

Business Entities Account Application



Please mail the completed application to:

allspringglobal.com

Overnight address:

Allspring Funds

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

Allspring Funds

P.O. Box 219967
Kansas City, MO 64121

Shareholder Service Center

1-800-260-5969
Monday through Friday, 8 a.m. to 6:00
p.m. Eastern Time

I. 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.

Indicate your entity type (choose one):

- ☐ **Publicly traded company (040) (list ticker symbol):** _____
Additional documentation is not required
- ☐ **Corporation (specify federal tax classification¹):** ☐ C corporation (040) ☐ S corporation (440)
We require a certified copy of the Articles of Incorporation or business license with this application.
- ☐ **Limited liability company (LLC) (specify federal tax classification¹):** ☐ C corporation (38) ☐ S corporation (38)
☐ Partnership (38)
We require a certified copy of the corporate resolution, operation resolution, or LLC agreement with this application.
- ☐ **Partnership (041):** We require a copy of the partnership agreement with this application.
- ☐ **Municipality (065):** Exempt from additional documentation.
- ☐ **Business / Statutory Trust (38):** We require one of the following: Certificate of Trust signed by the trustees, or proof that the trust has registered with a state agency.
- ☐ **Other entity (list type):** _____ We require a copy of the documentation supporting the establishment of the entity with this application. **Entities listed below are exempt from this requirement.** Please check one, if applicable.
- ☐ Retirement plan (governed by ERISA) ☐ Financial Institution (governed by a federal regulator)
- ☐ Bank ☐ Governmental agency or instrumentality

Name of partnership, business, or other entity

Taxpayer ID number

Attention to (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 incorporation/organization: ☐ United States ☐ Other (specify country of tax residency) _____

Call the phone number at the top of this page for instructions on properly establishing your account.

1. If a federal tax classification is not indicated, we are required by the IRS to assume that your firm is chartered as an S corporation and redemption activity in your account will be subject to Form 1099-B reporting effective January 1, 2012.

2. Fund and cost basis election

List the fund(s) you have selected and the amount of your initial investment. Refer to the prospectus for possible fund restrictions and fees.

Tax regulations require that we report cost basis information to you and the 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, if applicable, 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 if it is subject to cost basis reporting. Elections may be made on our website or by submitting the Cost Basis Options form.

Cost basis reporting method²
(choose one per fund, excluding money market funds)

Average cost

First in, first out

Specific lot ID³

Initial investment

\$

or ☐ SET-UP ONLY/funding by wire

Fund name and share class OR fund number

☐

☐

☐

\$

or ☐ SET-UP ONLY/funding by wire

Fund name and share class OR fund number

☐

☐

☐

3. Bank instructions for redemptions and purchases

By including bank instructions, the option to perform redemptions and purchases by wire will be added to the account(s). An original letter of instruction with a Medallion Guarantee Stamp or may be required to amend or modify any information supplied below.

To establish the purchase and/or redemption option, your bank account registration MUST be identical to the Allspring Funds account registration.

Note: An incoming wire fee may be assessed by the receiving bank.

1. Primary bank

Name of bank

Bank routing (ABA) number

Bank account number

Bank account registration

2. Secondary bank

Name of bank

Bank routing (ABA) number

Bank account number

Bank account registration

If you would also like to add the redemption and purchase options for electronic funds transfer (EFT), please complete the following:

☐ Add option for EFT for redemptions and purchases

Bank routing (ABA) number (if different from above):

I hereby authorize my bank to honor all EFT 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 to be genuine and in accordance with the rules of the National Automated Clearing House Association. 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 received in good order.

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.

2. Additional cost basis methods are available by completing the Cost Basis Options form. A copy of this form can be obtained by visiting our website or by calling 1-800-260-5969.

3. 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 systematic withdrawals.

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(Continued on next page.)

4. Additional account options

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

☐ Wire transfer distributions to the primary bank account indicated in Section 3 of this application.

Note: An incoming wire fee may be assessed by the receiving bank.

☐ EFT distributions to the primary bank account indicated in Section 3 of this application.

The exchange option will be added to your account. If you do not want the exchange option, check the box 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. :

☐ I do **not** want the exchange option.

5. Authorized individuals

Consider the definitions below when completing this section.

Authorized Signers: these individuals have full authority to act on behalf of the organization listed in Section 1. This authority includes, but is not limited to, being able to receive any information related to the account, perform any transactions, and make any necessary updates to options and account attributes. Signature sample below is required.

Authorized Traders: these individuals can only perform purchases and redemptions, and obtain account information. Signature sample below is not required.

Information only: these individuals must be employees of the organization listed in Section 1 and will only be able to obtain account information via this option. Note - they will not be authorized to act, trade or perform any actions for the account. Signature sample below is not required.

If only one person is authorized to act on behalf of the organization and the individual is the sole officer of the organization, the undersigned certifies that he/she is the sole officer and all information contained within this section is accurate and that the organization's Articles of Incorporation or Charter and Bylaws provide that he/she is the only person authorized to so act.

The information listed below shall remain in full force and effect until such time as the funds' transfer agent receives an updated list, in writing, from an Authorized Signer. Each fund reserves the right to request an updated listing at any time.

Number of signatures required for written instructions: _____ (If no number is indicated, only one signature will be accepted.)

 _____
Signature _____ Print name (first, middle initial, last) _____

Title _____ Phone number _____ Email address _____

Check ONE box: ☐ Authorized signer ☐ Authorized trader ☐ Information only

 _____
Signature _____ Print name (first, middle initial, last) _____

Title _____ Phone number _____ Email address _____

Check ONE box: ☐ Authorized signer ☐ Authorized trader ☐ Information only

 _____
Signature _____ Print name (first, middle initial, last) _____

Title _____ Phone number _____ Email address _____

Check ONE box: ☐ Authorized signer ☐ Authorized trader ☐ Information only

 _____
Signature _____ Print name (first, middle initial, last) _____

Title _____ Phone number _____ Email address _____

Check ONE box: ☐ Authorized signer ☐ Authorized trader ☐ Information only

If more space is required to list additional authorized individuals, include all information in this section on a separate sheet.

X

Signature

Print name (first, middle initial, last)

Title

Phone number

Email address

Check ONE box: ☐ Authorized signer

☐ Authorized trader

☐ Information only

X

Signature

Print name (first, middle initial, last)

Title

Phone number

Email address

Check ONE box: ☐ Authorized signer

☐ Authorized trader

☐ Information only

6. Request for duplicate confirmation statements

The information listed below shall remain in full force and effect until such time as the funds' transfer agent receives an updated list, in writing, from an Authorized Signer. Each fund reserves the right to request an updated listing at any time.

Send a duplicate confirmation statement to:

Name of firm

Attention

Daytime phone

Street address

City

State

ZIP Code

7. Signature(s)

The undersigned 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 funds' 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 funds, their transfer agent, and any of their affiliates will not be liable for any loss, cost, or expense for acting upon any instructions reasonably believed to be given by persons authorized in Section 5 above, (as such may be updated in writing from time to time hereafter). I agree to notify the funds' 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 funds, their transfer agent, and Allspring shall not be liable if I fail to notify the funds' transfer agent within such time period. I agree that Allspring Funds is not responsible for suitability of investment recommendations by the sales representative.

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.

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 partner or officer

Print name

Date

X

Signature of partner or officer

Print name

Date

X

Signature of partner or officer

Print name

Date

- Before you mail, have you:
- ☐ Provided all required information in sections 1 through 5?
 - ☐ Enclosed the appropriate supporting documentation as required in Section 1 of this application?
 - ☐ Signed this application in Section 7?
 - ☐ Completed the Business Entity Beneficial Owner form as applicable?

Business Entities Beneficial Owner

General Information

Important Notice – The USA PATRIOT Act

To help the government fight the funding of terrorism and money laundering activities, Federal law requires mutual funds to obtain, verify and record information that identifies the natural persons who control and beneficially own a legal entity that opens or maintains an account.

What this means to you: When you open a fund account, or when beneficial ownership or control of the account changes, we will ask for names, addresses, dates of birth, and other information that will allow us to identify persons who control and beneficially own the legal entity that is opening or has an account. This information will be verified to ensure the identity of all such natural persons.

Purpose

This form must be completed by the person of authority on behalf of a legal entity to open or update account. For the purposes of this form, a legal entity includes a private corporation, limited-liability company, partnership, non-profit, and any other similar business entity formed in the United States.

Important Notes

This form requires you to provide the name, address, date of birth and Social Security number (or copy of passport or other similar information, in the case of non-U.S. persons) for the following individuals:

- (i) Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity customer (e.g., each natural person that owns 25 percent or more of the shares of a corporation); **and**
- (ii) An individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President or Treasurer).

1. Account registration

Name of organization

Account number (if available)

☐ Check this box to indicate the organization is exempt from the requirements described above. If checking this box, proceed to Section 4.

2. Beneficial owner(s)

The following information is for each individual, if any, who, directly or indirectly, through any holding company, trust, or other parent entities, or by contract, arrangement, understanding, relationship, or otherwise, owns 25 percent or more of the equity interests of the legal entity listed above.

Note, the number of individuals here can range from zero to four. Also, each beneficial owner should indicate their residential address, not the address of the entity unless the two are the same.

If no individual within the entity meets the definition above, check the box below.

☐ No individual, directly or indirectly, holds more than 25 percent of the equity interests of the legal entity listed in Section 1.

Beneficial Owner 1 Information: _____% of ownership

Name of Individual (first, middle, last)

Social Security number

Date of Birth (mm/dd/yyyy)

U.S. residential street address (cannot be a PO Box or mail drop)

City

State

ZIP code

Email address

Daytime phone

Evening phone

Beneficial Owner 2 Information: _____% of ownership

Name of Individual (first, middle, last) Social Security number Date of Birth (mm/dd/yyyy)

U.S. residential street address (cannot be a PO Box or mail drop) City State ZIP code

Email address Daytime phone Evening phone

Beneficial Owner 3 Information: _____% of ownership

Name of Individual (first, middle, last) Social Security number Date of Birth (mm/dd/yyyy)

U.S. residential street address (cannot be a PO Box or mail drop) City State ZIP code

Email address Daytime phone Evening phone

Beneficial Owner 4 Information: _____% of ownership

Name of Individual (first, middle, last) Social Security number Date of Birth (mm/dd/yyyy)

U.S. residential street address (cannot be a PO Box or mail drop) City State ZIP code

Email address Daytime phone Evening phone

3. Control person

The following information is for **one** individual with significant responsibility for managing the legal entity listed in Section 1, such as:

- An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or
- Any other individual who regularly performs similar functions.

If appropriate, an individual listed under section 2 above may also be listed in this section.

Name of Individual (first, middle, last) Social Security number Date of Birth (mm/dd/yyyy)

U.S. residential street address (cannot be a PO Box or mail drop) City State ZIP code

Email address Daytime phone Evening phone

4. Signature(s)

I acknowledge that Allspring Funds is required by law to obtain certain personal information, which will be used to verify the identity of persons who control and beneficially own certain legal entities, and that an account may not be opened if I do not provide this information. I further acknowledge that Allspring Funds reserves the right to close the account, or take other reasonable steps, if it is unable to verify each person's identity.

I certify, whether acting individually or in a fiduciary role, that I have the authority to act on behalf of the named organization, and to the best of my knowledge that the information provided is true and correct.

Note: Two signature lines are provided if the organization in Section 1 requires two signatures for this type of request.

X

Signature of authorized signer

Date

X

Signature of authorized signer

Date

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

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

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