

403(b)(7) Application

Complete this application to establish an Allspring Funds 403(b)(7) account. If you have questions or would like help completing this form, call **1-800-222-8222**. For share class eligibility, please refer to the prospectus.



P. O. Box 219967 | Kansas City, MO 64121
allspringglobal.com

1. Registration and mailing address (please print)

IMPORTANT INFORMATION: Federal law requires that we obtain your name, street address, date of birth, and Social Security number prior to opening the account. If you are establishing an account as attorney-in-fact on behalf of the account owner, contact Allspring Funds for instructions on properly establishing the account.

Name of account owner (first, middle initial, last)	Social Security number	Date of birth (mm/dd/yyyy)	
U.S. residential street address	City	State	ZIP code
U.S. mailing address (if different than U.S. residential street address)	City	State	ZIP code
Email address	Daytime phone	Evening phone	
Citizenship: <input type="checkbox"/> U.S. citizen <input type="checkbox"/> Resident alien <input type="checkbox"/> Nonresident alien (specify country of tax residency) _____			

Call the phone number at the top of this page for instructions on properly establishing your account.

2. Employer information (if applicable)

Name of employer/plan sponsor	Taxpayer ID number		
Mailing address for employer	City	State	ZIP code
Name of contact	Phone		

3. Fund selection

To prevent delays in opening your account, be sure to choose a fund.

Indicate the Allspring Fund(s) you have selected.

	Investment allocation	
Fund name and number	\$ _____	or _____ %
Fund name and number	\$ _____	or _____ %
Fund name and number	\$ _____	or _____ %
Fund name and number	\$ _____	or _____ %

Note: Municipal funds are not available for 403(b)(7) accounts.

4. Exchange option

You can sell shares by phone from one Allspring Funds account and use the proceeds to buy shares in an identically registered Allspring Funds account. This option will be added to your account unless you check the following box:

☐ I do **not** want the exchange option.

5. Establish primary beneficiary(ies)

To name additional primary beneficiaries or to name secondary beneficiaries, include all information in this section on a separate sheet. Unless noted, Allspring Funds will assume equal distribution among beneficiaries.

Name of beneficiary (first, middle initial, last) or entity			Name of beneficiary (first, middle initial, last) or entity		
Mailing address			Mailing address		
City	State	ZIP code	City	State	ZIP code
Beneficiary's Social Security/taxpayer ID number			Beneficiary's Social Security/taxpayer ID number		
Date of birth (mm/dd/yyyy)	Relationship	Percentage %	Date of birth (mm/dd/yyyy)	Relationship	Percentage %

Note: The sum of the percentages for all beneficiaries must equal 100%.

6. Spouse's consent

If you are married, your spouse must complete this section if you name a non-spouse beneficiary for all or a portion of your account if:

1. The plan is subject to ERISA (contact your employer to determine if your plan is an ERISA plan); or

2. You reside in a community or marital property state (including AK, AZ, CA, ID, LA, NV, NM, TX, WA, or WI).

I am the spouse of the 403(b)(7) owner named above. I understand that my spouse is naming a beneficiary for the 403(b)(7) other than me. I approve and consent to the naming of said beneficiary. If I reside in a community or marital property state, I hereby transmute (transfer) and partition any community property interest I have or would otherwise acquire in this 403(b)(7) into the separate property of my spouse for disposition as my spouse sees fit. For plans subject to ERISA, I understand that I have the right to all of my spouse's vested account in the plan after my spouse dies and that I am giving up that right. I understand that I do not have to sign and that if I do sign, my consent applies irrevocably to this beneficiary designation.

X

Signature of spouse

Print name

Date

WITNESS TO SPOUSE'S CONSENT

Notary public

State of _____ County of _____

Signed and sworn before me on this _____ day of _____, 20_____.

X

Signature of notary public

Notary seal/stamp

My commission expires: _____

7. Signature

I acknowledge that I have received the 403(b)(7) Custodial Agreement and Disclosure Statement. I adopt the terms of the 403(b)(7) plan and understand that it may be revised from time to time. I appoint and authorize the Custodian or its agent to perform those functions and appropriate administrative services specified. I have received the current prospectus for the fund(s) in which I am investing. I agree to be bound by the terms of the prospectus as it may be revised from time to time. I will obtain the current prospectus for each fund into which I may exchange shares before I request the exchange. I acknowledge and consent to the householding (that is, consolidation of mailings) of regulatory documents, such as prospectuses, shareholder reports, proxies, and other similar documents. I may contact the fund’s transfer agent to revoke my consent.

I represent that I am of legal age and have legal capacity to make this purchase. I understand, acknowledge, and agree that neither Allspring Funds Management nor Allspring Funds Distributor has provided or will provide any investment advice or recommendations to me whatsoever - including relating to the opening of this account or any Allspring Funds which I invest in through this account, and I understand, acknowledge, and agree that, as such, neither will be acting as an investment fiduciary to me.

I ratify any instructions given on this account or any account subsequently opened by exchange of shares in Allspring Funds. I agree that the fund, its transfer agent, and any of their affiliates will not be liable for any loss, cost, or expense for acting upon any instructions if they follow reasonable procedures designed to prevent unauthorized transactions. I agree to notify the fund’s transfer agent of any errors or discrepancies within 10 days after the date of the statement confirming a transaction. The statement will be deemed to be correct, and the fund, its transfer agent, Allspring Funds Management, LLC, and its affiliates shall not be liable if I fail to notify the fund’s transfer agent within such time period. I represent that I am of legal age and have legal capacity to make this purchase.

I understand that the following fees will be collected by redeeming sufficient shares from each fund account balance: an annual \$10 maintenance fee per fund (\$30 maximum) and a \$10 account closing fee. The fee schedule is subject to change.

I acknowledge that Allspring Funds is required by law to obtain certain personal information from me, which will be used to verify my identity and that my account may not be opened if I do not provide this information. I further acknowledge that Allspring Funds reserves the right to close my account, or take other reasonable steps, if it is unable to verify my identity.

To complete this application, you must sign here.

X

Signature of applicant

Print name

Date

5. Employer signature

☐ This plan is **not** subject to ERISA (employer signature is **not** required).

☐ This plan is subject to ERISA.

Employer/legal plan administrator’s authorization. I confirm that this participant is eligible to open a 403(b)(7) account under our plan. I hereby authorize the plan’s custodian to open a 403(b)(7) account for the participant listed in section 1 of this application.

X

Signature of legal plan administrator at your employer

Print name of plan administrator/employer

Date

Before you mail, have you:

☐ Completed Section 1?

☐ Completed employer information in Section 2 (if applicable)?

☐ Indicated a fund in Section 3?

☐ Signed your application in Section 7?

☐ Had your employer sign in Section 8 (if plan is subject to ERISA)?