

Checkwriting Authorization



Complete this form to establish or update the checkwriting option on your Allspring Funds account. Checkwriting is available on select funds for nonretirement accounts. If you have questions, call **1-800-222-8222**.

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

1. Account registration and mailing address (please print)

Fund and account number	Fund and account number		
Fund and account number	Fund and account number		
Name of account owner, custodian (first, middle initial, last), trust, or entity	Name of joint owner or minor (first, middle initial, last)		
If trust, name of trustee(s)			
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
Daytime phone	Evening phone		

Note: If the address above is different than 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. Checks will automatically be sent to the new address after the expiration of the 15-day address-change hold.

2. Signature(s)

Choose one:

- ☐ Add the checkwriting option to an existing account.
- ☐ Update the signature(s) required for my existing checkwriting option.
- ☐ Check this box if you are only updating the signature(s) and do **not** need a new book of checks.

Signature requirements:

- Individual, joint tenant, and trust (personal or corporate) accounts: All registered owners or trustees must sign.
- Uniform Gifts/Transfers to Minors Act (UGMA/UTMA) accounts: The custodian must sign.
- Corporate or partnership accounts: One authorized signer is required; additional signers may be authorized.

Note: The individuals listed on this form shall replace all authorized signers currently on file for the checkwriting option.

- Power of Attorney: The attorney-in-fact must be registered on the account or a completed Allspring Funds Power of Attorney (POA) form will be required.

I acknowledge that this checkwriting authorization will replace any checkwriting authorization already on file for the account(s) referenced on this form. I understand that checkwriting redemptions must be for a minimum of \$500 and that checks will only be honored if written against purchases made at least seven business days before the check is presented for payment. I further understand that Allspring Funds will accept checks with **one** signature and that checks may not be written to close an account.

I acknowledge that: cost basis for the redemption of noncovered shares (shares acquired prior to January 1, 2012) will continue to be reported to me using the average cost method, if available, and will not be reported to the IRS; 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.

If the account is a UGMA/UTMA account: By signing this form, I certify that any funds redeemed will be used for the benefit of the minor.

If the account is a corporate or partnership account: As the authorized signer, I have been duly authorized per the resolution on file. I hereby authorize any additional signers for checkwriting only. I acknowledge that the individuals authorized per this form will be the only individuals authorized to sign checks. I further acknowledge that this authorization 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 until the authorization is amended by another properly completed form.

2. Signature(s) (continued)

Signature(s) of registered owner(s) or authorized individual(s)

X	Signature	Print name (and title, if applicable)	Date
X	Signature	Print name (and title, if applicable)	Date
X	Signature	Print name (and title, if applicable)	Date
X	Signature	Print name (and title, if applicable)	Date
X	Signature	Print name (and title, if applicable)	Date

Mail
Allspring Funds
P.O. Box 219967
Kansas City, MO 64105