The three levels are as follows:

- Level 1 – Valuation is based upon quoted prices for identical instruments traded in active markets.
- Level 2 – Valuation is based upon quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active, and model-based valuation techniques, for which all significant assumptions are observable in the market.
- Level 3 – Valuation is generated from techniques that use significant assumptions not observable in the market. These unobservable assumptions reflect estimates of assumptions that market participants would use in pricing the asset or liability. Valuation techniques include use of discounted cash flow models, market comparable pricing, option models, and similar techniques.

WELLS FARGO & COMPANY RETIREE PLAN

Notes to Financial Statements
(Modified Cash Basis)

December 31, 2024 and 2023

(e) Risks and Uncertainties

The Plan may invest in various types of investments. Investments are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and such changes could materially affect the amount reported in the statements of net assets available for benefits.

The actuarial present value of postretirement benefit obligations is reported based on certain assumptions pertaining to interest rates, healthcare inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

(f) Expenses

Certain plan administrative expenses such as claims processing fees, audit and tax preparation fees are paid by the Plan. All fees paid to the Trustee are paid by the Company.

(g) Benefit Payments

Benefit payments are recorded when paid from the Trusts.

(h) Rebates and Financial Guarantees

The Plan utilizes a pharmacy benefit manager (“PBM”) to administer its prescription drug benefit. The PBM pays rebates to the Plan based on the Plan’s actual utilization pattern of specific drugs. The Plan also collects payments attributed to financial guarantees (“guarantees”) as described in the contract with the PBM. Rebates and guarantees received from the Plan’s PBM are recorded as a reduction of benefit payments. Rebates and guarantees received by the Plan during 2024 were approximately \$4.2 million. Rebates and guarantees receivable at December 31, 2024 and 2023 were approximately \$4.2 million and \$2.7 million, respectively. In prior years, rebates and guarantees receivable were presented in Note 6(b) netted against claims payable and claims incurred but not reported.

(i) Death Benefits

Death benefits are recorded when received.

(3) Information Certified

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan Administrator has obtained certifications as of December 31, 2024 and 2023, and for the year ended December 31, 2024, from the Trustee and/or its agent (Principal Bank) that all investment information provided by the Trustee or Principal Bank is complete and accurate. Investment information included in the accompanying financial statements and notes to the financial statements as to the investment assets held in the Trusts and the 401(h) account managed by the Trustee, and investment income and all investment information in the supplemental schedules is presented in reliance solely upon those certifications.

WELLS FARGO & COMPANY RETIREE PLAN

Notes to Financial Statements
(Modified Cash Basis)

December 31, 2024 and 2023

(4) Fair Value Measurements

The Plan classifies its investments recorded at fair value as either Level 1, 2, or 3 in the fair value hierarchy. The highest priority (Level 1) is assigned to valuations based on unadjusted quoted prices in active markets and the lowest priority (Level 3) is assigned to valuations based on significant unobservable inputs.

In the determination of the classification of financial instruments in Level 2 or Level 3 of the fair value hierarchy, the Plan considers all available information, including observable market data, indications of market liquidity and orderliness, and its understanding of the valuation techniques and significant inputs used. Judgments are made regarding the significance of the Level 3 inputs to the instruments' fair value measurement to its entirety. If unobservable inputs are considered significant, the instrument is classified as Level 3.

The following is a description of the valuation methodologies used by the Plan to measure investments at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Investments in *registered investment companies* are valued at fair value based upon quoted prices in an active market. *Registered investment companies* include *money market funds*, which are priced at \$1.00 per share.

The Retiree Trust invests in *insurance contracts* on the lives of certain employees or former employees including single premium variable universal life policies issued by Minnesota Life Insurance Company ("Minnesota Life"), now known as Securian, and single premium universal life policies issued by Safeco Life Insurance Company ("Safeco"). The Retiree Trust is the owner and beneficiary of these policies. The variable universal life insurance policies issued by Minnesota Life are reported at fair value based upon the underlying assets which are variable insurance product mutual funds and is shown as Level 2 in the fair value hierarchy. The fair value of the universal life insurance policies issued by Safeco are estimated based on the contractual value (cash surrender value) as provided by the issuer and is shown as Level 3.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

WELLS FARGO & COMPANY RETIREE PLAN

Notes to Financial Statements
(Modified Cash Basis)

December 31, 2024 and 2023

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31. The following tables do not include the Plan interest in the Master Trust because that information is presented in a separate table (note 5).

	December 31, 2024			
	Level 1	Level 2	Level 3	Total
Registered investment companies:				
Money market fund	\$46,792,989	—	—	46,792,989
Insurance contracts	—	199,897,381	24,040,118	223,937,499
Total investments, excluding Plan interest in Master Trust, at fair value	<u>\$46,792,989</u>	<u>199,897,381</u>	<u>24,040,118</u>	<u>270,730,488</u>
	December 31, 2023			
	Level 1	Level 2	Level 3	Total
Registered investment companies:				
Money market fund	\$50,367,322	—	—	50,367,322
Insurance contracts	—	201,884,831	24,021,734	225,906,565
Total investments, excluding Plan interest in Master Trust, at fair value	<u>\$50,367,322</u>	<u>201,884,831</u>	<u>24,021,734</u>	<u>276,273,887</u>

Level 3 Gains and Losses

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 assets (insurance contracts) for the year ended December 31, 2024.

Balance, beginning of year	Gains		Purchases, sales, issuances and settlements, net	Net transfers into and / or out of Level 3	Balance, end of year
	Realized	Unrealized			
\$ 24,021,734	115,899	—	(97,515)	—	24,040,118

The following table presents gross purchases, sales, issuances and settlements related to the changes in Level 3 assets (insurance contracts) measured at fair value on a recurring basis for the year ended December 31, 2024.

Purchases	Sales	Issuances	Settlements	Net
\$ 253,074	(350,589)	—	—	(97,515)

WELLS FARGO & COMPANY RETIREE PLAN

Notes to Financial Statements
(Modified Cash Basis)

December 31, 2024 and 2023

(5) Plan Interest in Master Trust

The Plan, together with the Wells Fargo & Company Health Plan (for Eligible Active Employees and their Dependents), invests certain of its assets on a commingled basis in the Master Trust. Each participating plan has an undivided interest in the assets of the Master Trust. The fair value of the Plan's interest in the Master Trust is based on the beginning of year value of the Plan's interest in the Master Trust, plus actual employee contributions and allocated employer contributions to the Plan, plus Master Trust investment income allocated to the Plan, less actual distributions and expenses of the Plan. At December 31, 2024 and 2023, the Plan's interest in the net assets of the Master Trust was approximately 43% and 100%, respectively. Investment income and employer contributions are allocated to the individual plans based upon the ratio of annual distributions and benefit expenses by each plan.

The following tables present the net assets, including investments, held in the Master Trust and the Plan's interest in the Master Trust net assets at December 31:

	2024	
	Master Trust Balances	Plan's Interest in Master Trust Balances
Investments at fair value:		
Registered investment companies:		
Money market fund	\$ 19,744,845	8,465,818
Accrued income	415,694	178,233
Net assets	\$ 20,160,539	8,644,051
	2023	
	Master Trust Balances	Plan's Interest in Master Trust Balances
Investments at fair value:		
Registered investment companies:		
Money market fund	\$ 3,233,631	3,233,631
Accrued income	374,862	374,862
Net assets	\$ 3,608,493	3,608,493

WELLS FARGO & COMPANY RETIREE PLAN

Notes to Financial Statements
(Modified Cash Basis)

December 31, 2024 and 2023

The net investment income of the Master Trust for the year ended December 31, is presented below:

	<u>2024</u>
Investment income:	
Interest and dividends	\$ 4,626,838
Other income	89,069
Total investment income	<u>\$ 4,715,907</u>

The following is a description of the valuation methodologies used by the Master Trust to measure investments at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Investments in *registered investment companies* are valued at fair value based upon quoted prices in an active market. *Registered investment companies* include *money market funds*, which are priced at \$1.00 per share.

The following tables set forth by level, within the fair value hierarchy, the investments of the Master Trust at fair value as of December 31:

	<u>December 31, 2024</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Registered investment companies:				
Money market fund	\$ 19,744,845	—	—	19,744,845
Total investments at fair value	<u>\$ 19,744,845</u>	<u>—</u>	<u>—</u>	<u>19,744,845</u>

	<u>December 31, 2023</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Registered investment companies:				
Money market fund	\$ 3,233,631	—	—	3,233,631
Total investments at fair value	<u>\$ 3,233,631</u>	<u>—</u>	<u>—</u>	<u>3,233,631</u>

(6) Benefit Obligations

(a) Postretirement Benefit Obligation

The postretirement benefit obligation represents the actuarial present value of those estimated future benefits, which are attributable to employee service rendered through December 31. Postretirement benefits include future benefits expected to be paid to or for (a) currently retired employees and their beneficiaries and dependents and (b) active employees and their beneficiaries and dependents after retirement from service. Prior to an active employee's eligibility date, the postretirement benefit obligation is the portion of the

WELLS FARGO & COMPANY RETIREE PLAN

Notes to Financial Statements
(Modified Cash Basis)

December 31, 2024 and 2023

expected postretirement benefit obligation, which is attributed to that employee's service rendered to the valuation date.

The actuarial present value of the expected postretirement benefit obligation is determined by an actuary and is the amount that results from applying actuarial assumptions to historical claims-cost data to estimate future annual incurred claims costs per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

On December 8, 2003, the Medicare Prescription Drug, Improvement and Modernization Act of 2003 (the Act) for employers that sponsor postretirement healthcare plans that provide prescription drug benefits was signed into law. The Act introduces a prescription drug benefit under Medicare as well as a federal subsidy to sponsors of retiree healthcare benefit plans that provide a benefit that is at least actuarially equivalent to Medicare Part D. Under the Act, the Medicare subsidy amount is received directly by the Plan Sponsor and not the related plan. Further, the Plan Sponsor is not required to use the subsidy amount to fund postretirement benefits and may use the subsidy for any valid business purpose. As such, the Plan's accumulated postretirement benefit obligation and the changes in the benefit obligation do not reflect any amount associated with the Medicare subsidy. However, the accumulated postretirement benefit obligation related to the Plan is reported net of the Medicare subsidy in the Company's financial statements, resulting in a difference between the two measurements.

WELLS FARGO & COMPANY RETIREE PLAN

Notes to Financial Statements
(Modified Cash Basis)

December 31, 2024 and 2023

For measurement purposes, the following actuarial assumptions were utilized as of December 31:

	2024	2023
Discount rate	5.49%	4.90%
Mortality	98% of the Amounts-Weighted Pri-2012 White Collar Mortality Tables for Employees and Retirees, and 89% of the Amounts-Weighted Pri-2012 White Collar Mortality Table for Contingent Survivors, projected to 2017 with Scale MP-2020 and beyond 2017 with the 2024 Aon Endemic COVID-19 version of Scale MP-2021	98% of the Amounts-Weighted Pri-2012 White Collar Mortality Tables for Employees and Retirees, and 89% of the Amounts-Weighted Pri-2012 White Collar Mortality Table for Contingent Survivors, projected to 2017 with Scale MP-2020 and beyond 2017 with the 2023 Aon Endemic COVID-19 version of Scale MP-2021
Healthcare cost trend rate	<p>Medical pre-65</p> <p>Initial range of 8.10% decreasing by 0.40% each year to 4.50% in 2034+</p> <p>Medical post-65</p> <p>14.50% decreasing by 1.00% - 1.25% each year to 4.50% in 2034+</p>	<p>Medical pre-65</p> <p>Initial range of 7.80% decreasing by 0.30% - 0.40% each year to 4.50% in 2033+</p> <p>Medical post-65</p> <p>16.50% decreasing by 0.30% - 3.20% each year to 4.50% in 2033+</p>
Annual per capita claims cost	Ranging from \$1,468 to \$18,071	Ranging from \$949 to \$17,617

The weighted average healthcare cost trend rate assumption has a significant effect on the estimated benefit obligations reported. If the assumed rates increased by one percentage point in each year, it would increase the obligation as of December 31, 2024 and 2023 by \$2,157,000 and \$2,168,000, respectively.

The postretirement benefit obligation for the Plan's self-insured medical coverage options is actuarially determined based on the total number of active and retiree participants.

WELLS FARGO & COMPANY RETIREE PLAN

Notes to Financial Statements
(Modified Cash Basis)

December 31, 2024 and 2023

The following table provides additional information regarding the Plan's accumulated postretirement benefit obligation as of December 31:

	<u>2024</u>	<u>2023</u>
Retirees	\$ 168,764,000	175,898,000
Actives:		
Not fully eligible	5,038,000	7,834,000
Fully eligible	<u>18,919,000</u>	<u>19,696,000</u>
Actives subtotal	<u>23,957,000</u>	<u>27,530,000</u>
Accumulated postretirement benefit obligation	<u>\$ 192,721,000</u>	<u>203,428,000</u>

The following provides additional information regarding the Plan's changes in the accumulated postretirement benefit obligation for the year ended December 31:

	<u>2024</u>
Balance at beginning of year	\$ 203,428,000
Increase (decrease) during the year attributed to:	
Interest	9,304,000
Net benefits paid	(27,413,000)
Changes in actuarial assumptions*	(331,000)
Plan amendments **	3,298,000
Actuarial experience and other	<u>4,435,000</u>
Balance at end of year	<u>\$ 192,721,000</u>

* Changes in actuarial assumptions from December 31, 2023 to December 31, 2024 include: increase of the discount rate from 4.90% to 5.49%; change in mortality scale under Aon Endemic COVID-19 version of Scale MP-2021 updated from 2023 to 2024; change in health care trend rates; change in health care claims, offsets, and contributions; change in demographic assumptions including retirement and withdrawal rates.

** Wells Fargo has adopted a one-time subsidy increase in 2025 to anyone who is enrolled in 2025 Medicare Advantage Plans under Wells Fargo Retiree Medical Plans.

(b) Other Obligations

Estimated claims incurred but not reported are estimates, which are based on claim run-off experience and are subject to uncertainty.

WELLS FARGO & COMPANY RETIREE PLAN

Notes to Financial Statements
(Modified Cash Basis)

December 31, 2024 and 2023

The following table provides additional information regarding the Plan's other benefit obligations as of December 31:

	2024	2023
Claims payable and claims incurred but not reported	\$ 3,053,000	3,061,000

The following table provides additional information regarding the Plan's changes in the other benefit obligations for the year ended December 31:

	2024
Balance at beginning of year	\$ 3,061,000
Premiums and claims incurred	42,969,000
Premiums and claims paid, net of rebates and guarantees	(42,977,000)
Balance at end of year	\$ 3,053,000

(7) 401(h) Account

The Wells Fargo & Company Cash Balance Plan ("Cash Balance Plan") includes a medical-benefit component in addition to normal retirement benefits to fund a portion of the postretirement obligations for retirees and their beneficiaries in accordance with Section 401(h) of the IRC. A separate account has been established and maintained in the Cash Balance Plan for such contributions. In accordance with IRC Section 401(h), the Plan's investments in the 401(h) account may not be used for, or diverted to, any purpose other than providing health benefits for retirees and their beneficiaries. The related obligations for health benefits are not included in the Cash Balance Plan's accumulated benefit obligations but are reported as accumulated benefit obligations of the Plan.

(a) Net Assets Available for Such Obligations and the Related Changes in Net Assets Available

The following tables present the components of the net assets available for such obligations as of December 31, and the related changes in net assets available for the year ended December 31:

	2024	2023
Investments at fair value:		
Registered investment companies	\$ 13,564,758	13,443,762
Collective investment funds	212,078,987	207,478,202
Total investments at fair value	225,643,745	220,921,964
Net assets available	\$ 225,643,745	220,921,964

WELLS FARGO & COMPANY RETIREE PLAN

Notes to Financial Statements
(Modified Cash Basis)

December 31, 2024 and 2023

	<u>2024</u>
Investment income:	
Net appreciation in fair value of investments	\$ 19,509,122
Interest and dividends	285,581
Total investment income	<u>19,794,703</u>
Other income	2,483
Health and welfare benefits paid to retirees	(10,057,626)
Insurance premiums	(4,718,713)
Administrative expenses	(299,066)
Net increase in 401(h) account	<u>\$ 4,721,781</u>

The investment disclosure for the 401(h) account as of December 31, 2024 and 2023 will be available in the Cash Balance Plan financial statements as of December 31, 2024 and 2023.

(8) Tax Status

The Trusts established under the Plan to hold the Plan's assets are each qualified pursuant to Section 501(c)(9) of the IRC, and, accordingly, each Trust's net investment income is ordinarily exempt from income taxes. The Master Trust has obtained a favorable tax determination letter dated February 27, 1979 from the Internal Revenue Service ("IRS"), and the Plan Sponsor believes that the Master Trust, as amended, continues to qualify and to operate in accordance with applicable provisions of the IRC. The Retiree Trust has obtained a favorable tax determination letter dated August 27, 1992 from the IRS, and the Plan Sponsor believes that the Retiree Trust, as amended, continues to qualify and to operate in accordance with applicable provisions of the IRC.

As a result of certain of the Plan's investments, the Plan is subject to Unrelated Business Income Taxes. Tax expense or benefit is included in administrative expenses. The tax receivable as of December 31, 2024 is estimated to be approximately \$137,000.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2021.

(9) Plan Termination

The Company has voluntarily agreed to make contributions to the Plan. Although the Plan Sponsor has not expressed any intention to do so, the Plan Sponsor has the right under the Plan to modify the benefits provided, to discontinue its contributions at any time, and to terminate the Plan subject to the provisions set forth in ERISA. In the event of termination, assets held by the Trusts will be used to provide for benefits payable as of the date of such termination and for

WELLS FARGO & COMPANY RETIREE PLAN

Notes to Financial Statements
(Modified Cash Basis)

December 31, 2024 and 2023

payment of expenses of the Plan, including expenses of termination. Any assets remaining after such benefits and expenses will be distributed in accordance with the requirements of Section 501(c)(9) of the IRC and the regulations thereunder. If the Plan is terminated, the termination shall not affect the rights of any participant to claim benefits that are payable prior to such termination.

(10) Reconciliation of Financial Statements to Form 5500

The following table is a reconciliation of net assets available for benefits per the financial statements to Form 5500 as of December 31:

	2024	2023
Net assets available for benefits per the financial statements	\$ 505,194,047	505,354,342
Net assets held in Wells Fargo & Company Cash Balance Plan - 401 (h) account	(225,643,745)	(220,921,964)
Net assets available for benefits per Form 5500	\$ 279,550,302	284,432,378

The following table is a reconciliation of the net decrease per the financial statements to net loss per the Form 5500 for the year ended December 31:

	2024
Net decrease per the financial statements	\$ (160,295)
Net increase in 401(h) account	(4,721,781)
Net loss per Form 5500	\$ (4,882,076)

(11) Nonexempt Prohibited Transactions

The Master Trust has been used to fund benefits for active employees under the Wells Fargo & Company Health Plan (for Eligible Active Employees and their Dependents) (the "Health Plan") and key retiree benefits under the Plan. Wells Fargo collects employee and key retiree contributions and accounts for them separately in the Master Trust. The aggregate Master Trust is not segregated for investment or other purposes. In addition, Wells Fargo has made monthly employer contributions and allocated the contributions to the separate Plans based on its estimation of expected claims liability (generally approximately 99.95% for Health Plan medical claims and .05% for Plan claims).

As of December 31, 2023, after the final year end claims payment was withdrawn on December 29, 2023, the Master Trust had a positive account balance of \$3,608,493. This balance consisted of a positive account balance for the Plan of \$7,933,847 offset, in part, by a negative account balance for the Health Plan of approximately \$4,325,354. The negative account balance was cleared when the next monthly funding payment was made on January 2, 2024. Thus, for a short period of time, funds properly allocable to the Plan were used to offset claims for the Health Plan. Wells Fargo has elected to treat the above situation as a de facto loan and a potential prohibited transaction (loan by the Plan to fund Plan Sponsor benefit obligations under the Health Plan). This de facto loan existed from December 29, 2023 until an additional amount of \$4,325,354, plus an amount allocable to earnings of \$190,792, was contributed to the Plan on June 4, 2024. There was no impact to participants.

WELLS FARGO & COMPANY RETIREE PLAN

Notes to Financial Statements
(Modified Cash Basis)

December 31, 2024 and 2023

A similar situation arose as of October 31, 2024. As of October 31, 2024, after the final October monthly claims payment was withdrawn, the Master Trust had a positive account balance of \$6,799,982. This balance consisted of a positive account balance for the Plan of \$8,517,888 offset, in part, by a negative account balance for the Health Plan of \$1,717,906. The negative account balance was cleared when the next monthly funding payment was made on November 1, 2024. Thus, for a short period of time, funds properly allocable to the Plan were ostensibly used to offset claims for the Health Plan. Consistent with the prior transaction, Wells Fargo elected to treat the situation as a de facto loan and a potential prohibited transaction (loan by the Plan to fund Plan Sponsor benefit obligations under the Health Plan). This de facto loan existed from October 31, 2024 until an additional amount of \$1,717,906, plus an amount allocable to earnings of \$18,117 was contributed to the Plan on December 18, 2024. There was no impact to participants.

Separately, on January 2, 2024, the Trustee discovered that a Guaranteed Annuity Contract payment of \$160,978, intended for the Wells Fargo & Company Cash Balance Plan ("Cash Balance Plan"), was accidentally deposited into the Master Trust on December 14, 2023. Upon discovery of the error, the Trustee moved the funds from the Master Trust to the Cash Balance Plan Trust. On April 15, 2024, the Plan Sponsor deposited additional funds of \$672 into the Cash Balance Plan Trust to address any loss of earnings.

(12) Subsequent Events

The Plan has evaluated subsequent events from the statement of net assets available for benefits date through September 8, 2025, the date on which the financial statements were available to be issued. During this period, except as noted below, there have been no material events that would require additional recognition in the financial statements or disclosures to the financial statements.

Beginning January 1, 2026, Wells Fargo will no longer sponsor retiree dental or vision plan options for any retirees or medical plan options for Medicare-eligible retirees under the Plan. Retirees currently eligible for a retiree health care subsidy will receive their subsidy in the form of an allocation to a retiree Health Reimbursement Account (HRA), which may be used for retiree health care coverage on the marketplace exchange or to pay Medicare premiums. Pre-Medicare eligible retirees may either continue medical plan coverage under the Plan, or choose to purchase individual health insurance on the marketplace exchange. In addition, any Medicare-eligible and non-Medicare-eligible participants, who were previously eligible to defer their election for retiree medical coverage under the Plan, must make an election by December 31, 2025, or they will forfeit their eligibility for the Plan. The impact to the postretirement benefit obligation is being evaluated; the increase is estimated to be between \$20 million and \$50 million.

WELLS FARGO & COMPANY RETIREE PLAN

Schedule G, Part III - Nonexempt Transactions

(Modified Cash Basis)

Year ended December 31, 2024

Identity of party involved	Relationship to Plan, employer	Description of Transaction	Purchase price	Selling price	Lease rental	Transaction expenses	Cost of asset	Current value of asset	Net gain or (loss) on each transaction
	or other party-in-interest								
Wells Fargo & Company	Sponsor	(a)	\$ —	—	—	—	4,325,354	4,516,146	190,792
Wells Fargo & Company	Sponsor	(a)	—	—	—	—	1,717,906	1,736,023	18,117
Wells Fargo & Company	Sponsor	(b)	—	—	—	—	160,978	160,978	—

- (a) The Wells Fargo & Company Employee Benefit Trust (“Master Trust”) has been used to fund benefits for active employees under the Wells Fargo & Company Health Plan (for Eligible Active Employees and their Dependents) (“Health Plan”) and key retiree benefits under the Wells Fargo & Company Retiree Plan (“Retiree Plan”). Wells Fargo collects employee and key retiree contributions and accounts for them separately in the Master Trust. The aggregate Master Trust is not segregated for investment or other purposes. In addition, Wells Fargo has made monthly employer contributions and allocated the contributions to the separate Plans based on its estimation of expected claims liability (generally approximately 99.95% for Health Plan medical claims and .05% for Retiree Plan claims).

As of December 31, 2023, after the final year end claims payment was withdrawn on December 29, 2023, the Master Trust had a positive account balance of \$3,608,493. This balance consisted of a positive account balance for the Retiree Plan of \$7,933,847 offset, in part, by a negative account balance for the Health Plan of approximately \$4,325,354. The negative account balance was cleared when the next monthly funding payment was made on January 2, 2024. Thus, for a short period of time, funds properly allocable to the Retiree Plan were used to offset claims for the Health Plan. Wells Fargo has elected to treat the above situation as a de facto loan and a potential prohibited transaction (loan by the Retiree Plan to fund Plan Sponsor benefit obligations under the Health Plan). This de facto loan existed from December 29, 2023 until an additional amount of \$4,325,354, plus an amount allocable to earnings of \$190,792, was contributed to the Retiree Plan on June 4, 2024. There was no impact to participants.

A similar situation arose as of October 31, 2024. As of October 31, 2024, after the final October monthly claims payment was withdrawn, the Master Trust had a positive account balance of \$6,799,982. This balance consisted of a positive account balance for the Retiree Plan of \$8,517,888 offset, in part, by a negative account balance for the Health Plan of \$1,717,906. The negative account balance was erased when the next monthly funding payment was made on November 1, 2024. Thus, for a short period of time, funds properly allocable to the Retiree Plan were ostensibly used to offset claims for the Health Plan. Consistent with the prior transaction, Wells Fargo elected to treat the situation as a de facto loan and a potential prohibited transaction (loan by the Retiree Plan to fund Plan Sponsor benefit obligations under the Health Plan). This de facto loan existed from October 31, 2024 until an additional amount of \$1,717,906, plus an amount allocable to earnings of \$18,117 was contributed to the Retiree Plan on December 18, 2024. There was no impact to participants.

- (b) On January 2, 2024, the Trustee discovered that a Guaranteed Annuity Contract payment of \$160,978, intended for the Wells Fargo & Company Cash Balance Plan (“Cash Balance Plan”), was accidentally deposited into the Master Trust on December 14, 2023. Upon discovery of the error, the Trustee moved the funds from the Master Trust to the Cash Balance Plan Trust. On April 15, 2024, the Plan Sponsor deposited additional funds of \$672 into the Cash Balance Plan Trust to address any loss of earnings.

See accompanying independent auditor’s report.

WELLS FARGO & COMPANY RETIREE PLAN

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(Modified Cash Basis)

December 31, 2024

Identity of issuer, borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par, or maturing value	Cost	Current value
Registered investment companies:			
Money market fund:			
BlackRock Institutional Funds	Treasury Trust Fund #10	\$ 46,792,989	46,792,989
Minnesota Life Insurance Company	Insurance contract	50,377,559	199,897,381
Safeco Life Insurance Company	Insurance contract	24,040,118	24,040,118
Total insurance contracts		74,417,677	223,937,499
Plan interest in Master Trust	Plan interest in Master Trust	8,644,051	8,644,051
		\$ 129,854,717	279,374,539

See accompanying independent auditor's report.

WELLS FARGO & COMPANY RETIREE PLAN

Schedule H, Line 4j - Schedule of Reportable Transactions

(Modified Cash Basis)

Year ended December 31, 2024

Description of asset	Purchase price	Selling price	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
BlackRock Institutional Funds Treasury Trust Fund #10					
129 purchases	\$ 38,457,664	—	38,457,664	38,457,664	—
212 sales	—	42,031,997	42,031,997	42,031,997	—

See accompanying independent auditor's report.

WELLS FARGO & COMPANY RETIREE PLAN

Schedule H, Line 4j - Schedule of Reportable Transactions

(Modified Cash Basis)

Year ended December 31, 2024

Description of asset	Purchase price	Selling price	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
BlackRock Institutional Funds Treasury Trust Fund #10					
129 purchases	\$ 38,457,664	—	38,457,664	38,457,664	—
212 sales	—	42,031,997	42,031,997	42,031,997	—

See accompanying independent auditor's report.

WELLS FARGO & COMPANY RETIREE PLAN

The Wells Fargo & Company Employee Benefit Trust ("Master Trust") has been used to fund benefits for active employees under the Wells Fargo & Company Health Plan (for Eligible Active Employees and their Dependents) ("Health Plan") and key retiree benefits under the Wells Fargo & Company Retiree Plan ("Retiree Plan"). Wells Fargo collects employee and key retiree contributions and accounts for them separately in the Master Trust. The aggregate Master Trust is not segregated for investment or other purposes. In addition, Wells Fargo has made monthly employer contributions and allocated the contributions to the separate Plans based on its estimation of expected claims liability (generally approximately 99.95% for Health Plan medical claims and .05% for Retiree Plan claims).

As of December 31, 2023, after the final year end claims payment was withdrawn on December 29, 2023, the Master Trust had a positive account balance of \$3,608,493. This balance consisted of a positive account balance for the Retiree Plan of \$7,933,847 offset, in part, by a negative account balance for the Health Plan of approximately \$4,325,354. The negative account balance was cleared when the next monthly funding payment was made on January 2, 2024. Thus, for a short period of time, funds properly allocable to the Retiree Plan were used to offset claims for the Health Plan. Wells Fargo has elected to treat the above situation as a de facto loan and a potential prohibited transaction (loan by the Retiree Plan to fund Plan Sponsor benefit obligations under the Health Plan). This de facto loan existed from December 29, 2023 until an additional amount of \$4,325,354, plus an amount allocable to earnings of \$190,792, was contributed to the Retiree Plan on June 4, 2024. There was no impact to participants.

As of October 31, 2024, after the final October claims payment was withdrawn, the Master Trust had a positive account balance of \$6,799,982. This balance consisted of a positive account balance for the Retiree Plan of \$8,517,888 offset, in part, by a negative account balance for the Health Plan of approximately \$1,717,906. The negative account balance was cleared when the next monthly funding payment was made on November 1, 2024. Thus, for a short period of time, funds properly allocable to the Retiree Plan were used to offset claims for the Health Plan. Wells Fargo has elected to treat the above situation as a de facto loan and a potential prohibited transaction (loan by the Retiree Plan to fund Plan Sponsor benefit obligations under the Health Plan). This de facto loan existed from October 31, 2024 until an additional amount of \$1,717,906, plus an amount allocable to earnings of \$18,117, was contributed to the Retiree Plan on December 18, 2024. There was no impact to participants.

Separately, on January 2, 2024, the Trustee discovered that a Guaranteed Annuity Contract payment of \$160,978, intended for the Wells Fargo & Company Cash Balance Plan ("Cash Balance Plan"), was accidentally deposited into the Master Trust on December 14, 2023. Upon discovery of the error, the Trustee moved the funds from the Master Trust to the Cash Balance Plan Trust. On April 15, 2024, the Plan Sponsor deposited additional funds of \$672 into the Cash Balance Plan Trust to address any loss of earnings.

WELLS FARGO & COMPANY RETIREE PLAN

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(Modified Cash Basis)

December 31, 2024

Identity of issuer, borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par, or maturing value	Cost	Current value
Registered investment companies:			
Money market fund:			
BlackRock Institutional Funds	Treasury Trust Fund #10	\$ 46,792,989	46,792,989
Minnesota Life Insurance Company	Insurance contract	50,377,559	199,897,381
Safeco Life Insurance Company	Insurance contract	24,040,118	24,040,118
Total insurance contracts		74,417,677	223,937,499
Plan interest in Master Trust	Plan interest in Master Trust	8,644,051	8,644,051
		\$ 129,854,717	279,374,539

See accompanying independent auditor's report.