## 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	Cions  Reference number (if applicable):		Date:
3. Signature(s) and	d medallion guarantee(s)		
To complete this	<b>X</b>	Medallion Guarantee	*
request, each signature must be Medallion	Signature of owner, custodian, or trustee		
Guaranteed.	Print name		
	Date		
	X	Medallion Guarantee	*
	Signature of joint owner or co-trustee		
	Print name		
	Date		

\*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.** 

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