

# Business Entities Authorized Signers and Traders



Complete this form to designate the individuals authorized to act on behalf of your corporation, partnership, or other organization (hereinafter referred to as "organization"). If you are an Institutional client and have questions, call **1-800-260-5969**. If you are an Individual Investor and have questions, call **1-800-222-8222**.

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

## **IMPORTANT: Review the following information before completing this form.**

Consider the definitions below and required documentation, where applicable, when completing this form for authorized individuals.

**Authorized Signers:** these individuals have full authority to act on behalf of the organization listed in Section 1. This authority includes, but is not limited to, being able to receive any information related to the account, perform any transactions, and make any necessary updates to options and account attributes.

To update the authorized signers for the check-writing option, you must also complete the Check-Writing Authorization form.

**To add authorized signers we require certified documentation supporting your organization's identity and authorized signers.** The documentation can be certified by sending a photocopy with certification language signed by an authorized individual. Certification language must be provided by an authorized individual other than the person who signed the document listing the titles and roles for the business entity. Certification of the document must be dated within 6 months. Example of certification language: I hereby certify that this document is a true and correct copy of the original, which is still in full force and effect.

**Publicly traded company:** Additional documentation is not required.

**Corporation (including C and S Corporation):** We require a certified copy of the corporate resolution.

**Limited liability company (LLC) (including Partnership, C, and S Corporation):** We require a certified copy of the corporate resolution, operation resolution, or LLC agreement with this form.

**Partnership:** We require a copy of the partnership agreement with this form.

**Municipality:** Additional documentation is not required.

**Business / Statutory Trust:** We require one of the following: Certificate of Trust signed by the trustees, or proof that the trust has registered with a state agency.

**Other entities:** We require a copy of the documentation supporting the update of the entity with this form. **The following entities are exempt from this requirement:** retirement plans (governed by ERISA), financial institutions (governed by a federal regulator), and bank governmental agency or instrumentality.

**Authorized Traders:** these individuals can only perform purchases and redemptions, and obtain account information.

**Information only:** these individuals must be employees of the organization listed in Section 1 and will only be able to obtain account information via this option. Note - they will not be authorized to act, trade or perform any actions for the account.

If only one person is authorized to act on behalf of the organization and the individual is the sole officer of the organization, the authorized signer in Section 5 certifies that he/she is the sole officer and all information contained within this form is accurate and that the organization's Articles of Incorporation or Charter and Bylaws provide that he/she is the only person authorized to so act.

The individuals listed in Section 4 shall remain in full force and effect until such time as the funds' transfer agent receives an updated list, in writing, from an authorized signer. Each fund reserves the right to request an updated listing at any time.

1. Account registration and mailing address (please print)

Name of organization	Attention	Taxpayer ID number	
Mailing address	City	State	ZIP code
Daytime phone	Email address		

**Note:** If any of the information above is different than the information currently listed on our records, we will update our records. For changes to the address, all future correspondence will be sent to the new address until you advise us otherwise. **Redemptions to a new address will require your signature to be Medallion Guaranteed if requested within 15 days of the address change.**

2. Fund and account number(s)

**Choose one:**

☐ Update the **individuals on all accounts** for the organization linked to the taxpayer ID number listed in Section 1 of this form.

**Note:** Selecting this option will update **all** registrations listed under the taxpayer ID.

☐ Make this change only on the specific fund and account numbers listed below.

Fund and account number	Fund and account number
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3. Revocation of authorized individuals (if applicable)

Complete this section to remove authorized individuals currently associated with the accounts indicated in Section 2 of this form. If it is the intention to only **add** new traders, signers, or individuals for information only, there is no action needed in this section.

**Traders**

Choose one:

☐ I hereby revoke the trading authority for **all** traders with limited trading authority.

☐ I hereby revoke the trading authority only for the following trader(s) with limited trading authority.

Print name (first, middle initial, last)	Title
Print name (first, middle initial, last)	Title
Print name (first, middle initial, last)	Title

**Signers**

Choose one:

☐ I hereby revoke **all** authorized signers associated with the organization indicated in Section 1.

☐ I hereby revoke the authorization only for the following authorized signers:

Print name (first, middle initial, last)	Title
Print name (first, middle initial, last)	Title
Print name (first, middle initial, last)	Title

**Information only**

Choose one:

☐ I hereby revoke **all** individuals who have information-only access associated with the organization indicated in Section 1.

☐ I hereby revoke the authorization only for the following individuals:

Print name (first, middle initial, last)	Print name (first, middle initial, last)
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## 4. Authorized individual(s) and signature(s)

Each fund reserves the right to request an updated listing at any time.

**Number of signatures required for written instructions:** \_\_\_\_\_ (If no number is indicated, only one signature will be accepted.)

Signature of authorized signers needed. Individuals authorized as a trader or information-only do NOT need to sign.

If additional authorized individuals need to be listed, the final page of this form has additional spaces.

X

Signature		Print name (first, middle initial, last)	
Title		Phone number	Email address
Check ONE box only: <input type="checkbox"/> Authorized signer		<input type="checkbox"/> Authorized trader	<input type="checkbox"/> Information only

X

Signature		Print name (first, middle initial, last)	
Title		Phone number	Email address
Check ONE box only: <input type="checkbox"/> Authorized signer		<input type="checkbox"/> Authorized trader	<input type="checkbox"/> Information only

X

Signature		Print name (first, middle initial, last)	
Title		Phone number	Email address
Check ONE box only: <input type="checkbox"/> Authorized signer		<input type="checkbox"/> Authorized trader	<input type="checkbox"/> Information only

X

Signature		Print name (first, middle initial, last)	
Title		Phone number	Email address
Check ONE box only: <input type="checkbox"/> Authorized signer		<input type="checkbox"/> Authorized trader	<input type="checkbox"/> Information only

X

Signature		Print name (first, middle initial, last)	
Title		Phone number	Email address
Check ONE box only: <input type="checkbox"/> Authorized signer		<input type="checkbox"/> Authorized trader	<input type="checkbox"/> Information only

5. Corporation/partnership/organization certification

The undersigned and the organization referenced in Section 1 of this form agree to indemnify and hold Allspring Funds, Allspring Funds Management, LLC, its transfer agent, affiliates, and subcontractors—harmless against any loss, cost, or expense resulting from acting upon any written, verbal, or electronic instructions pursuant to any account options (that is, without limitation, express purchase, exchange, redemption, automatic investment plan, and systematic withdrawal plan) adopted by the organization. I agree that Allspring 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.

The undersigned represents that he/she has full authority to execute this document on behalf of the organization. If the undersigned is the only person authorized to act on behalf of the organization and the undersigned is the sole officer of the organization, the undersigned certifies that he/she is the sole officer of the organization and that the organization's Articles of Incorporation or Charter and Bylaws provide that he/she is the only person authorized to so act.

This authorization and indemnification is a continuing one, and such authorization shall remain in full force and effect until the fund's transfer agent receives, and has a reasonable amount of time to act upon, a written notice of revocation or the authorization is amended by another properly completed form.

I hereby certify that I am an officer of the organization named in Section 1 of this form and that all information contained within this form is accurate.

An original signature is required. Two signature lines are provided if the organization in Section 1 requires two signatures for this type of request.

X

Signature of authorized signer

Print name and title

Date

X

Signature of authorized signer

Print name and title

Date

Before you mail, have you: ☐ Enclosed the certified documentation as required on page 1 of this form?  
☐ Signed this form in Section 5?  
☐ Completed the Check-Writing Authorization (if applicable)?

Mail

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

Overnight mail

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

Additional page of authorized individuals (if needed)

X

Signature

Print name (first, middle initial, last)

Title

Phone number

Email address

Check ONE box only: ☐ Authorized signer ☐ Authorized trader ☐ Information only

X

Signature

Print name (first, middle initial, last)

Title

Phone number

Email address

Check ONE box only: ☐ Authorized signer ☐ Authorized trader ☐ Information only

X

Signature

Print name (first, middle initial, last)

Title

Phone number

Email address

Check ONE box only: ☐ Authorized signer ☐ Authorized trader ☐ Information only

X

Signature

Print name (first, middle initial, last)

Title

Phone number

Email address

Check ONE box only: ☐ Authorized signer ☐ Authorized trader ☐ Information only

X

Signature

Print name (first, middle initial, last)

Title

Phone number

Email address

Check ONE box only: ☐ Authorized signer ☐ Authorized trader ☐ Information only

X

Signature

Print name (first, middle initial, last)

Title

Phone number

Email address

Check ONE box only: ☐ Authorized signer ☐ Authorized trader ☐ Information only