

IRA Beneficiary Claim Request



Complete this form if you are the beneficiary of a Allspring Funds traditional IRA, Roth IRA, SEP-IRA, or SIMPLE IRA and the IRA owner has passed away. Each beneficiary must complete a separate request and have his or her signature **Medallion Guaranteed**. If you have questions or would like help completing this form, call **1-800-222-8222**.

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

1. Deceased IRA owner information (please print)

We require a copy of the death certificate with this form.

Name of deceased IRA owner (first, middle initial, last) Social Security number

Date of birth (mm/dd/yyyy) Date of death (mm/dd/yyyy)

Check the following box or provide the fund and account numbers below.

☐ I would like to claim my portion of the assets for all IRAs under the above Social Security number on which I am a beneficiary.

Fund and account number Fund and account number

Fund and account number Fund and account number

2. Beneficiary information (please print)

Name of beneficiary (first, middle initial, last) or entity Beneficiary's Social Security/ taxpayer ID number Date of birth (mm/dd/yyyy)

Name(s) of trustee(s) or personal representative (if applicable) Date of trust (if applicable)

U.S. residential street address City State ZIP code

U.S. mailing address (if different than the residential street address) City State ZIP code

Daytime phone Evening phone

Beneficiary relationship to the IRA owner: ☐ Spouse or ☐ Non-spouse

Note: An inheritance tax waiver may be required for certain states. Please consult your tax advisor or probate office to determine if one is required.

3. Beneficiary options

Choose one:

☐ Liquidate the entire account balance. (If you select this option, proceed to Section 6.)

☐ Transfer the assets into an IRA in my name (available for **spouse only**): Fund and account number for IRA (or list "New Account" if new*)

☐ Transfer the assets into a beneficiary IRA.**

Important note: If the assets are transferred into your IRA (spouse only) or into a beneficiary IRA, you may be required to establish or continue taking required minimum distribution (RMD) payments unless the RMD was already fulfilled with Allspring Funds or at another institution. Please consult with a tax advisor regarding available options. If you would like to request the RMD payment for the current year, please complete Section 4 of this form.

* If you are establishing a new IRA, complete and submit an Allspring Funds IRA Application with this form.

** A completed Allspring Funds IRA Application is required with this form. If a trust is the beneficiary, include a copy of the title and signature pages of the trust document. If the estate is the beneficiary, include the certified Letters of Testamentary.

4. Complete if the decedent was over age 73

If the decedent was over age 73, passed away in the current year, and did not take the RMD this year, complete the following if you are not requesting to liquidate the entire account. If the decedent passed away in a previous year, contact your tax advisor for additional information.

Choose one:

- ☐ Mail a check for the RMD to the address listed in Section 2 of this form.
- ☐ Send the RMD via electronic funds transfer (EFT) to the bank account indicated on the attached preprinted, voided check. I understand that this service is governed by the terms and conditions explained in Section 8 of this form and that the proceeds will normally arrive at my bank within two banking days.
- ☐ The RMD has been satisfied.

Note: If no box is checked, we will not pay out the RMD. It is your responsibility to ensure that the RMD has been satisfied.

5. Established periodic distributions for future required minimum distributions (optional)

If the assets are transferred into your IRA (spouse only) or into a beneficiary IRA, you may be required to establish RMD payments. Complete this section to establish a periodic distribution for your RMD. The RMD amount will be calculated based on IRS regulations.

Choose one:

- ☐ **Monthly**, beginning (specify month and date): _____
- ☐ **Quarterly**, to be paid in March, June, September, and December (specify date of 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 cycle on the previous business day. If an annual payment frequency is selected and no month is listed, redemptions will be made in December.

6. 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](https://www.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.

7. Payment method for one-time and periodic distributions

Choose one:

- ☐ I would like this distribution to be paid by check and sent to the mailing address listed in Section 2 of this form.
- ☐ I would like this distribution to be paid by check and mailed to the temporary address listed below.

U.S. mailing address _____

City _____

State _____

ZIP code _____

- ☐ I would like this distribution to be sent via EFT to the bank account indicated on the attached preprinted, voided check. I understand that this service is governed by the terms and conditions explained in Section 8 of this form and that the proceeds will normally arrive at my bank within two banking days.
- ☐ I would like a one-time distribution to be paid by wire transfer. Wire the proceeds of this distribution request to the bank account indicated on the attached preprinted, voided check.

8. Bank information

To establish account options by EFT at any time, all Allspring Funds account owners must be listed in the bank account registration or a Medallion Guarantee may be required.

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 document, I herein 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.

9. Signature

I authorize Allspring Funds and its transfer agent to process the request for the account(s) indicated in Section 1 of this form. I understand that for a complete liquidation, a \$10 distribution fee may be collected by redeeming sufficient shares from the account. I further understand that I am responsible for any tax consequences that may result from the election I have made and agree that Allspring is not responsible for legal or tax advice and that I should consult a tax or legal advisor with any questions. I certify that the information I have provided is true, complete, and correct.

I certify under penalties of perjury that: the number shown on this form is the correct taxpayer ID number (or that I am waiting for a number to be issued to me); I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and I am a U.S. person (including a U.S. resident alien); and I am exempt from U.S. Foreign Account Tax Compliance Act (FATCA) reporting. Check below if you are subject to backup withholding.

☐ I have been notified by the IRS that I am subject to backup withholding because of underreporting interest or dividends on my tax returns.

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

To complete this request, your signature must be Medallion Guaranteed.

X

Signature of beneficiary, personal representative, or trustee(s)

Print name

Date

Medallion Guarantee***

*** A **Medallion Guarantee** may be obtained from any eligible guarantor institution, as defined by the Securities and Exchange Commission. These institutions include banks, savings associations, credit unions, and brokerage firms that participate in the Medallion Program. The bar-coded stamp with the words **“MEDALLION GUARANTEED”** must be stamped near each signature being guaranteed. The guarantee must appear with the name of the guarantor institution and the signature of an individual authorized on behalf of the guarantor institution. **Note that a notary public stamp or seal is not acceptable.**

Before you mail, have you:☐ Enclosed a copy of the death certificate?☐ Signed this form in Section 9?☐ Had your signature **Medallion Guaranteed**?

MAIL

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

OVERNIGHT

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