

# Change of Registration for Nonretirement Assets Due to Death



Complete this form to update the registration of all or a portion of an existing Allspring Funds account due to death. If you have questions, call **1-800-222-8222**.

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

Correspondence Reference Number (if applicable): \_\_\_\_\_

## 1. Deceased account owner information (please print)

\_\_\_\_\_  
Name of decedent (first, middle initial, last) Social Security number Date of Death (mm/dd/yyyy)

*Important note: Certain states require an **inheritance tax waiver** for the deceased owner (please consult with a tax advisor).*

How are you associated with the decedent's account?

- Surviving Owner       Custodian/Successor Custodian       Affiant (for non-probated estates)  
 TOD or POD Beneficiary\*       Successor Trustee       Executor/Personal Representative/Administrator

*\*If there are multiple beneficiaries, each beneficiary must complete a separate new account application.*

## 2. Transfer from

To list additional transfer instructions, include all information in this section on a separate sheet.

**Full balance transfer**

List the decedent's current fund and account number(s) for a full transfer.

\_\_\_\_\_  
Fund number and account number Fund number and account number

\_\_\_\_\_  
Fund number and account number Fund number and account number

**Partial balance transfer:** \$ \_\_\_\_\_ or \_\_\_\_\_ shares

List the decedent's current fund and account number(s) for a partial transfer.

\_\_\_\_\_  
Fund number and account number Fund number and account number

\_\_\_\_\_  
Fund number and account number Fund number and account number

*Note: TOD or POD beneficiaries will receive the portion of the account per the designation on file.*

**If the address for the decedent's original account(s) should be updated for delivery of account statements and any required tax forms, please list the new address below:**

\_\_\_\_\_  
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

## 3. Transfer to

Please note that assets will be transferred into the same fund(s) held by the decedent. Select one of the following:

- Transfer the assets listed in Section 2 of this form to a **new** Allspring Funds account in the following name(s):  
**(A New Account Application, signed by all authorized individuals, is required to complete this request even if your intent is to close the account.)**

\_\_\_\_\_  
Name of individual(s), custodian, estate, or name of trust and trustee(s)

- Transfer the assets listed in Section 2 of this form to an **existing** Allspring Funds account.

\_\_\_\_\_  
Fund and account number

## 4. Cost basis for inherited assets

Please consult a tax advisor with assistance in completing the appropriate information below:

- A. For **individually** owned assets, beneficiaries will receive the Fair Market Value (FMV) based on the price per share on the decedent's date of death as the basis for their portion of inherited shares unless the personal representative or affiant provides a different cost basis. If so, please include written and signed instructions.
- B. For assets owned by **more than one** tenant:

Apply the FMV on the decedent's date of death using one the following (please select **one**):

The decedent's percentage of the account for basis reporting: \_\_\_\_\_%

*Shares will receive the FMV on the decedent's date of death and shares will receive a long-term holding period for subsequent redemptions.*

The surviving/remaining tenant's percentage of the account for basis reporting: \_\_\_\_\_%  
**Total must equal 100%**

*Shares will retain the original cost and holding period from the previous account.*

Apply the specific instructions or alternate value indicated on the signed written statement that I have included with this form. *(Please include the fund and account number, the adjust basis dollar amount and the share amount on the written request.)*

## 5. Signature(s)

To complete this request, each signature must have a **separate** Medallion Guarantee.

X

\_\_\_\_\_  
Signature of surviving account owner, beneficiary, personal representative, trustee, custodian or other authorized individual

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date

Medallion Guarantee\*\*

X

\_\_\_\_\_  
Signature of surviving account owner, co-personal representative, co-trustee or other authorized individual

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date

Medallion Guarantee\*\*

\*\* 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.**

### Mail

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

### Overnight

Allspring Funds  
430 W. 7th Street, STE 219967  
Kansas City, MO 64105

#### Before you mail, have you:

- Completed Sections 1 through 4 of this form?
- Had your signature(s) **Medallion Guaranteed** in Section 5?
- Included a completed and signed New Account Application (required unless transferring to an existing account)?
- Included an Advisor Trading Authorization form (if the new account owners are working with a financial advisor)?