



Account Information Change Form



Please provide all information requested in this form.

Please check all boxes that apply below:

- ☐ New Authorized Contact Request – Complete Parts I, II, V, and VI
- ☐ Mailing Address Change – Complete Parts I, III, and V
- ☐ Shareowner Online® Maintenance Request – Complete Parts I, IV, and V

Part I: Current Account Information

10 Digit Wells Fargo Account Number

Please enter your institution's Wells Fargo Shareowner Services account number.

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Issue of Stock

Please check the appropriate box below to select the class of stock that your institution currently holds:

- ☐ Visa Inc. Class B Common Stock
CUSIP Number 92826C201
- ☐ Visa Inc. Class C Series 1 Common Stock
CUSIP Number 92826C300

Current Registration

Please print or type the name of your institution as it appears on the records of Wells Fargo Shareowner Services.

Account Name

Address

City/State/Province

Country, Zip/Country Code

Part II: New Authorized Contact Request

In order to update the Authorized Contact on the records of Wells Fargo Shareowner Services, please print or type the requested information below.

Contact Name

Contact Title

Telephone Number

Fax Number

Email Address

Part III: Mailing Address Change

In order to update the mailing address on the records of Wells Fargo Shareowner Services, please print or type the requested information below.

Address

City/State/Province

Country, Zip/Country Code

Part IV: Shareowner Online® Maintenance Request

In order to request maintenance to your institution's Shareowner Online® access, please check the appropriate box below.

- ☐ My institution has assigned a new authorized contact as indicated in Part II above. Please establish access to Shareowner Online® and send sign on instructions to the New Authorized Contact via Secure Email.
- ☐ I am the current Authorized Contact for my institution, but I no longer have my sign on information. Please reset my access to Shareowner Online® and send sign on instructions to me via Secure Email.

Part V: Signature of Authorized Contact

Print Name

Date

Title

Telephone Number

Signature of Authorized Contact _____

Part VI: Officer's Certificate (see instructions on page 3)

The undersigned officer certifies that he/she is the [_____] of [_____] ,

1. TITLE

2. COMPANY NAME

a [_____] corporation (the "Company"), and that, as such [_____] , he/she is authorized to

3. JURISDICTION

4. TITLE

execute and deliver this certificate in the name and on behalf of the Company. The undersigned officer hereby certifies the following:

1. That [_____] , [_____] , is presently a duly
5. NAME OF AUTHORIZED CONTACT 6. TITLE OF AUTHORIZED CONTACT
appointed and qualified officer of the Company; and

2. That said officer is duly authorized to request information, change addresses on accounts, request replacement checks, or manage any aspect of the Company's shareholdings of Visa Inc., Class [_____] Common Stock.

7. CLASS

IN WITNESS WHEREOF, the undersigned has executed this Certificate effective as of _____, 20_____.

Authorized Signature

8. COMPANY LEGAL NAME

By: _____

9. SIGNATURE

NAME

TITLE

10. Options for Certification:

- Officer's signature medallion guaranteed
- Officer's signature certified by signature guarantee stamp
- Officer's signature notarized
- Officer's signature certified by Corporate Seal

Instructions for Part VI

Please follow the steps below in order to complete the Officer's Certificate.

1. Please insert the title of the person authorized to execute and deliver the Officer's Certificate in the name and on behalf of your financial institution.
2. Please insert the legal name of your financial institution as it is reflected on the records of Wells Fargo Shareowner Services.
3. Please insert the jurisdiction in which your financial institution is incorporated (e.g., "a Delaware corporation").
4. As in instruction 1, please insert the title of the person authorized to execute and deliver the Officer's Certificate in the name and on behalf of your financial institution.
5. Please insert the name of the person authorized to request information, change addresses on accounts, request replacement checks, or manage any aspect of your institution's shareholdings in Visa Inc. **Please note that the Officer's Certificate cannot be signed by the same individual that will be acting as the Authorized Contact.**
6. Please insert the title of the person authorized to request information, change addresses on accounts, request replacement checks, or manage any aspect of your financial institution's shareholdings in Visa Inc.
7. Please insert the appropriate class of Visa Inc. common stock that your financial institution currently holds.
8. Please insert the legal name of your financial institution as it is reflected on the records of Wells Fargo Shareowner Services.
9. Please have the Officer's Certificate signed by a person with the authority to execute and deliver the Officer's Certificate on behalf of your financial institution. Please print or type, in the spaces provided, the name and title of the person who signs the certificate. **Please note that the Officer's Certificate cannot be signed by the same individual that will be acting as the Authorized Contact.**
10. The Officer's Certificate must have an original signature of the signer either under corporate seal, notarized or Medallion Guaranteed. If your financial institution is not organized in the United States or Canada, a Signature Guarantee from a bank or financial institution with a United States bank correspondent relationship may be substituted for the Medallion Guarantee.

Delivery Instructions

Please return the completed form to Wells Fargo Shareowner Services as follows:

Via Mail:

Wells Fargo Shareowner Services
P.O. Box 64874
St. Paul, MN 55164-0874

Via Courier:

Wells Fargo Shareowner Services
161 North Concord Exchange
South Saint Paul, MN 55075

If you have questions, or require assistance completing this form please contact Wells Fargo Shareowner services toll free at 1-866-456-9417 or from outside the U.S. at +1-651-306-4433. Our Representatives are available to assist you Monday through Friday from 7am to 7pm Central Time.