# **Shareholder Account Options**



Complete this form to establish or change options on your Allspring Funds mutual fund account. Note that some of the options may not be available on employer-sponsored retirement plans. Before mailing this form, confirm that you have signed in Section 6. If you have questions, call **1-800-222-8222**.

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

| 1. Account owr  | ner information (please print)  |                                |                    |  |  |
|---|---|--------------------------------|--------------------|--|--|
|   | Name of account owner, trustee, or custodian (first, middle initial, las  | t) Social Security/taxpayer ID | number             |  |  |
|   | Name of joint owner or co-trustee (first, middle initial, last)   | Social Security/taxpayer ID nu | mber               |  |  |
|   | U.S. residential street address   | City                           | State ZIP code     |  |  |
|   | U.S. mailing address (if different than U.S. residential street address)  | City                           | State ZIP code     |  |  |
|   | Email address   | Daytime phone                  | Evening phone      |  |  |
| 2. Establish or o                                     | change bank information  Complete this section to establish or change bank information  | on used for an automatic inv   | estment plan (AIP) |  |  |
|   | Complete this section to establish or change bank information the express purchase option, or the redemption option. See  |                                |                    |  |  |
|   | registration requirements.  Bank information for the express purchase and redemption options will be updated on accounts linked to the Social Security/taxpayer ID number(s) listed in Section 1 of this form or the specific accounts indicated in Section 4. Fund and account number(s) must be provided to establish an AIP (complete Section 3 of this form) or to change the distribution method for dividends or capital gains (complete Section 5 of this form). |                                |                    |  |  |
|   | <b>Note:</b> If you currently have bank information on file for an AIP, the expreplaced with the new bank information provided, unless otherwise in   |                                |                    |  |  |
|   | Contact your financial institution to confirm that the routing valid for electronic funds transfer (EFT) and wire transactions are different.   |                                |                    |  |  |
|   | Account type (check one):   |                                |                    |  |  |
|   | Checking account (attach a preprinted, voided check)  |                                |                    |  |  |
|   | Savings account (provide the savings account information  | below):                        |                    |  |  |
|   | Savings account registration:   |                                |                    |  |  |
| YOURNAME IT.E. IT. IT. IT. IT. IT. IT. IT. IT. IT. IT | Savings ABA/routing number:   | Savings account numbe          | er:                |  |  |

Include a voided check if you are establishing the Redemption option via electronic funds transfer (EFT) or wire.

**Note:** Checks must be preprinted with your name and address. We cannot accept starter or counter checks. To establish account options by EFT at any time, your bank account registration MUST have one name in common with your Allspring Funds account registration for the purchase option. For the redemption option, all Allspring Funds account owners must be listed in the bank account registration, or a *Medallion Guarantee* may be required in Section 6 of this form. 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 form, I hereby 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.

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Note: If no box is checked, your account will be updated as checking.

## 3. Establish or make changes to an automatic investment plan

Complete this section to establish or modify an AIP. An AIP allows you to make scheduled, automatic purchases from your bank account into your Allspring Funds account. The bank account must have at least one name in common with the Allspring Funds account, and the current account balance must meet the fund minimum to add or restart an AIP.

**Note:** The AIP option is not available on a SEP-IRA or SIMPLE IRA.

| List the account(s) to be updated:   |  |  |  |  |
|--|--|--|--|--|
| Fund number and account number   | Fund number and account number   |  |  |  |
| Establish a new AIP (fund and account number(s) are requir   | ed) or Modify or restart an existing AIP   |  |  |  |
| Using the <b>new</b> bank account indicated on the attached p  | preprinted, voided check.  |  |  |  |
| Using the <b>existing</b> bank information on file.  |  |  |  |  |
| AIP dollar amount per investment: \$ (There is a   | \$50 minimum investment, per account.)   |  |  |  |
| <b>Note:</b> When establishing an AIP on an individual retirement account (II responsible for calculating the amount to be invested. Overcontribution  | The state of the s |  |  |  |
| Frequency (choose one):  |  |  |  |  |
| Monthly, on the  |  |  |  |  |
| Periodically, on the of each month indicated below:  |  |  |  |  |
| January February March Apr   | il May June  |  |  |  |
| July August September Oct  | ober November December   |  |  |  |
| This privilege will be effective upon receipt of valid bank information bank account will be debited \$50 on the date(s) you have chosen. If no each month. If the date falls on a weekend or holiday, your AIP purchase in the next month, the AIP purchase will occur on the previous business indicated, your AIP will be restarted with the amount and date on file. | o date is chosen, your account will be debited on the 25th day of<br>se will occur on the next business day. If the next business day falls<br>is day. If you are updating an existing AIP and no amount or date is  |  |  |  |
| If your account is a traditional IRA or Roth IRA, indicate how   | the AIP purchases should be considered.  |  |  |  |

#### **FOR IRAs ONLY**

Consider all purchases made between January 1 and April 15 as: Current-year purchases or Prior-year purchases

If no box is checked, all investments will be considered current-year purchases. Any changes to this election must be made in writing prior to the purchase taking place. This election will remain in effect until the transfer agent for the fund receives written notice of the change.

| 4. Establish or ch | nange the exchange, redemption, or express p  | urchase options  |  |  |
|--------------------|---|--|--|--|
|                    | The following options will be updated on all account(s) associn Section 1 of this form. If you would like only specific accounts  |  |  |  |
|                    | Fund number and account number  | Fund number and account number   |  |  |
|                    | Fund number and account number  | Fund number and account number   |  |  |
|                    | If you have existing bank information on file for any of these options, it will be removed and replaced with the new bank information provided, unless you check the following box:   |  |  |  |
|                    | Change the bank information for the express purchase and redemption options, keeping any previous bank information on file as secondary information.  |  |  |  |
|                    | If you do not want certain options on your account, check the applicable box to indicate that you do not want   |  |  |  |
|                    | Exchange—This option allows you to sell shares via the intern proceeds to buy shares in an identically registered Allspring F your account unless you check the following box:  I do not want the exchange option.  |  |  |  |
|                    | Redemption*—This option allows you to sell shares via the internet** or by phone to have money sent to the account owner's address of record; or by phone to have money sent to the designated bank account (via EFT or wire) if a preprinte voided check is provided. This option will be added to your account unless you check the following box:  I do <b>not</b> want the redemption option. |  |  |  |
|                    | * If the <b>Allspring Funds</b> account is a Uniform Gifts/Transfers to Minors a used for the benefit of the minor.   | Act (UGMA/UTMA) account, I certify that any funds redeemed will be     |  |  |
|                    | Express purchase—This option allows you to purchase shares designated bank account by EFT if a preprinted, voided check this option will be added to your account unless you check the I do not want the express purchase option.   | is provided. If a preprinted, voided check is provided,                |  |  |
|                    | Note: The express purchase option is not available on a SEP-IRA or SII  | MPLE IRA.  |  |  |
|                    | If you have an active systematic withdrawal plan and would like to chaby all account owners.  | nge the bank information, please attach a letter of instruction signed |  |  |
| 5. Change how d    | ividends and capital gains are distributed  |  |  |  |
|                    | Complete this section to change how dividends and capital voided check if you choose to have funds sent electronically to   |  |  |  |
|                    | Note: If the account is an IRA, this option is only available if you are 55   | 9½ or older.   |  |  |
|                    | List the account(s) to be updated (required):   |  |  |  |
|                    | Fund number and account number  | Fund number and account number   |  |  |
|                    | Fund number and account number  | Fund number and account number   |  |  |
|                    | How would you like dividends and capital gains to be distrib  | uted?  |  |  |
|                    | Dividends: Reinvested or Paid in cash   |  |  |  |
|                    | Capital gains: Reinvested or Paid in cash   |  |  |  |
|                    | If you have chosen to have your dividends and capital gains   | paid in cash, please indicate a payment method:                        |  |  |
|                    | Mailed to my address of record (listed in Section 1 of this fo  | orm).  |  |  |
|                    | Sent electronically to my bank account indicated on the at  | tached preprinted, voided check.                                       |  |  |
|                    | Automatically reinvested in the following identically registed  |  |  |  |
|                    | Fund number and account number for identically registered acco  | unt  |  |  |
|                    | r und number and account number for identically registered acco   | unt  |  |  |

## 6. Signature(s) and medallion guarantee(s)

You must sign here to complete this request. A Medallion Guarantee may be required.

| X   |                                      |
|---|--------------------------------------|
| Signature of owner, trustee, custodian, or responsible individual |                                      |
| Print name  |                                      |
| Date  |                                      |
|   | Medallion Guarantee* (if applicable) |
| X   |                                      |
| Signature of joint owner or co-trustee                            |                                      |
| Print name  |                                      |
| Date  |                                      |

**Medallion Guarantee**\* (if applicable)

#### HAVE YOUR SIGNATURE MEDALLION GUARANTEED WHEN:

- Adding or changing a bank account for redemptions or distributions if all Allspring Funds account owners are not listed in the bank account registration.
- · Reinvesting dividends or capital gains in another Allspring Funds account if all account owners are not the same.
- \* 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 to act on behalf of the guarantor institution. **Note that a Notary Public stamp or seal is not acceptable.**

| Before you mail, have you: Entered your Social Security/taxpayer ID number in Section 1?  |
|---|
| Included a preprinted, voided check in Section 2 (if applicable)?   |
| Indicated the specific fund and account number(s) for an AIP or dividends and capital gains in Section 3 and Section 5 (if applicable)? |
| Had all account owners sign in Section 6?   |

#### 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<sup>TM</sup> 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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