

SIMPLE IRA Salary Reduction Agreement



Complete this form and forward it to your employer to establish a salary reduction agreement for your Allspring Funds SIMPLE IRA. If you have questions, call **1-800-222-8222**.

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

2. Salary reduction

Salary Reduction Election

Subject to the requirements of the SIMPLE plan for _____,
Name of employer

I authorize _____% or \$_____ (which equals _____% of my current rate of pay) to be withheld from my pay for each pay period and contributed to my SIMPLE IRA as a salary reduction contribution.

Maximum Salary Reduction

I understand that the total amount of my salary reduction contributions in any calendar year cannot exceed the contribution limits as prescribed by the IRS. The annual limits are subject to cost-of-living adjustments and may change in future years.

Salary Reduction Start Date

I understand that my salary reduction contributions will start as soon as permitted under the SIMPLE plan and as soon as administratively feasible or, if later, _____. (Fill in the date you want the salary reduction contributions to begin.)
Start date (mm/dd/yyyy)

3. Employee selection of financial institution

I select the following financial institution for my SIMPLE IRA:

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

I understand that I must establish a SIMPLE IRA to receive any contributions made on my behalf under this SIMPLE plan with the financial institution of my choice. If I choose an institution other than Allspring Funds, I must contact that institution for its SIMPLE IRA information kit. If the information regarding my SIMPLE IRA is incomplete when I first submit my Salary Reduction Agreement, I realize that it must be completed by the date contributions must be made under the SIMPLE plan. If I fail to update my agreement to provide this information by that date, I understand that my employer may select a financial institution for my SIMPLE IRA.

4. Signature

I understand that this Salary Reduction Agreement replaces any earlier agreement and will remain in effect as long as I remain an eligible employee under the SIMPLE plan, or until I provide my employer with a request in writing to end my salary reduction contributions or provide a new Salary Reduction Agreement as permitted under this SIMPLE plan.

To complete this request, you must sign here.

X

Signature of employee

Print name

Date