

3. Designation of primary death beneficiary(ies) (optional)

To name additional primary death beneficiaries or to name secondary death beneficiaries, include all information in this section on a separate sheet.

A death beneficiary(ies) may be designated to receive the Coverdell Education Savings Account funds in the event of the designated beneficiary's death. The death beneficiary(ies) must be designated by name, and the sum of the percentages for all primary death beneficiaries must equal 100%. Unless noted, we will assume equal distribution among death beneficiaries. Refer to the Coverdell Education Savings Account Custodial Agreement and Disclosures document for additional details on death beneficiary designations.

Name of primary death beneficiary (first, middle initial, last)			Name of primary death beneficiary (first, middle initial, last)		
Mailing address			Mailing address		
City	State	ZIP code	City	State	ZIP code
Social Security number			Social Security number		
Date of birth (mm/dd/yyyy)	Relationship	Percentage %	Date of birth (mm/dd/yyyy)	Relationship	Percentage %

4. Establish account options



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

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 Coverdell Education Savings Account. There is a \$50 minimum per investment, per account.

Fund name	\$	Amount	Fund name	\$	Amount
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Investment frequency: 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.

All AIP purchases made between January 1 and April 15 are to be considered (choose one):

Current-year purchases Prior-year purchases

If no box is checked, all investments will be considered current-year purchases. Any changes to this election must be made in writing prior to the purchase taking place. When establishing an AIP on a Coverdell Education Savings Account, the responsible individual must calculate the amount to be invested. Overcontributions may result in IRS penalties.

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 by phone to have money sent to the responsible individual's address of record or 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. A purchase into your account will be considered a contribution. 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.

5. Bank information

To establish account options by EFT at any time, your bank account registration MUST have one name in common with the Allspring Funds responsible individual. 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.

6. Sales charge waivers (class A only)

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.

7. Signatures

I acknowledge that I have received the Coverdell Education Savings Account Custodial Agreement and Disclosures document. I adopt the terms of the Coverdell Education Savings Account Custodial Agreement and Disclosures document and understand that it may be revised from time to time. I appoint and authorize the Custodian or its agent to perform those functions and the appropriate administrative services specified. 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 am of legal age and 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 understand that the following fees may be collected by redeeming sufficient shares from each fund account balance: an annual \$10 maintenance fee per fund (\$30 maximum) and a \$10 account closing fee. The fee schedule is subject to change.

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 that the information I have provided on this application—and all future information I will provide with respect to my account—is true, complete, and correct.

To complete the application, you must sign here.

X

Signature of responsible individual

Print name

Date

X

Signature of depositor (if different than responsible individual)

Print name

Date

Before you mail, have you:

Completed Sections 1 and 2?

Signed in Section 7?

Included a preprinted, voided check (if applicable)?

Completed and enclosed an IRA/Education Savings Account Transfer form (if applicable)?

Enclosed your check made payable to Allspring Funds?