

Payroll Direct Deposit Authorization



Complete this form and forward it to your payroll department to establish Payroll Direct Deposit for all or part of your paycheck to your Allspring Funds account. Before completing this form, confirm with your payroll department that they offer this service through the Automated Clearing House and if they require their own form to establish Payroll Direct Deposit. If you have questions about this form or if you receive your checks from the federal government (or an agency of the federal government), call **1-800-222-8222** for assistance.

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

1. Employee information (please print)

Name of Employee (first, middle initial, last)

Social Security number/payroll ID

Mailing address

City

State

Zip code

Daytime phone number

2. Direct deposit amount

Amount to be deducted from your paycheck and invested into the Allspring Funds account **each pay period** (\$50 minimum per Fund). **Note:** You may change this amount at any time by notifying your payroll department.

☐ \$ _____ OR ☐ Total net pay

3. Allspring funds account information

If you are establishing a new account, complete and forward a New Account Application to Allspring Funds. After your new account is opened, we will send a confirmation letter with your new account number, which can be used to complete this Payroll Direct Deposit Authorization. **Note:** All Payroll Direct Deposits to retirement accounts will be reported as **current-year** contributions.

Allspring Funds account registration

WE1

Prefix

Fund number*

Account number*

**List zeros before the Fund and/or account number to meet the minimum digit requirement, if applicable.*

Employer Checklist:

- ☐ Code the Allspring Funds account type as "Checking" and transmit the funds to State Street Bank & Trust Company (ABA Number 011000028).
- ☐ Enter the Allspring Funds account number as a 17-digit field without any dashes or spaces: 3-digit prefix "WE1" ("WE" and the number 1); 4-digit Fund number; and 10-digit account number.
- ☐ Questions? Call the number at the top of this form.

4. Signature of employee

I hereby authorize my employer to automatically deduct from my paycheck the amount specified in Section 2 of this form and transmit that amount to the account number indicated in Section 3 of this form. Investments will be made at the then current Net Asset Value of the Fund indicated herein, including any applicable sales charge. I understand that all instructions under the Payroll Direct Deposit Plan (the "Plan"), including changes in the amount of the investment or cancellation of the Plan, **must be made in writing to my employer. It is the sole responsibility of my employer to arrange for all transactions.** If monies to which I am not entitled are transmitted by my employer to my Allspring Funds account, I authorize my employer to redeem on my behalf Fund shares in the amount necessary to obtain the return of the entire amount of these monies. I authorize the applicable Fund and its transfer agent to follow all instructions by my employer in connection with transactions made under the Plan, including the redemption of Fund shares, and I agree not to make claims against Allspring Funds, its investment adviser, transfer agent, or distributor for following the instructions of my employer. The availability of funds in my account is subject to verification of the transfer. The terms of the Plan may be terminated or modified at any time and without notice. I understand and agree to the terms set forth herein.

Submit this
completed form
to your payroll
department.

X

Signature of Employee

Print name

Date

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