

Systematic Withdrawal Plan



Complete this form to establish a systematic withdrawal plan (SWP) on your Allspring Funds **nonretirement account**. If you have questions, call **1-800-222-8222**.

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

1. Registration and mailing address (please print)

Name of owner, custodian, or trustee (first, middle initial, last)	Social Security/taxpayer ID number	Date of birth (mm/dd/yyyy)	
Name of joint owner or co-trustee	Social Security/taxpayer ID number	Date of birth (mm/dd/yyyy)	
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	

Note: If the address above is different than the address currently listed on our records, we will update all accounts under the Social Security/taxpayer ID number(s) listed above to reflect this new address. All future correspondence will be sent to the new address above until you advise us otherwise. Redemptions to a new address will require your signature to be Medallion Guaranteed if requested within 15 days of the address change.

2. Account information

Your account must have a current minimum balance of \$10,000 to establish a SWP.

Choose one:

- Establish this plan on an **existing** Allspring Funds account: _____
Fund and account number
- Establish this plan on a **new** Allspring Funds account. A *New Account Application* must also be completed.

Note: This form cannot be used for IRAs or other prototype retirement plans.

3. Payments

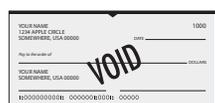
Payment amount: \$ _____ (\$100 minimum)

Payment frequency (choose one):

- Monthly**, beginning (specify month and date): _____
- Quarterly**, to be paid in March, June, September, and December (specify date): _____
- Annually**, on (specify month and date): _____

The SWP will begin as soon as administratively possible following the receipt of this properly completed form. Unless specified above, periodic redemptions will be made on the 25th day of each month. If the date falls on a weekend or holiday, your redemption will occur on the next business day. If the next business day falls in the next month, the redemption will occur on the previous business day. If you selected annual payment but did not list the month, redemptions will be made in December.

4. Payment method



Include a preprinted, voided check for the electronic funds transfer (EFT) payment method to ensure accurate bank account information.

Note: Checks must be preprinted with your name and address. We cannot accept starter or counter checks.

A **Medallion Guarantee** may be required to process your request. **Refer to Section 5 of this form to determine if a Medallion Guarantee is required.**

Check the option you would like for receiving your SWP proceeds:

- Electronically transfer the proceeds of this redemption request to the bank account indicated on the attached preprinted, voided check. (Generally, the proceeds will arrive at your bank within two banking days.)
- Send a check by mail to the name(s) and address under which the account is registered.
- Send a check by mail to the temporary address or third party listed below. **A Medallion Guarantee is required in Section 5 of this form.**

Name of payee	Account number (if applicable)		
Mailing address	City	State	ZIP code

5. Signature(s)

I authorize the fund and its transfer agent to establish the SWP as indicated on this form. I understand that payments will be made by redeeming the appropriate number of shares in the account at the current net asset value, including any applicable fees. I acknowledge that redemptions for the purpose of satisfying the SWP may reduce, or even deplete, the account. I further acknowledge that if the amount remaining in the account is not sufficient to meet a SWP payment, the remaining balance will be redeemed and the SWP will be terminated. I understand that once the SWP is terminated, simply investing additional funds will not reinstate the SWP and that I may also terminate the SWP by calling the toll-free number at the top of this form, or by submitting a request in writing. I agree to the additional details and conditions pertaining to the SWP contained in the prospectus and Bank Information section of the New Account Application. 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 acknowledge that: the cost basis method on file will apply to the redemption of covered shares (shares acquired on or after January 1, 2012), excluding money market fund shares, and information required by the IRS will be reported on my Form 1099-B; if I have not elected a primary cost basis method prior to the redemption of covered shares, the average cost method will be applied; with the exception of the specific lot identification method, noncovered shares will be depleted prior to covered shares; and if I elected the specific lot identification method as my primary cost basis method but have not elected a secondary method, the first-in, first-out method will be applied to my covered shares.

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

X

Signature of owner, custodian, or trustee

Print name

Date

Medallion Guarantee* (if applicable)

X

Signature of joint owner or co-trustee (if applicable)

Print name

Date

Medallion Guarantee* (if applicable)

HAVE ALL SIGNATURES MEDALLION GUARANTEED WHEN:

- Proceeds are sent to an address that is not on file or to a new address prior to the expiration of the 15-day hold.
- A check is not payable to all account owners as registered on the account redeemed.
- All owners of the Allspring Funds account are not listed in the registration of the bank account provided.

** 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:** Provided your account information in Section 2?
- Had all owners sign in Section 5 (and obtained a **Medallion Guarantee** if required)?
- Included a preprinted, voided check (if applicable)?