

Beneficiary IRA Application



Complete this application when the original IRA account owner is deceased and the beneficiary wishes to establish an Allspring Funds Beneficiary traditional or Roth IRA. For share class eligibility, please refer to the prospectus. **If you are a spousal beneficiary and wish to transfer the assets to an IRA account in your own name, you must complete the IRA Application.** If you have questions, contact your FA or call **1-800-222-8222**.

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 or guardian (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 from residential)	City	State	ZIP code
Email address	Daytime phone	Evening phone	

Citizenship: U.S. citizen Resident alien Nonresident alien (specify country of tax residency) _____

2. Beneficiary relationship designation (from original owner)

The SECURE Act of 2020 created new categories under the Internal Revenue Code definition of who are IRA account owner beneficiaries upon the death of an IRA account owner. Each category has specific distribution rules that a beneficiary must follow when distributing assets from an inherited IRA. As a result, we need to confirm your beneficiary type in relation to the original IRA owner from whom you inherited the IRA.

Complete this section if the beneficiary is inheriting the IRA from the original IRA owner. If the deceased IRA owner is **not** the original owner, proceed to Section 3.

Please provide the beneficiary's relationship to the original IRA owner of the account. Select only **ONE** beneficiary type. If you need further guidance, contact your tax advisor.

- Spouse - 1st Gen EDB-Sole Spouse (EDB refers to "eligible designated beneficiary" under Section 409 of the Internal Revenue Code)
Select this option if you are a spouse and you are **not** electing to treat as your own IRA. If you are treating the IRA as your own, complete the IRA Application.
- Non-Person or Entity Beneficiary - 1st Gen NDB (NDB refers to non-designated beneficiary which is the alternative to EDB)
Select this option if the IRA is being transferred to an entity beneficiary (estate, trust, charity). Proceed to Section 6 and review Non-Person or Entity Beneficiary for distribution options.
- Minor child of the deceased - 1st Gen EDB-Minor
Select this option if the inherited IRA is for a minor (under the age of 18) who is a direct descendent (son or daughter) of the deceased IRA account owner. Proceed to Section 6 and review Life Expectancy Eligible for distribution options.
- Other Life Expectancy Eligible - 1st Gen EDB-Other
Select this option if you are eligible for Life Expectancy payments which includes beneficiaries who are chronically ill, disabled, or less than 10 years **younger** than original IRA account owner. Proceed to Section 6 and review Life Expectancy Eligible for distribution options.
- Designated Beneficiary
Select this option if the beneficiary relationship does not fit any other category listed above, including not being eligible for payments over a person's life expectancy. Examples include an older sibling, grandchild, acquaintance, or child over the age of 18 of the deceased IRA account owner. Proceed to Section 6 and review the Designated Beneficiary for distribution options.

3. Inheriting from a previous beneficiary (not the original owner)

List all previous owners of the account(s) and their date of death.

Original owner:

Name Date of Death

Original beneficiary:

Name Date of Death

Please provide the new beneficiary's relationship based on the original beneficiary's relationship to the original owner of the account. Select only **ONE** beneficiary type. If you need further guidance, contact your tax advisor.

- Original beneficiary was spouse - 2nd or > Gen EDB-Sole Spouse
Select this option if the original beneficiary was the spouse of the original owner.
- Original beneficiary was a minor child of the deceased - 2nd or > Gen EDB-Minor
Select this option if the original beneficiary was a minor (under the age of 18) who was a direct descendent (son or daughter) of the deceased original owner.
- Original beneficiary was Life Expectancy eligible - 2nd or > Gen EDB-Other
Select this option if the original beneficiary was eligible for Life Expectancy payments, which includes beneficiaries who are chronically ill, disabled, or less than 10 years younger than original account owner.
- Original owner was a designated beneficiary - 2nd or > Gen DB
Select this option if the original beneficiary relationship does not fit any other category and was not eligible for life expectancy payments.

4. Fund selection

Choose the fund name for the assets to be invested or indicate to keep the assets in the same fund the original owner had selected. Please refer to the prospectus for important information included fees.

- Check this box to invest in current Fund(s) on original account.

Or indicate below new Fund(s) for the inherited assets.

Fund name \$ _____ or _____ %

Fund name \$ _____ or _____ %

Fund name \$ _____ or _____ %

5. Establish account options

The following account options will be added to your account. If you do not want these options, check the boxes below.

Exchange—This option allows you to sell shares via the internet or by phone from one Allspring Funds account and use the proceeds to buy shares in an identically registered Allspring Funds account in another fund. This option will be added to your account unless you check the following box:

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

Redemption—This option allows you to sell shares by phone to have money sent to the owner/guardian's address of record or bank account (via EFT or wire) if a preprinted, voided check is provided. A redemption from your account will be considered an IRA distribution. This option will be added to your account unless you check the following box:

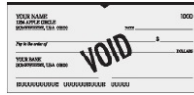
- I do **not** want the redemption option.

5. Establish account options (continued)

Adding bank information

Complete this section to establish or change bank information used for the redemption option. Account type (check one):

Checking account (attach a preprinted voided check)



Savings account (provide the savings account information below):

Savings account registration: _____

Savings ABA/routing number: _____

Saving account number: _____

Note: if no box is checked, your account will be updated as checking.

To establish bank information, all Allspring Funds account owners must be listed in the bank account registration. Allspring Funds, Allspring Funds Management, LLC, affiliates, and subcontractors—as well as the officers, directors, employees, and agents of these entities (collectively, Allspring) will not be responsible for banking system delays beyond their control.

I understand that by executing this application, I hereby authorize my bank to honor all entries to my bank account initiated through State Street Bank and Trust Company or any successor, on behalf of the applicable fund. I acknowledge and understand that Allspring will not be liable for acting upon instructions believed genuine and in accordance with the procedures described in the prospectus or the rules of the Automated Clearing House. I further agree that any such authorization, unless previously terminated by my bank in writing, is to remain in effect until Allspring receives, and has a reasonable amount of time to act upon, a subsequent notice.

6. Systematic distribution options (optional)

Complete this section if you would like to establish systematic or one-time redemptions.

Life Expectancy Eligible

Select if you are eligible for life expectancy payments. Choose **one**:

Pay the total account balance over the applicable life expectancy

*Beginning date cannot be later than December 31 of the calendar year following the original owner's death.

**** Life Expectancy payments will be calculated using the birth date of the beneficiary. If the original account owner died prior to January 1, 2020, you can elect to have Life Expectancy calculated on the original account owner's date of birth or the beneficiary's date of birth.**

Establish a systematic distribution of \$ _____ over a period of (specify number of years and/or months)
_____ Years _____ Months.

Non-Person or Entity Beneficiary

Select if the beneficiary relationship was an entity (estate, trust). For this type of beneficiary relationship, the account balance must be fully distributed by the end of the 5th calendar year following the year of the original IRA owner's death.

Establish a systematic distribution of \$ _____ over a period of (specify number of years and/or months)
_____ Years _____ Months

Designated Beneficiary

Select if the beneficiary relationship in Section 3 was a Designated Beneficiary. As a general rule, for an IRA account owner who died on or after January 1, 2020 the assets in the traditional, SIMPLE, SEP or Roth IRA must be distributed to the designated beneficiary by the end of the 10th calendar year following the year of the IRA owner's death.

Establish a systematic distribution of \$ _____ over a period of (specify number of years and/or months)
_____ Years _____ Months

7. Payment Frequency (required if any selection was made in Section 6)

Select the payment frequency of your selection made in Section 5. If a payment frequency is not selected, your distribution will be set up as monthly.

Choose **one**:

- Monthly, beginning (specify month and date) _____
- Quarterly, to be paid in March, June, September, and December. Specify date of each month: _____
- Annually, on (specify month and date): _____

Note: Unless specified above, periodic distributions will be made on the 25th day of the month. If the date falls on a weekend or holiday, your distribution will occur on the next business day. If the next business day falls in the next month, the distribution will occur on the previous business day. If payment frequency of annually is selected and no month is listed, redemptions will be made in December.

8. Tax withholding

IRS regulations require that 10% federal tax withholding be taken from your distribution (not applicable for a Roth IRA).

You can choose to have a different rate, including any rate from zero to 100%.

If you elect to have any withholding percentage other than 10%, an **IRS Form W-4R** must accompany this form. Form W-4R can be found on line at irs.gov/pub/irs-pdf/fw4r.pdf.

Important state tax withholding information: Certain states require us to withhold state income tax from your distribution. If you reside in a state that requires withholding, we will withhold state income tax in accordance with the respective state's rules. Contact your tax advisor or your state tax authority for questions specific to your situation.

We encourage you to consult your accountant or tax advisor regarding your IRA distributions. Even if you elect not to have federal income tax withheld, you are liable for payment of federal income tax on the taxable portion of your distribution. You may be subject to tax penalties under the estimated tax payments rules if your payments of estimated tax and withholding are not adequate.

9. Financial advisor information (optional)

Name of FA	Dealer name		
Rep number	Branch number		
Street address	City	State	ZIP code
Daytime phone	Fax number		

Registered Investment Advisors (RIAs) cannot be added to any accounts. The FA represents and warrants that he/she is registered as an investment advisor with the Securities and Exchange Commission (SEC) and under the laws of each state in which he/she does or intends to do business or is exempt from such registration or that he/she is a registered representative of a licensed broker/dealer, and to the best of the FA's knowledge, no proceeding, enforcement action, disciplinary action, investigation, or arbitration by or before the SEC or any self-regulatory organization is pending against the FA. The FA agrees to indemnify and hold Allspring Funds harmless for any loss, cost, or damage (including reasonable attorneys' fees) resulting from acting upon any verbal, written, or electronic instructions that Allspring Funds believes to have originated from the FA or other authorized individuals in connection with this authorization.

If the FA is the addressee of record for the account owner's account(s) in Section 1 of this application, the FA agrees to promptly forward all prospectuses, shareholder reports, and other regulatory mailings from Allspring Funds required by rule, statute, or other applicable regulation to be provided to the account owner. To the extent that the FA describes or distributes performance information concerning a fund, the FA agrees to obtain from Allspring Funds and disseminate to his/her clients or prospective clients the most current performance information relating to the funds. The FA further agrees that he/she will not: alter or change in any respect any sales materials relating to the funds provided to him/her by Allspring Funds without the prior consent of Allspring Funds; distribute, disseminate, or publish any sales materials regarding Allspring Funds or the funds that are misleading or otherwise in violation of applicable law; and/or disseminate any sales materials marked "For Institutional Investor Use Only" or similarly restricted as to distribution.

X

Signature of FA

Date

10. Signature

I acknowledge that I have received the applicable IRA Custodial Agreement and Disclosure Statement. I adopt the terms of the IRA Custodial Agreement 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 the 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 understand that my property may be transferred to the appropriate state if no activity occurs in the account within the time period specified by state law.

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 IRA account or any Allspring Funds which I invest in through this IRA 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. I understand that the statement will be deemed to be correct, and the fund, its transfer agent, and Allspring shall not be liable if I fail to notify the fund's transfer agent within such time period.

I acknowledge that the required minimum distribution rules for a beneficiary apply to the IRA and that I am responsible for providing the custodian with appropriate withdrawal instructions to satisfy such rules. Failure to withdraw amounts as needed to satisfy such rules may result in significant penalty taxes.

I understand that the following fees may 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 and can be viewed at allspringglobal.com/fees.

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.

The following provisions only apply if you are designating an FA on your account in Section 9:

I hereby authorize the FA designated on this application and individuals acting on behalf of the FA (collectively, authorized individuals) to have full access to my account and acknowledge that they may receive duplicate account statements. I authorize these individuals to execute documents and act on my behalf, in accordance with Allspring Funds procedures. I understand that this does not grant the authorized individuals discretionary control over my account but allows them to act according to the instructions I provide to them.

I understand that if I do not want to authorize the FA to act on my behalf, I must check the box below.

I do not authorize my FA to act on my behalf, but he/she may receive duplicate account statements.

To the extent authorized above, Allspring Funds may treat the authorized individuals as authorized to act for me and on my behalf in the same manner and with the same force and effect as I could. I agree to notify Allspring Funds in writing immediately if this authority is revoked and further agree that, in the case of my death, disability, incapacity, or incompetency, Allspring Funds may continue to act on the instructions of the authorized individuals for a reasonable period after Allspring Funds is notified in writing that my authorization has been terminated or revoked. I agree that Allspring Funds is not responsible for suitability of investment recommendations or transactions initiated by the authorized individuals on my behalf. I further agree to indemnify and hold Allspring Funds harmless from acting upon any transactions on my account in Allspring Funds resulting from verbal, written, or electronic instructions that Allspring Funds reasonably believes to have originated from any and all acts of the authorized individuals.

I acknowledge that the authorized individuals are not Allspring Funds employees or agents and that Allspring Funds pays no compensation to the authorized individuals for recommending Allspring Funds mutual funds. I understand that the authorized individuals are authorized to deduct advisory fees directly from my Allspring Funds account. I further understand that they may simultaneously send me a copy of any advisory fee bill that they submit to Allspring Funds and that it will be my responsibility to verify the amount of any such bill and to promptly notify Allspring Funds of any errors.

If the authorized individuals are the addressees of record for my account(s), I acknowledge and agree that the authorized individuals shall receive all confirmations and other regulatory mailings regarding the fund(s) and that the authorized individuals are also responsible for forwarding to me all prospectuses, shareholder reports, and other regulatory mailings from Allspring Funds required to be provided to me under applicable federal, state, or other applicable securities laws or rules and regulations of any self-regulatory organization.

I understand that the beneficiary relationship designation shall replace any previous beneficiary relationship designation(s) I have made for the applicable Allspring Funds accounts. I acknowledge that this designation is effective upon receipt in good order by the fund's transfer agent, and will remain in effect until I deliver written notice of a change or revocation to the fund's transfer agent. I further understand that I am responsible for any tax consequences that may result from any distribution choice made. I represent that no one at Allspring provided any investment advice or recommendations to me, including my determined designation of my status as a beneficiary (i.e. EDB or NDB).

10. Signature (continued)

I certify that the information I have provided on this application—and all future information I will provide with respect to my account—is true, complete, and correct.

X

Signature of owner or guardian

Print name

Date

Mail

Allspring Funds
P.O. Box 219967
Kansas City, MO 64121

Overnight

Allspring Funds
801 Pennsylvania Ave, STE 219967
Kansas City, MO 64105-1307