

Letter of Instruction

If you have questions, or would like help completing this form, call **1-800-222-8222**.



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

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

1. Account owner information (please print)

Name of account owner, custodian, or trustee (first, middle initial, last)

Social Security/taxpayer ID number

Name of joint owner or co-trustee (first, middle initial, last)

Social Security/taxpayer ID number

Fund number and account number(s)

Daytime phone

2. Instructions

Reference number (if applicable): _____ Date: _____

3. Signature(s) and medallion guarantee(s)

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

X

Signature of owner, custodian, or trustee

Print name

Date

Medallion Guarantee*

X

Signature of joint owner or co-trustee

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** of the signatures 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.**