

# Automatic Exchange Plan



Complete this form to establish an automatic exchange plan for your Allspring Funds account(s). To establish multiple automatic exchange plans, complete a separate Automatic Exchange Plan form for each request.

If you have questions, call **1-800-222-8222**.

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

**allspringglobal.com**

## 1. Registration and redemption account information (please print)

**All account owners must sign in Section 4 of this form.**

Exchange **FROM** account:

\_\_\_\_\_

Fund and account number

\_\_\_\_\_

Name of owner, custodian, or trustee (first, middle initial, last)

\_\_\_\_\_

Social Security/taxpayer ID number

\_\_\_\_\_

Name of joint account owner or co-trustee

\_\_\_\_\_

Social Security/taxpayer ID number

\_\_\_\_\_

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

**Note:** If the address above is different than the address currently listed on our records, we will update all accounts under the Social Security/taxpayer ID number(s) listed above to reflect this new address. All future correspondence will be sent to the new address until you advise us otherwise. **Redemptions or distributions to a new address will require your signature to be Medallion Guaranteed if requested within 15 days of the address change.**

## 2. Registration and purchase account information

Exchange **INTO** account:

\_\_\_\_\_

Fund and account number (or write "New Account" if new\*)

\_\_\_\_\_

Name of owner, custodian, or trustee (first, middle initial, last)

\_\_\_\_\_

Name of joint owner or co-trustee (first, middle initial, last)

\* If this is a new account, enclose a completed New Account Application.

## 3. Exchange amount and frequency

**Exchange amount:** \$\_\_\_\_\_ (\$100 minimum)

**Exchange frequency** (choose one):

**Monthly**, beginning (specify month and date): \_\_\_\_\_

**Quarterly**, to be paid in March, June, September, and December (specify date of month): \_\_\_\_\_

**Annually**, on (specify month and date): \_\_\_\_\_

*This automatic exchange plan will begin as soon as administratively possible following the receipt of this properly completed form. If no amount is indicated, it will be established for \$100 on the date(s) you have specified. If no date is specified, the exchange will be processed on the 25th day of the month. If the date falls on a weekend or holiday, the exchange will occur on the next business day. If the next business day falls in the next month, the exchange will occur on the previous business day. If you selected a frequency of annually and no month is indicated, the exchange will be made in December.*

**To complete this request, proceed to Section 4 of this form.**

## 4. Signature(s)

I authorize the fund and its transfer agent to automatically process the exchange between the accounts as indicated on this form. I understand that the automatic exchange plan will involve two transactions: (1) a redemption of shares from one fund; and (2) the purchase of shares of another. I further understand and agree to the additional details and conditions pertaining to exchanges contained in the prospectus.

I acknowledge that: the cost basis method on file will apply to the redemption of covered shares (shares acquired on or after January 1, 2012), excluding money market fund shares, and information required by the IRS will be reported on my Form 1099-B; if I have not elected a primary cost basis method prior to the redemption of covered shares, the average cost method will be applied; with the exception of the specific lot identification method, noncovered shares will be depleted prior to covered shares; and if I elected the specific lot identification method as my primary cost basis method but have not elected a secondary method, the first-in, first-out method will be applied to my covered shares.

**To complete this request, all signatures must be Medallion Guaranteed if the accounts are not identically registered.**

**X**

\_\_\_\_\_  
Signature of account owner, custodian, or trustee

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date

**Medallion Guarantee\*** (if applicable)

**X**

\_\_\_\_\_  
Signature of joint account owner or co-trustee

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date

**Medallion Guarantee\*** (if applicable)

**\* A Medallion Guarantee may be obtained from any eligible guarantor institution, as defined by the Securities and Exchange Commission. These institutions include banks, savings associations, credit unions, and brokerage firms that participate in the Medallion Program. The bar-coded stamp with the words "MEDALLION GUARANTEED" must be stamped near each signature being guaranteed. The guarantee must appear with the name of the guarantor institution and the signature of an individual authorized on behalf of the guarantor institution. Note that a Notary Public stamp or seal is not acceptable.**