

New Account Application



For trusts or estates

Complete this application to establish an account for a trust or estate. For share class eligibility, please refer to the prospectus. If you have questions or would like help completing this form, call **1-800-222-8222**.

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

1. Registration and mailing address (please print)

IMPORTANT INFORMATION: Federal law requires that we obtain the entity name, street address, and taxpayer ID number prior to opening the account. If you are establishing an account as attorney-in-fact on behalf of the account owner, contact Allspring Funds for instructions on properly establishing the account.

Indicate your entity type (choose one):

- Trust:** We require a copy of the title and signature pages of the trust document with this application.
- Estate:** We require a certified copy of the Letters of Testamentary with this application.

_____ Name of trust or estate	_____ Taxpayer ID number	_____ Date of trust (if applicable)	
_____ U.S. street address for principal place of business or local office	_____ City	_____ State	_____ ZIP code
_____ U.S. mailing address (if different than U.S. street address)	_____ City	_____ State	_____ ZIP code
_____ Email address	_____ Daytime phone	_____ Evening phone	

Country of origination: United States or Other (specify country of tax residency) _____
Call the phone number at the top of this page for instructions on properly establishing your account.

2. Trustee or personal representative information (please print)

IMPORTANT INFORMATION: Prior to opening an account, we require that you provide us with your name, street address, date of birth, and Social Security number.

To list additional trustees or personal representatives, include all information in this section on a separate sheet.

_____ Name of trustee or personal representative		_____ Name of trustee or personal representative		
_____ Social Security number	_____ Date of birth (mm/dd/yyyy)	_____ Social Security number	_____ Date of birth (mm/dd/yyyy)	
_____ U.S. residential street address for trustee or personal representative		_____ U.S. residential street address for trustee or personal representative		
_____ City	_____ State	_____ City	_____ State	_____ ZIP code

3. Fund and cost basis election

To prevent delays in opening your account, be sure to choose a fund.

List the fund(s) you have selected and the amount of your initial investment. There is a minimum investment per fund. Refer to the prospectus for minimum investment amounts and possible fund restrictions and fees.

Tax regulations require that we report cost basis information to you and the Internal Revenue Service (IRS) for redemptions of all fund shares, excluding money market fund shares, acquired on or after January 1, 2012 (covered shares). Consult your tax advisor to determine the IRS-approved cost basis method that is appropriate for your tax situation and to obtain more information about the cost basis rules.

Provide your cost basis reporting method, as applicable. The method selected will apply to covered shares purchased into accounts opened with this application. The method may also apply to accounts subsequently opened from the accounts established under this application. **If no election is made, Allspring Funds will apply the average cost method to your covered shares.**

Note: Cost basis reporting is not required for money market funds. If you subsequently open a new account from a money market fund, a cost basis election will be required for the new account at that time. Elections may be made on our website or by submitting the Cost Basis Options form.

Cost basis reporting method¹
(choose one per fund, excluding money market funds)

	Initial investment	Average cost	First in, first out	Specific lot ID ²
_____ Fund name and share class	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Fund name and share class	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Fund name and share class	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Fund name and share class	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Fund name and share class	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Investment method

- Check:** \$ _____ **Make check payable to Allspring Funds.** We do not accept cash, starter checks, checks drawn on banks outside the United States, or credit card checks.
- Exchange from an identically registered Allspring Funds account:**
- _____ Fund and account number \$ _____ Amount
- Transfer nonretirement assets from another firm to Allspring Funds:** \$ _____
(A Medallion Guaranteed Nonretirement Account Transfer Request form is required with this application.)
- Wire:** \$ _____ Date of wire: _____ (For wire instructions, call **1-800-222-8222**.)
(We must receive a completed New Account Application prior to receiving the wire in order to complete the wire purchase.)

5. Trusts/estates – checkwriting (optional)

Checkwriting is available for certain money market funds only.

If you would like checkwriting privileges added to your new money market fund(s), list the fund name(s) for which you would like checkwriting privileges and sign below. For multiple trustees or personal representatives, all signatures are required.

By signing below, I understand that checkwriting redemptions must be for a minimum of \$500 and that checks will only be honored if written against purchases made at least seven business days before the check is presented for payment. I further understand that Allspring Funds will accept checks with **one** signature and that checks may not be written to close an account.

_____ Fund name _____ Fund name
_____ Fund name _____ Fund name

SIGNATURE(S) OF ACCOUNT OWNER(S)

X _____ Signature (as you will sign your check) _____ Print name of trustee or personal representative

X _____ Signature (as you will sign your check) _____ Print name of trustee or personal representative

X _____ Signature (as you will sign your check) _____ Print name of trustee or personal representative

- Additional cost basis methods are available by completing the Cost Basis Options form. A copy of this form can be obtained by visiting the website or calling 1-800-222-8222.
- If you elect the specific lot ID method, complete the Cost Basis Options form to indicate your secondary method. If a secondary method is not provided, the first-in, first-out method will be applied. A secondary method is used when lots are not able to be identified for transactions, such as wire fees and checkwriting.

6. Establish account options



Include a voided check if you are establishing an AIP, express purchase, direct deposit of distributions, or the redemption option via electronic funds transfer (EFT) or wire.

Contact your financial institution to confirm that the routing number on the voided check is valid for EFT and wire transactions.

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

Automatic investment plan (AIP)—Automatic purchases can be made from your bank account into your Allspring Funds account. There is a \$50 minimum per investment, per account.

_____ \$ _____ Fund name Amount Fund name Amount

Investment frequency for all funds indicated: Once a month on the _____ day of the month or

Twice a month on the _____ and _____ days of the month.

***This privilege will be effective upon receipt of valid bank information.** If no amount is chosen, your bank account will be debited \$50 on the date(s) you have chosen. If no date is chosen, your account will be debited on the 25th day of each month. If the date falls on a weekend or holiday, your AIP purchase will occur on the next business day. If the next business day falls in the next month, the AIP purchase will occur on the previous business day.*

Payroll direct deposit—You may be able to contribute to your account via payroll direct deposit. We will send information that you may forward to your employer, which includes your new account number(s). Confirm that your employer offers payroll direct deposit before selecting this option.

Dividend and capital gains distributions—All dividends and capital gains will be automatically reinvested, unless you select one of the following options:

Electronically transfer distributions to the bank account indicated on the preprinted, voided check included with this application.

Mail the distribution checks to the address listed in Section 1 of this application.

The following account options will be added to your account. If you do not want these options, check the boxes below.

Exchange—This option allows you to sell shares via the internet or by phone from one Allspring Funds account and use the proceeds to buy shares in an identically registered Allspring Funds account in another fund. This option will be added to 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 the designated bank account (via EFT or wire) if a preprinted, voided check is provided. This option will be added to your account unless you check the following box:

I do **not** want the redemption option.

Express purchase—This option allows you to purchase shares via the internet or by phone with payment from your designated bank account by EFT if a preprinted, voided check is provided. If a preprinted, voided check is provided, this option will be added to your account unless you check the following box:

I do **not** want the express purchase option.

7. Bank information

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. If a preprinted, voided check is not enclosed with this application but you do include a personal investment check, we will use the information contained on the personal investment check to establish a requested AIP. 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 application, 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.

8. Consent for edocuments

I would like to receive my account statements, transaction confirmations, fund prospectuses (and prospectus supplements), annual reports, semiannual reports, and shareholder notices electronically. If I do not consent below, I understand that I will receive my documents/statements in paper format.

I consent to delivery of my fund documents/statements in electronic format and have provided my email address in Section 1 of this application.

I understand that I will receive an email notice indicating that the most recent documents or statements are available for viewing and downloading at allspringglobal.com and that I will need to establish a login ID and password in order to view these materials. I may change my electronic delivery preferences or unsubscribe from eDocuments at any time by logging into my account online or by calling **1-800-222-8222**.

9. Reduced sales charges or waivers (class A only)

If you qualify for a reduced sales charge or waiver, please complete the applicable section below.

Net asset value purchases. If you qualify for Class A purchases to be made without a sales charge, please check the appropriate box below:

- Existing clients.** By checking this box, I certify that I am an existing client that was formerly invested in Investor Class shares and qualifies for all purchases to be made at net asset value. To demonstrate your eligibility, provide a fund and account number on the following line:

Fund and account number

- Team members.** By checking this box, I certify that I am a Allspring team member and qualify for all purchases to be made at net asset value. A completed Team Member Verification form must accompany this application.
- Other waivers.** By checking this box, I certify that I am eligible for all purchases to be made at net asset value as described in the "Reductions and waivers of sales charges" section of the applicable fund prospectus.

Rights of accumulation. To qualify for sales discounts on Class A shares, list below (or include on a separate sheet) the account numbers of other Class A, Class B, or Class C shares of the fund(s) for which you—or your spouse/domestic partner or your child/grandchild (under the age of 21)—are the account owner.

Fund and account number

Fund and account number

Letter of intent (LOI). I agree to the LOI conditions set forth below and as further described in the applicable fund prospectus. Although I am not obligated to do so, I intend to make future investments over the next 13 months of eligible shares in the funds in an aggregate amount at least equal to:

\$50,000 \$100,000 \$250,000 \$500,000 \$1,000,000 Other \$ _____

I acknowledge and understand that each investment will be made at the public offering price applicable to a single transaction of the dollar amount specified in this LOI; that the reduced sales charges may vary for different funds and are subject to change; and that Class A, Class B, or Class C shares of a fund may be combined when determining the reduced sales charge, subject to certain restrictions.

10. Financial advisor information (complete only if you are designating a financial advisor on your account)

Name of FA (first, last)

Name of dealer

Rep number

Branch number

Street address

City

State

ZIP code

Daytime phone

Fax number

Registered Investment Advisors (RIAs) cannot be added to any accounts. The FA represents and warrants that he/she is registered as an investment advisor with the Securities and Exchange Commission (SEC) and under the laws of each state in which he/she does or intends to do business or is exempt from such registration or that he/she is a registered representative of a licensed broker/dealer, and to the best of the FA's knowledge, no proceeding, enforcement action, disciplinary action, investigation, or arbitration by or before the SEC or any self-regulatory organization is pending against the FA. The FA agrees to indemnify and hold Allspring harmless for any loss, cost, or damage (including reasonable attorneys' fees) resulting from acting upon any verbal, written, or electronic instructions that Allspring Funds believes to have originated from the FA or other authorized individuals in connection with this authorization. If the FA is the addressee of record for the account owner's account(s) in Section 1 of this application, the FA agrees to promptly forward all prospectuses, shareholder reports, and other regulatory mailings from Allspring Funds required by rule, statute, or other applicable regulation to be provided to the account owner. To the extent that the FA describes or distributes performance information concerning a fund, the FA agrees to obtain from Allspring Funds and disseminate to his/her clients or prospective clients the most current performance information relating to the funds. The FA further agrees that he/she will not: alter or change in any respect any sales materials relating to the funds provided to him/her by Allspring Funds without the prior consent of Allspring Funds; distribute, disseminate, or publish any sales materials regarding Allspring Funds or the funds that are misleading or otherwise in violation of applicable law; and/or disseminate any sales materials marked "For Financial Professional Use Only" or similarly restricted as to distribution.

The FA must sign here or the application will be returned. An original signature is required.

X

Signature of FA

Date

II. Signature(s)

The undersigned, whether acting individually or in a fiduciary role, hereby certifies as follows:

I acknowledge that I have received the current prospectus for the fund(s) in which I am investing. I agree to be bound by the terms of the prospectus as it may be revised from time to time. I will obtain the current prospectus for each fund into which I may exchange shares before I request the exchange. I acknowledge and consent to the householding (that is, consolidation of mailings) of regulatory documents, such as prospectuses, shareholder reports, proxies, and other similar documents. I may contact the fund's transfer agent to revoke my consent. I understand that my property may be transferred to the appropriate state if no activity occurs in the account within the time period specified by state law.

I represent that I have legal capacity to make this purchase. I understand, acknowledge, and agree that neither Allspring Funds Management nor Allspring Funds Distributor has provided or will provide any investment advice or recommendations to me whatsoever - including relating to the opening of this account or any Allspring Funds which I invest in through this account, and I understand, acknowledge, and agree that, as such, neither will be acting as an investment fiduciary to me. I ratify any instructions given on this account or any account subsequently opened by exchange of shares in Allspring Funds. I agree that the fund, its transfer agent, and any of their affiliates will not be liable for any loss, cost, or expense for acting upon any instructions if they follow reasonable procedures designed to prevent unauthorized transactions. I agree to notify the fund's transfer agent of any errors or discrepancies within 10 days after the date of the statement confirming a transaction. I understand that the statement will be deemed to be correct, and the fund, its transfer agent, and Allspring shall not be liable if I fail to notify the fund's transfer agent within such time period.

I acknowledge that: cost basis for the redemption of noncovered shares (shares acquired prior to January 1, 2012) will continue to be reported to me using the average cost method, if available, and will not be reported to the IRS; with the exception of the specific lot identification method, noncovered shares will be depleted prior to covered shares; and the cost basis method(s) elected on this form will apply to the redemption of covered shares, excluding money market fund shares, and information required by the IRS will be reported on my Form 1099-B. I agree that Allspring is not responsible for legal or tax advice with respect to my cost basis election.

I acknowledge that Allspring Funds is required by law to obtain certain personal information from me, which will be used to verify my identity, and that my account may not be opened if I do not provide this information. I further acknowledge that Allspring Funds reserves the right to close my account, or take other reasonable steps, if it is unable to verify my identity.

The following provisions only apply if you are designating an FA on your account in Section 11:

I hereby authorize the FA designated on this application, and individuals acting on behalf of the FA (collectively, "authorized individuals"), to have full access to my account and acknowledge that they may receive duplicate account statements. I authorize these individuals to execute documents and act on my behalf, in accordance with Allspring Funds procedures. I understand that this does not grant the authorized individuals discretionary control over my account but allows them to act according to the instructions I provide to them. **I understand that if I do not want to authorize the FA to act on my behalf, I must check the box below:**

I do **not** authorize my FA to act on my behalf, but he/she may receive duplicate account statements.

To the extent authorized above, Allspring Funds may treat the authorized individuals as authorized to act for me and on my behalf in the same manner and with the same force and effect as I could. If I am acting in the capacity of a trustee, I hereby state and affirm that this authorization is granted in my fiduciary capacity and within the fiduciary powers and consistent with the fiduciary duties. I agree to notify Allspring Funds in writing immediately if this authority is revoked and further agree that, in the case of my death, disability, incapacity, or incompetency, Allspring Funds may continue to act on the instructions of the authorized individuals for a reasonable period after Allspring Funds is notified in writing that my authorization has been terminated or revoked.

I agree that Allspring Funds is not responsible for suitability of investment recommendations or transactions initiated by the authorized individuals on my behalf. I further agree to indemnify and hold Allspring Funds harmless from acting upon any transactions on my account in Allspring Funds resulting from verbal, written, or electronic instructions that Allspring Funds reasonably believes to have originated from any and all acts of the authorized individuals.

I acknowledge that the authorized individuals are not Allspring Funds employees or agents and that Allspring Funds pays no compensation to the authorized individuals for recommending Allspring Funds mutual funds. I understand that the authorized individuals are authorized to deduct advisory fees directly from my Allspring Funds account. I further understand that they may simultaneously send me a copy of any advisory fee bill that they submit to Allspring Funds and that it will be my responsibility to verify the amount of any such bill and to promptly notify Allspring Funds of any errors.

If the authorized individuals are the addressees of record for my account(s), I acknowledge and agree that the authorized individuals shall receive all confirmations and other regulatory mailings regarding the fund(s), and that the authorized individuals are also responsible for forwarding to me all prospectuses, shareholder reports, and other regulatory mailings from Allspring Funds required to be provided to me under applicable federal, state, or other applicable securities laws or rules and regulations of any self-regulatory organization.

II. Signature(s) (continued)

I certify under penalties of perjury that: the number shown on this form is the correct taxpayer ID number (or that I am waiting for a number to be issued to me); I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and I am a U.S. person (including a U.S. resident alien); and the U.S. Foreign Account Tax Compliance Act (FATCA) code(s) entered on the form (if any, see below) indicating that I am exempt from FATCA reporting is correct.

Check below if you are subject to backup withholding.

I have been notified by the IRS that I am subject to backup withholding because of underreporting interest or dividends on my tax returns.

Exemption from FATCA reporting code (if any): _____ (FATCA codes may apply to persons submitting this application for accounts held through a foreign financial institution outside the United States. You may leave this field blank if you are submitting this form for an account you hold in the United States. Please refer to IRS Form W-9 at www.irs.gov for a list of exemption codes.)

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

To complete this application, you must sign here.

X

Signature of trustee, partner, officer, or personal representative Print name Date

X

Signature of co-trustee, partner, officer, or personal representative Print name
Date

Before you mail, have you: Completed Section 1? Enclosed the appropriate documents as required in Section 1?
 Completed Section 9 (as applicable)? Included a preprinted, voided check (if applicable)?
 Had your FA complete Section 10 (if applicable)? Enclosed your check made payable to Allspring Funds?
 Signed this application in Section 11?

Mail

Allspring Funds
P.O. Box 219967
Kansas City, MO 64121

Overnight

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