

Business Entities Third Party Authorization

Complete this form to designate third party individuals authorized to receive fund and account information on behalf of a corporation, partnership, or other organization (hereinafter referred to as "organization"). If you have questions, call **1-800-260-5969**.

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

IMPORTANT: Please review the following information before completing this form

Use this form to authorize third-party individuals for the organization indicated in Section 1. Note, third-party individuals CANNOT establish online access.

The individuals listed in Section 4 will be authorized to receive fund account balance and holdings information, either verbally or in writing. Individuals named are NOT authorized to conduct transactions for, or maintenance of any kind on the organization's account.

The individuals listed in Section 4 shall remain authorized until such time as the funds' transfer agent receives an updated list, in writing, from an Authorized Signer (as that term is defined in the Business Entities Account Application currently in effect). Each fund reserves the right to request an updated list at any time in order to re-verify the list for any reason.

1. Account registration and mailing address (please print)

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

Note: If the address above is different from the address currently listed on our records, we will update our records to reflect this new 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 authorized third party individual(s) **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 a third party individual (if applicable)

Complete this section to remove third party individuals currently associated with the accounts indicated in Section 2 of this form.

If it is the intention to only **add** new third party individuals authorized, there is no action needed in this section.

Choose one:

- ☐ I hereby revoke the authority for **all** third party individuals to receive information only.
- ☐ I hereby revoke the authority only for the following individual(s) to receive information only.

Print name (first, middle initial, last)

Name of individual's organization

Print name (first, middle initial, last)

Name of individual's organization

Print name (first, middle initial, last)

Name of individual's organization

4. Authorized third party individual(s) for information only

Each fund reserves the right to request an updated listing at any time in order to re-verify for any reason.

Print name (first, middle initial, last)

Name of individual's organization

Phone number

Email address

Mailing address

City

State

Zip

- ☐ Check this box to send copies of statements to the above individual at the mailing address listed. Note, copies will continue to be sent until Allspring is notified by an authorized individual.

Print name (first, middle initial, last)

Name of individual's organization

Phone number

Email address

Mailing address

City

State

Zip

- ☐ Check this box to send copies of statements to the above individual at the mailing address listed. Note, copies will continue to be sent until Allspring is notified by an authorized individual.

5. Signature

The undersigned and the organization referenced in Section 1 of this form agree to indemnify and hold harmless Allspring Funds, its transfer agent, affiliates, and subcontractors—as well as the officers, directors, employees, and agents of these entities (collectively, “Allspring”) against any loss, cost, or expense resulting from providing information described herein to any authorized third party pursuant to this form. 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.

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.

An original signature is required to complete this request.

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

X

Signature of Authorized Signer

Print name and title

Date

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

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