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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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.)
- ☒ 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:
- ☒ 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 SHORT-TERM DISABILITY PLAN

1b Three-digit plan number (PN) ▶ 517

1c Effective date of plan 01/01/1994

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
WELLS FARGO & COMPANY

MAC N9310-112
550 S. 4TH STREET
MINNEAPOLIS, MN 55415

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.

SIGN HERE	Filed with authorized/valid electronic signature.	09/23/2026	DANIELA NESE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/23/2026	LEE KEEL
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

HEAD OF HR, HEAD OF TOTAL REWARDS, AND HEAD OF BENEFITS
WELLS FARGO & COMPANY
MAC N9310-112
550 S. 4TH STREET
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**	169591
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)**	169591
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	160387
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	160387
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 Characteristic Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

4F

9a Plan funding arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ 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)

a Pension Schedules

- (1) ☐ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached 0
- (4) ☒ **C** (Service Provider Information)
- (5) ☐ **D** (DFE/Participating Plan Information)
- (6) ☒ **G** (Financial Transaction Schedules)

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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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 C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
WELLS FARGO & COMPANY SHORT-TERM DISABILITY PLAN

B Three-digit plan number (PN) ▶ 517

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).. . . . . [X] 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

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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)

(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?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

(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?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

(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?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

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(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:

SCHEDULE G (Form 5500)

Department of Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

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.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
WELLS FARGO & COMPANY SHORT-TERM DISABILITY PLAN

B Three-digit plan number (PN) ▶ 517

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
☐		

	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

(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)
☐			

(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)
☐			

(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)
☐			

(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)
☐			

(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)
☐			

(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)
☐			

(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
LINCOLN NATIONAL LIFE INSURANCE CO	CLAIMS ADMINISTRATOR	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	64594	67035	2441

(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

(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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
WELLS FARGO & COMPANY SHORT-TERM DISABILITY PLAN

B Three-digit plan number (PN) ▶ 517

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.

Assets		(a) Beginning of Year	(b) End of Year
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)	122430	97939
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)		
(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)	22939586	21336357
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	23062016	21434296
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	23062016	21434296

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)	120122540	
(B) Participants	2a(1)(B)		
(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)		120122540
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)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(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)	1240812	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1240812
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(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)		
(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		33568
d Total income. Add all **income** amounts in column (b) and enter total	2d		121396920
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	122204390	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		122204390
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)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(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)	820250	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		820250
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		123024640
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-1627720
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) [X] 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) [X] 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.)	**4a**		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.)	**4b**		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.)	**4c**		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.)	**4d**	X		64594
e Was this plan covered by a fidelity bond?	**4e**	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?	**4f**		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?	**4g**		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?	**4h**		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.)	**4i**	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.)	**4j**	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?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
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.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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 SHORT-TERM DISABILITY PLAN

Financial Statements and Supplemental Schedules
(Modified Cash Basis)

December 31, 2025 and 2024

(With Independent Auditor's Report Thereon)

Crowe LLP
Independent Member Crowe Global

INDEPENDENT AUDITOR'S REPORT

Plan Administrator and Participants
Wells Fargo & Company Short-Term Disability 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 Short-Term Disability 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, 2025 and 2024, and the related statement of changes in net assets available for benefits (modified cash basis) for the year ended December 31, 2025, 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, 2025 and 2024, and for the year ended December 31, 2025, 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).

(Continued)

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.

(Continued)

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 Matter – Supplemental Schedules Required by ERISA

The supplemental schedules (modified cash basis) of Schedule G, Part III – Nonexempt Transactions, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) and Schedule H, Line 4j – Schedule of Reportable Transactions as of and for the year ended December 31, 2025 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.

(Continued)

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
June 3, 2026

WELLS FARGO & COMPANY SHORT-TERM DISABILITY PLAN

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

December 31, 2025 and 2024

	2025	2024
Assets		
Investments, at fair value	$ 21,336,357	22,939,586
Accrued income	97,939	122,430
Net assets available for benefits	$ 21,434,296	23,062,016

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

WELLS FARGO & COMPANY SHORT-TERM DISABILITY PLAN

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

Year ended December 31, 2025

Additions to plan assets attributed to:		
Employer contributions	$	120,122,540
Interest and dividends		1,240,812
Other income		33,568
Total additions		121,396,920
Deductions from plan assets attributed to:		
Benefit payments		122,204,390
Administrative expenses		820,250
Total deductions		123,024,640
Net decrease in net assets available for benefits		(1,627,720)
Net assets available for benefits:		
Beginning of year		23,062,016
End of year	$	21,434,296

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

(1) Description of the Plan

The following description of the Wells Fargo & Company Short-Term Disability 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.

(a) General

Effective January 1, 1994, the Plan was adopted and established to provide short-term disability benefits to eligible regular and fixed term Wells Fargo employees. The Plan was restated effective January 1, 2023 to incorporate prior amendments. The Plan is a self-insured welfare benefit plan that provides for the payment of short-term disability benefits should a covered disability occur while an employee is a participant in the Plan. The Company provides the funding for the payment of the short-term disability benefit coverage under the Plan by contributing to a trust. The Company intends that the trust, taken together with the Plan, constitute a voluntary employees' beneficiary association ("VEBA") under Section 501(c)(9) of the Internal Revenue Code of 1986, as amended (the "Code"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

The Plan Administrator of the Plan for purposes of ERISA §3(16)(A) is the Company's: Head of Human Resources (or the functional equivalent title of the most senior position in Human Resources), 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 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.

(b) Eligibility

Generally, an employee is eligible to participate in the Plan on the first day of hire provided the employee is actively at work on the date of hire and, if they qualify under one of the following employment classifications:

(i) Regular employees or fixed term employees who are regularly scheduled to work 30 hours or more per week.

(ii) Part-time employees or fixed term employees who are regularly scheduled to work between 17½ and less than 30 hours per week.

Flexible and Intern employees are not eligible to enroll or participate in the Plan.

Generally, short-term disability benefits replace either 65% or 100% of a participant's covered pay for up to 25 weeks based on completed years of service after completion of a one-week waiting period. Short-term disability benefits are offset by other sources of income received so that the short-term disability benefit combined with other sources of income is never more than 100% of pre-disability covered pay. Covered pay considered for purposes of determining disability benefits under the Plan is limited to the maximum amount determined by the Code's annual compensation limit for qualified retirement plans.

(c) Administration and Funding

The general administration of the Plan is performed by the Plan Administrator or its delegate. Claims processing is performed by a third-party claims administrator (the "Claims Administrator"). An actuary has been engaged to make an actuarial evaluation of the funding required to pay claims. The funding requirements are actuarially estimated within the Code's limits, as required by the Tax Reform Act of 1986. The Company has not expressed any intent to terminate the Plan; however, the Company reserves the right to terminate the Plan at any time subject to the provisions of ERISA. If there were a deficit in net assets at the time of Plan termination, the Company would fund the deficit.

The Plan sponsor evaluates the sufficiency of net assets on a regular basis and contributions are made to the Plan on a monthly basis. The Plan Sponsor approved contributions totaling $120,122,540 for the year ended December 31, 2025.

The Wells Fargo & Company Short-Term Disability Trust (the "Trust") is used to fund benefits under the Plan. Delaware Charter Guarantee & Trust Company, conducting business under the trade name "Principal Trust Company", is the trustee of the Trust (the "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 Trust pursuant to the direction of the Employee Benefit Review Committee or its agent. The investments of the Trust and changes therein have been reported to the Plan by the Trustee.

(d) Benefit Payments

The Plan provides benefit payments to or on behalf of eligible participating employees for short-term disability benefit, as applicable. In addition, if the participant dies while receiving a short-term disability benefit, the Plan provides a lump sum benefit to the participant's beneficiary.

(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 that investments are reported at fair value. Consequently, certain income is recognized when received rather than when earned and certain expenses and benefit payments 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 reported amounts of assets, liabilities, benefit obligations and changes therein, claims incurred but not reported 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.

(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 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.

(e) Risks and Uncertainties

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

Plan contributions are made and the benefit obligations are reported based on certain assumptions pertaining to employee compensation 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 will occur in the near term and could be material to the financial statements.

(f) Expenses

The Plan allows for all legally permissible fees, taxes, and reasonable expenses related to plan administration to be paid out of the assets of the Plan. The Company may, but is not required to, pay such fees and expenses directly. The Company may also advance amounts properly payable by the Plan or trust fund and then obtain reimbursement from the Plan or trust fund for such advances provided that such reimbursement is consistent with the

(Continued)

requirements of Prohibited Transaction Exemption 80-26 as subsequently amended, or does not otherwise result in a prohibited transaction under ERISA.

(g) Benefit Payments

Benefit payments are recorded when paid.

(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, 2025 and 2024, and for the year ended December 31, 2025, 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, accrued income, interest and dividends, and all investment information in the supplemental schedules is presented in reliance solely upon those certifications.

(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, 2025 or 2024.

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 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.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2025 and 2024, respectively:

	December 31, 2025			
	Level 1	**Level 2**	**Level 3**	**Total**
Registered investment companies:				
Money market fund	$ 21,336,357	—	—	21,336,357
Total investments	$ 21,336,357	—	—	21,336,357

	December 31, 2024			
	Level 1	**Level 2**	**Level 3**	**Total**
Registered investment companies:				
Money market fund	$ 22,939,586	—	—	22,939,586
Total investments	$ 22,939,586	—	—	22,939,586

(5) Benefit Obligations

Benefit obligations consist of two parts, claims payable and claims incurred but not reported. The amount of claims payable represents the estimated future benefits that are expected to be paid to those employees who are currently receiving income replacement benefits under the Plan. This amount is calculated based on actual claims incurred as of December 31, 2025 and 2024 and does not utilize actuarial assumptions due to the short-term nature of the claims. Claims incurred but not reported represents the estimated future benefits that are expected to be paid for events that have occurred but have not been reported to the Plan as of December 31, 2025 and 2024. Claims incurred but not reported are estimates, which are based on claim run-off experience and are subject to uncertainty.

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

	2025	**2024**
Benefit obligations	$ 20,473,000	$ 16,531,000

(Continued)

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

	2025
Benefit obligations, beginning of year	$ 16,531,000
Benefits incurred	126,146,390
Benefits paid	(122,204,390)
Benefit obligations, end of year	$ 20,473,000

Any deficiency of the Plan's net assets available for benefits over the benefit obligations will be funded by future employer contributions.

(6) Tax Status

The Trust established under the Plan to hold the Plan's assets is intended to be qualified pursuant to Section 501(c)(9) of the Code, and, accordingly, the Trust's net investment income would be ordinarily exempt from income taxes. The Trust has obtained a favorable tax determination letter dated August 19, 2019 from the Internal Revenue Service (the "IRS"). The Plan Sponsor believes that the Trust qualifies and operates in accordance with applicable provisions of the Code.

As a result of certain of the Plan's investments, the Plan is subject to Unrelated Business Income Taxes ("UBIT"). Tax expense or benefit is included in administrative expenses. The tax receivable for 2025 is estimated to be approximately $365,000.

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. Management has analyzed the tax positions taken by the Plan, and has concluded that 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.

(Continued)

(7) Plan Termination

The Company has voluntarily agreed to make contributions to the Plan. Although the Company has not expressed any intention to do so, the Company has the right under the Plan to modify the benefits provided, to discontinue its contributions at any time, and to terminate the Plan. In the event of termination, assets held by the Trust will be used to provide for benefits payable as of the date of such termination. Any assets remaining after such benefits and expenses will be distributed in accordance with the requirements of Section 501(c)(9) of the Code 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.

(8) Nonexempt Prohibited Transaction

On April 8, 2024, the Claims Administrator, a party-in-interest to the Plan, attempted to transfer $64,594 of Plan assets (amounts recovered by the Claims Administrator pursuant to the Plan's subrogation rights) to the Trustee for deposit into the Trust. The deposit was unsuccessful and the funds remained with the Claims Administrator due to a clerical error. On July 9, 2024, the Claims Administrator successfully transferred the $64,594 to the Trustee. The funds were erroneously directed by the Trustee to an account owned by the Claims Administrator, rather than the Trust. On September 16, 2024, the Trustee deposited $64,594 to the Trust. On June 10, 2025, the Claims Administrator transferred $2,441 to the Trustee, which was deposited into the Trust to address any loss of earnings.

(9) Subsequent Events

The Plan has evaluated subsequent events from December 31, 2025 through June 3, 2026, the date on which the financial statements were available to be issued. 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.

The Plan was restated effective January 1, 2026 to incorporate prior amendments.

Effective April 1, 2026, flexible employees and interns will be eligible for benefits under the Plan if they have completed at least 12 months of cumulative service within the seven-year period prior to their leave. The benefit amount will be 65% of covered pay for up to 13 weeks which includes the one week waiting period.

WELLS FARGO & COMPANY SHORT-TERM DISABILITY PLAN

Schedule G, Part III - Nonexempt Transactions

(Modified Cash Basis)

Year ended December 31, 2025

Identity of party involved	Relationship to Plan, employer or other party-in-interest	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
Lincoln National Life Insurance Company	Claims Administrator	(a)	$ —	—	—	—	64,594	67,035	2,441

(a) On April 8, 2024, the Claims Administrator, a party-in-interest to the Plan, attempted to transfer $64,594 of Plan assets (amounts recovered by the Claims Administrator pursuant to the Plan's subrogation rights) to the Trustee for deposit into the Trust. The deposit was unsuccessful and the funds remained with the Claims Administrator due to a clerical error. On July 9, 2024, the Claims Administrator successfully transferred the $64,594 to the Trustee. The funds were erroneously directed by the Trustee to an account owned by the Claims Administrator, rather than the Trust. On September 16, 2024, the Trustee deposited $64,594 to the Trust. On June 10, 2025, the Claims Administrator transferred $2,441 to the Trustee, which was deposited into the Trust to address any loss of earnings.

See accompanying independent auditor's report.

WELLS FARGO & COMPANY SHORT-TERM DISABILITY PLAN

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
(Modified Cash Basis)

December 31, 2025

Identity of issuer, borrower, lessor, or similar party	Description of investment	Cost	Current value
Registered investment companies:			
Money market fund:			
BlackRock Institutional Funds	Treasury Trust Fund #10	$ 21,336,357	21,336,357
Total investments		$ 21,336,357	21,336,357

See accompanying independent auditor's report.

WELLS FARGO & COMPANY SHORT-TERM DISABILITY PLAN

Schedule H, Line 4j - Schedule of Reportable Transactions
(Modified Cash Basis)

Year ended December 31, 2025

Description of asset	Purchase price	Selling price	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
Single Transactions in Same Security Exceeding 5% of Value					
BlackRock Institutional Funds Treasury Trust Fund #10	$ 10,000,000	—	10,000,000	10,000,000	—
BlackRock Institutional Funds Treasury Trust Fund #10	—	14,794,248	14,794,248	14,794,248	—
BlackRock Institutional Funds Treasury Trust Fund #10	10,000,000	—	10,000,000	10,000,000	—
BlackRock Institutional Funds Treasury Trust Fund #10	—	8,430,953	8,430,953	8,430,953	—
BlackRock Institutional Funds Treasury Trust Fund #10	10,000,000	—	10,000,000	10,000,000	—
BlackRock Institutional Funds Treasury Trust Fund #10	—	9,358,665	9,358,665	9,358,665	—
BlackRock Institutional Funds Treasury Trust Fund #10	10,000,000	—	10,000,000	10,000,000	—
BlackRock Institutional Funds Treasury Trust Fund #10	—	9,377,490	9,377,490	9,377,490	—
BlackRock Institutional Funds Treasury Trust Fund #10	10,000,000	—	10,000,000	10,000,000	—
BlackRock Institutional Funds Treasury Trust Fund #10	—	9,347,684	9,347,684	9,347,684	—
BlackRock Institutional Funds Treasury Trust Fund #10	10,000,000	—	10,000,000	10,000,000	—
BlackRock Institutional Funds Treasury Trust Fund #10	—	9,975,401	9,975,401	9,975,401	—
BlackRock Institutional Funds Treasury Trust Fund #10	10,000,000	—	10,000,000	10,000,000	—
BlackRock Institutional Funds Treasury Trust Fund #10	—	10,235,952	10,235,952	10,235,952	—
BlackRock Institutional Funds Treasury Trust Fund #10	10,000,000	—	10,000,000	10,000,000	—
BlackRock Institutional Funds Treasury Trust Fund #10	—	13,170,419	13,170,419	13,170,419	—
BlackRock Institutional Funds Treasury Trust Fund #10	10,000,000	—	10,000,000	10,000,000	—
BlackRock Institutional Funds Treasury Trust Fund #10	—	9,248,128	9,248,128	9,248,128	—
BlackRock Institutional Funds Treasury Trust Fund #10	10,000,000	—	10,000,000	10,000,000	—
BlackRock Institutional Funds Treasury Trust Fund #10	—	9,436,947	9,436,947	9,436,947	—
BlackRock Institutional Funds Treasury Trust Fund #10	10,000,000	—	10,000,000	10,000,000	—
BlackRock Institutional Funds Treasury Trust Fund #10	—	9,402,438	9,402,438	9,402,438	—
BlackRock Institutional Funds Treasury Trust Fund #10	10,000,000	—	10,000,000	10,000,000	—
BlackRock Institutional Funds Treasury Trust Fund #10	—	10,067,701	10,067,701	10,067,701	—

(Continued)

WELLS FARGO & COMPANY SHORT-TERM DISABILITY PLAN

Schedule H, Line 4j - Schedule of Reportable Transactions

(Modified Cash Basis)

Year ended December 31, 2025

Description of asset	Purchase price	Selling price	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
Series of Transactions in Same Security Exceeding 5% of Value					
BlackRock Institutional Funds Treasury Trust Fund #10					
50 purchases	$ 122,456,133	—	122,456,133	122,456,133	—
17 sales	—	124,059,362	124,059,362	124,059,362	—

See accompanying independent auditor's report.

WELLS FARGO & COMPANY SHORT-TERM DISABILITY PLAN

Schedule H, Line 4j - Schedule of Reportable Transactions
(Modified Cash Basis)

Year ended December 31, 2025

Description of asset	Purchase price	Selling price	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
Single Transactions in Same Security Exceeding 5% of Value					
BlackRock Institutional Funds Treasury Trust Fund #10	$ 10,000,000	—	10,000,000	10,000,000	—
BlackRock Institutional Funds Treasury Trust Fund #10	—	14,794,248	14,794,248	14,794,248	—
BlackRock Institutional Funds Treasury Trust Fund #10	10,000,000	—	10,000,000	10,000,000	—
BlackRock Institutional Funds Treasury Trust Fund #10	—	8,430,953	8,430,953	8,430,953	—
BlackRock Institutional Funds Treasury Trust Fund #10	10,000,000	—	10,000,000	10,000,000	—
BlackRock Institutional Funds Treasury Trust Fund #10	—	9,358,665	9,358,665	9,358,665	—
BlackRock Institutional Funds Treasury Trust Fund #10	10,000,000	—	10,000,000	10,000,000	—
BlackRock Institutional Funds Treasury Trust Fund #10	—	9,377,490	9,377,490	9,377,490	—
BlackRock Institutional Funds Treasury Trust Fund #10	10,000,000	—	10,000,000	10,000,000	—
BlackRock Institutional Funds Treasury Trust Fund #10	—	9,347,684	9,347,684	9,347,684	—
BlackRock Institutional Funds Treasury Trust Fund #10	10,000,000	—	10,000,000	10,000,000	—
BlackRock Institutional Funds Treasury Trust Fund #10	—	9,975,401	9,975,401	9,975,401	—
BlackRock Institutional Funds Treasury Trust Fund #10	10,000,000	—	10,000,000	10,000,000	—
BlackRock Institutional Funds Treasury Trust Fund #10	—	10,235,952	10,235,952	10,235,952	—
BlackRock Institutional Funds Treasury Trust Fund #10	10,000,000	—	10,000,000	10,000,000	—
BlackRock Institutional Funds Treasury Trust Fund #10	—	13,170,419	13,170,419	13,170,419	—
BlackRock Institutional Funds Treasury Trust Fund #10	10,000,000	—	10,000,000	10,000,000	—
BlackRock Institutional Funds Treasury Trust Fund #10	—	9,248,128	9,248,128	9,248,128	—
BlackRock Institutional Funds Treasury Trust Fund #10	10,000,000	—	10,000,000	10,000,000	—
BlackRock Institutional Funds Treasury Trust Fund #10	—	9,436,947	9,436,947	9,436,947	—
BlackRock Institutional Funds Treasury Trust Fund #10	10,000,000	—	10,000,000	10,000,000	—
BlackRock Institutional Funds Treasury Trust Fund #10	—	9,402,438	9,402,438	9,402,438	—
BlackRock Institutional Funds Treasury Trust Fund #10	10,000,000	—	10,000,000	10,000,000	—
BlackRock Institutional Funds Treasury Trust Fund #10	—	10,067,701	10,067,701	10,067,701	—

(Continued)

WELLS FARGO & COMPANY SHORT-TERM DISABILITY PLAN

Schedule H, Line 4j - Schedule of Reportable Transactions

(Modified Cash Basis)

Year ended December 31, 2025

Description of asset	Purchase price	Selling price	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
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BlackRock Institutional Funds Treasury Trust Fund #10					
50 purchases	$ 122,456,133	—	122,456,133	122,456,133	—
17 sales	—	124,059,362	124,059,362	124,059,362	—

See accompanying independent auditor's report.

WELLS FARGO & COMPANY SHORT-TERM DISABILITY PLAN

Schedule G, Part III - Nonexempt Transactions

(Modified Cash Basis)

Year ended December 31, 2025

Identity of party involved	Relationship to Plan, employer or other party-in-interest	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
Lincoln National Life Insurance Company	Claims Administrator	(a)	$ —	—	—	—	64,594	67,035	2,441

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WELLS FARGO & COMPANY SHORT-TERM DISABILITY PLAN

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
(Modified Cash Basis)

December 31, 2025

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