Advisor Trading Authorization



Complete this form to establish trading authorization on your Allspring Funds account(s). If you have questions, contact your financial advisor or call **1-888-877-9275**.

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

1. Account owner i	nformation (please print)			
	Name of account owner, custodian (first, middle initial, last), or o	Social Security/ta	Social Security/taxpayer ID number	
	Name of joint owner or minor (first, middle initial, last) Social Security/taxpayer ID number			
	If trust, name of trustee(s)		Date of trust (mm/dd/yyyy)	
	U.S. residential street address	City	State	ZIP code
	U.S. mailing address (if different than U.S. residential street add	ress) City	State	ZIP code
	Note: If the address above is different than the address currer Security/taxpayer ID number(s) listed above to reflect this new you advise us otherwise. Redemptions or distributions to a ne requested within 15 days of the address change.	v address. All future correspondence	ce will be sent to the	e new address until
	The authorization specified in Section 3 of this form v Social Security/taxpayer ID number(s) listed above. If accounts, list the applicable Fund and account number	you would like this authorizat		
	Fund and account number	Fund and account number		
	Fund and account number	Fund and account number		
	Fund and account number	Fund and account number		
2. Financial adviso	Name of financial advisor (first, last)	Name of dealer		
	Rep number	Branch number		
	Street address	City	State	ZIP code
	Daytime phone	Fax number		
	The financial advisor (FA) represents and warrants (1) Securities and Exchange Commission (SEC) and under business, or is exempt from such registration; or (2) the dealer; and (3) that, to the best of the FA's knowledge investigation, or arbitration by or before the SEC or at The FA agrees to indemnify and hold Allspring Funds attorneys' fees) resulting from acting upon any verbatelieves to have originated from the FA or other authors. The sthe addressee of record for the account owner's to promptly forward all prospectuses, shareholder reprequired by rule, statute, or other applicable regulation FA describes or distributes performance information Funds and disseminate to his/her clients or prospection to the Funds. The FA further agrees that he/she will not the Funds provided to him/her by Allspring Funds and disseminate, or publish any sales materials regarding in violation of applicable law; and/or (3) disseminate and content of the funds provided to him/her by Allspring Funds and disseminate, or publish any sales materials regarding in violation of applicable law; and/or (3) disseminate and content of the funds are successful.	er the laws of each state in whe hat he/she is a registered representation, no proceeding, enforcement my self-regulatory organization harmless for any loss, cost, or l, written, or electronic instructorized individuals in connectic account(s) in Section 1 of this ports, and other regulatory may not be provided to the account concerning a Fund, the FA agrive clients the most current periot (1) alter or change in any rewithout the prior consent of A Allspring Funds or the Funds of	ich he/she does of essentative of a lice action, disciplinate action, disciplinate action, disciplinate actions that Allspring with this authorization, the allings from Allspring from Allspring authorization, the action of the	or intends to do censed broker/ ary action, not the FA. Ing reasonable ing Funds orization. If the he FA agrees ring Funds extent that the im Allspring mation relating inaterials relating 2) distribute, ing or otherwise
The financial advisor must sign here or this form will be returned.	Only" or similarly restricted as to distribution. Signature of financial advisor	Print name		Date

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3. Trading authorization

I understand that this trading authorization shall replace any previous trading authorization I have made for the accounts as indicated on this form.

I hereby authorize the FA designated on this form, 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, the applicable Fund, Allspring Funds Management, LLC, affiliates, and subcontractors—as well as the officers, directors, employees, and agents of these entities (collectively, "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. If I am acting in the capacity of a trustee, I hereby state and affirm that this authorization is granted in my fiduciary capacity and within the fiduciary powers and consistent with the fiduciary duties. 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 until 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.

X		
Signature of account owner, custodian, trustee, partner, or officer	Date	
X		
Signature of joint owner, co-trustee, partner, or officer 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

Allspring Global Investments™ is the trade name for the asset management firms of Allspring Global Investments Holdings, LLC, a holding company indirectly owned by certain private funds of GTCR LLC and Reverence Capital Partners, L.P. These firms include but are not limited to Allspring Global Investments, LLC, and Allspring Funds Management, LLC. Certain products managed by Allspring entities are distributed by Allspring Funds Distributor, LLC (a broker-dealer and Member FINRA/SIPC).

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