Name Change Authorization



Complete this form to update all of your Allspring Funds accounts if your name has changed due to marriage, divorce, or other reasons. If you have questions, call **1-800-222-8222**.

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

| | nailing address (please print) | | | | |
|----------------|---|------------------------------------|--------------------------|-----------|--------------|
| | Former name (first, middle initial, last) | Social Security/taxpayer ID number | | | |
| | New name (first, middle initial, last) | | _ | | |
| | U.S. residential street address | City | Sta | ate | Zip code |
| | U.S. mailing address (if different than U.S. residential street addre | ess) City | Sta | ate | Zip code |
| | Daytime phone | Evening phon | 9 | | |
| | Note: If the address above is different than the address currently listed on our records, we will change 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 ur you advise us otherwise. Redemptions or distributions to this new address will not be allowed for 15 days after the address chang unless your signature is Medallion Guaranteed. | | | | |
| 2. Important i | nformation about your account(s) | | | | |
| | All Allspring Funds accounts in your name will be upda | ited. | | | |
| | Additional items to consider: | | | | |
| | If you have the check-writing option on your curre checks issued in your new name. Checks printed change has been completed. | | • | | |
| | If you will be adding or removing a registered own for Change of Registration form is also required. | er from your no | onretirement account(s), | a comp | leted Reques |
| | If you have an IRA or other retirement plan accour for the appropriate designation of beneficiary for | | e to update your benefic | iary(ies) | , contact us |
| 3. Check writi | ng (optional) — money market funds only (non | retirement |) | | |
| | Complete this section if you currently have the check- privilege to your account. All registered account owne has changed. By signing this check-writing card, you a the prospectus. | ers must sign th | is check-writing card e | ven if or | ly one name |
| | | | | | |
| | Fund and account number | Fund and acco | ount number | | |
| | Fund and account number AUTHORIZED INDIVIDUAL(S) AND SIGNATURE(S). All: | | | e signat | ure. |
| | AUTHORIZED INDIVIDUAL(S) AND SIGNATURE(S). All | spring Funds wi | | | ure. |

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| 4. Existing account of | options | | | | |
|--|---|--|--|--|--|
| | To update the bank information for existing account options, include a preprinted voided check for checking or a deposit slip for savings. If you would like to establish new options on your account(s), a completed Shareholder Account Options form is required. | | | | |
| | If you include bank information, your existing automation purchase options will be updated. If you do not want t | | | | |
| | I do not want the bank information for my AIP option updated. | | | | |
| | I do not want the bank information for my redemption option updated. | | | | |
| | I do not want the bank information for my express purchase option updated. | | | | |
| | Account type: Checking (attach a voided check) Savings (attach a voided deposit slip) | | | | |
| | Note: If no box is checked, your account will be updated as che | | | | |
| | Name of bank | ABA/routing number for ACH | | | |
| | Bank account registration | Bank account number | | | |
| Both signatures must be Medallion Guaranteed to complete this request. | Signature in former name Signature in new name Date | Medallion Guarantee* | | | |
| | Exchange Commission. These institutions include banks that participate in the Medallion Program. The bar-code must be stamped near each of the signatures being guarantees. | ible guarantor institution, as defined by the Securities and s, savings associations, credit unions, and brokerage firms and stamp with the words "MEDALLION GUARANTEED" aranteed. The guarantee must appear with the name of the authorized on behalf of the guarantor institution. Note that a | | | |
| Before you mail, have you: | | | | | |
| | Had both signatures Medallion Guaranteed in Section 5? Included a voided check to update existing bank information on file (if applicable)? | | | | |
| | | | | | |

Allspring Global Investments™ 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).

Updated your IRA beneficiary designations, if necessary?

Destroyed checks printed with your former name (if applicable)?

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