

IRA Application



Complete this application to establish a Allspring Funds traditional IRA, Roth IRA, or SEP-IRA. If you are opening more than one type of IRA, complete a separate IRA Application for each IRA. For share class eligibility, please refer to the prospectus. If you have questions or would like help completing this form, contact your FA or call **1-800-222-8222**.

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

1. Registration and mailing address (please print)

Choose one:
 Individual IRA
 Minor IRA
 SIMPLE IRA

IMPORTANT INFORMATION: Federal law requires that we obtain your name, street address, date of birth, and Social Security number prior to opening the account. If you are establishing an account as attorney-in-fact on behalf of the account owner, contact Allspring Funds for instructions on properly establishing the account.

Name of account owner or guardian (first, middle initial, last) Social Security number Date of birth (mm/dd/yyyy)

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

Email address Daytime phone Evening phone

Citizenship: U.S. citizen Resident alien Nonresident alien (specify country of tax residency) _____

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

For a minor IRA (complete the following):

Name of minor (first, middle initial, last) Social Security number Date of birth (mm/dd/yyyy)

For a SIMPLE or SEP IRA (complete the following):

Name of employer Contact name (if known) Employer's group number

Mailing address for employer City State ZIP code

2. Type of IRA

If no tax year is indicated, your contribution will be coded for the current tax year.

Choose one type of IRA:

Traditional IRA (choose one):

Individual account For tax year _____ or Rollover from another traditional IRA

Direct rollover/transfer (Complete an IRA Transfer form and/or any additional form(s) required by your plan administrator.)

IRA to IRA or Rollover IRA to rollover IRA or Employer retirement plan (403(b), 401(k), 457 governmental plan) to IRA

IRA recharacterization (Complete an IRA Recharacterization form.)

Roth IRA (choose one):

Individual account For tax year _____ or Rollover from another Roth IRA

Conversion of assets (Complete a Roth IRA Conversion form.)

2. Type of IRA (continued)

- Direct rollover/transfer** (Complete an IRA Transfer form and/or any additional form(s) required by your plan administrator.)
- Roth IRA to Roth IRA or Qualified plan (Roth 403(b) or Roth 401(k)) to Roth IRA or
- Employer retirement plan (non-Roth 403(b), 401(k), 457 governmental plan) to Roth IRA
- IRA recharacterization** (Complete an IRA Recharacterization form.)
- SEP-IRA (Simplified Employee Pension Plan)** Each employee must complete an IRA Application, and the employer must complete IRS Form 5305-SEP. Contribution or Rollover or transfer from another SEP-IRA (Complete an IRA Transfer form.)
- SIMPLE IRA** Each employee must complete an IRA application, and the employer must complete all applicable paperwork to establish the plan. For contributions, have your employer send this application with your first contribution to your account.
- Contribution or Rollover or transfer from another SIMPLE IRA (Complete an IRA Transfer form.)

3. Establish primary beneficiary(ies)

To name additional primary beneficiaries or to name secondary beneficiaries, include all information in this section on a separate sheet. Unless noted, Allspring Funds will assume equal distribution among beneficiaries.

Note: Beneficiaries cannot be named for minor IRAs.

Name of beneficiary (first, middle initial, last) or entity			Name of beneficiary (first, middle initial, last) or entity		
Mailing address			Mailing address		
City	State	ZIP code	City	State	ZIP code
Beneficiary's Social Security/taxpayer ID number			Beneficiary's Social Security/taxpayer ID number		
Date of birth (mm/dd/yyyy)	Relationship	Percentage %	Date of birth (mm/dd/yyyy)	Relationship	Percentage %

Spousal consent: For use by the IRA owner who resides in or establishes an IRA in a community or marital property state, including, but not limited to, Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin, and names a beneficiary other than his or her spouse.

It is your responsibility to determine whether spousal consent is necessary. Failure to have your spouse sign below may invalidate your beneficiary designation for a portion of your IRA. Please consult your tax or legal advisor if you have questions about this section.

I am the spouse of the IRA owner named above. I understand that my spouse is naming a primary beneficiary for the IRA other than me. I approve and consent to the naming of said beneficiary, and I hereby transmute (transfer) and partition any community or marital property interest I have, or would otherwise acquire, in this IRA into the separate property of my spouse for disposition consistent with this designation.

X

Signature of spouse

Print name

Date

4. Consent for edocuments

I would like to receive my account statements, transaction confirmations, fund prospectuses (and prospectus supplements), annual reports, semiannual reports, and shareholder notices electronically. If I do not consent below, I understand that I will receive my documents/statements in paper format.

- I consent to delivery of my fund documents/statements in electronic format and have provided my email address in Section 1 of this application.

I understand that I will receive an email notice indicating that the most recent documents or statements are available for viewing and downloading at **allspringglobal.com** and that I will need to establish a login ID and password in order to view these materials. I may change my electronic delivery preferences or unsubscribe from eDocuments at any time by logging into my account online or by calling **1-800-222-8222**.

5. Fund selection

To prevent delays in opening your account, be sure to choose a fund.

There is a minimum investment per fund. **Refer to the prospectus for minimum investment amounts and possible fund restrictions and fees. To waive the minimum investment per fund, you may establish an automatic investment plan (AIP) of \$50 or more in Section 7 of this application.**

Make check payable to Allspring Funds. We do not accept cash, starter checks, checks drawn on banks outside the United States, or credit card checks.

For SIMPLE IRAs, future contributions will be purchased according to the allocation indicated below. The minimum investment per fund is \$25 per contribution. **Note:** Percentages must be listed as whole numbers only.

	Initial investment or investment allocation	
_____ Fund name and share class	\$ _____	or _____ %
_____ Fund name and share class	\$ _____	or _____ %
_____ Fund name and share class	\$ _____	or _____ %
_____ Fund name and share class	\$ _____	or _____ %
_____ Fund name and share class	\$ _____	or _____ %

6. Notice of withholding upon distribution

You will need to provide a withholding election each time you request a distribution by phone or in writing from your traditional IRA, SIMPLE IRA, or SEP-IRA. If no withholding election is made at the time of distribution, IRS regulations require that 10% federal income tax withholding be taken from your distributions.

Important state tax withholding information: Certain states require us to withhold state income tax from your distributions. If you reside in a state that requires withholding, we will withhold state income tax in accordance with the respective state's rules. Contact your tax advisor or your state tax authority for questions specific to your situation.

7. 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 IRA, unless the account is a beneficiary IRA. There is a \$50 minimum per investment, per account.

_____ Fund name \$ _____ Amount _____ Fund name \$ _____ Amount

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 an IRA, the IRA holder is responsible for calculating 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 owner/guardian's address of record or bank account (via EFT or wire) if a preprinted, voided check is provided. A redemption from your account will be considered an IRA distribution. This option will be added to your account unless you check the following box:

I do **not** want the redemption option.

Express purchase (For traditional and Roth IRAs only)—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 an IRA contribution. If a preprinted, voided check is provided, this option will be added to your traditional or Roth IRA unless you check the following box:

I do **not** want the express purchase option.

8. Bank information

To establish account options by EFT at any time, your bank account registration MUST have one name in common with your Allspring Funds account registration for the purchase option. For the redemption option, all Allspring Funds account owners must be listed in the bank account registration. 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.

9. Reduced sales charges or waivers (class A only)

If you qualify for a reduced sales charge or waiver, please complete the applicable section below.

Net asset value purchases. If you qualify for Class A purchases to be made without a sales charge, please check the appropriate box below, if applicable.

- 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.

Rights of accumulation. To qualify for sales discounts on Class A shares, list below (or include on a separate sheet) the account numbers of other Class A, Class B, or Class C shares of the fund(s) for which you—or your spouse/domestic partner or your child/grandchild (under the age of 21)—are the account owner.

Fund and account number

Fund and account number

Letter of intent (LOI). I agree to the LOI conditions set forth below and as further described in the applicable fund prospectus. Although I am not obligated to do so, I intend to make future investments over the next 13 months of eligible shares in the funds in an aggregate amount at least equal to:

\$50,000 \$100,000 \$250,000 \$500,000 \$1,000,000 Other \$ _____

I acknowledge and understand that each investment will be made at the public offering price applicable to a single transaction of the dollar amount specified in this LOI; that the reduced sales charges may vary for different funds and are subject to change; and that Class A, Class B, or Class C shares of a fund may be combined when determining the reduced sales charge, subject to certain restrictions.

10. Financial advisor information (complete only if you are designating a financial advisor on your account)

Name of FA (first, last)

Name of dealer

Rep number

Branch number

Street address

City

State

ZIP code

Daytime phone

Fax number

Registered Investment Advisors (RIAs) cannot be added to any accounts. The FA represents and warrants that he/she is registered as an investment advisor with the Securities and Exchange Commission (SEC) and under the laws of each state in which he/she does or intends to do business or is exempt from such registration or that he/she is a registered representative of a licensed broker/dealer, and to the best of the FA's knowledge, no proceeding, enforcement action, disciplinary action, investigation, or arbitration by or before the SEC or any self-regulatory organization is pending against

10. Financial advisor information (continued)

the FA. The FA agrees to indemnify and hold Allspring Funds harmless for any loss, cost, or damage (including reasonable attorneys' fees) resulting from acting upon any verbal, written, or electronic instructions that Allspring Funds believes to have originated from the FA or other authorized individuals in connection with this authorization.

If the FA is the addressee of record for the account owner's account(s) in Section 1 of this application, the FA agrees to promptly forward all prospectuses, shareholder reports, and other regulatory mailings from Allspring Funds required by rule, statute, or other applicable regulation to be provided to the account owner. To the extent that the FA describes or distributes performance information concerning a fund, the FA agrees to obtain from Allspring Funds and disseminate to his/her clients or prospective clients the most current performance information relating to the funds. The FA further agrees that he/she will not: alter or change in any respect any sales materials relating to the funds provided to him/her by Allspring Funds without the prior consent of Allspring Funds; distribute, disseminate, or publish any sales materials regarding Allspring Funds or the funds that are misleading or otherwise in violation of applicable law; and/or disseminate any sales materials marked "For Institutional Investor Use Only" or similarly restricted as to distribution.

The FA must sign and date here or the application will be returned.

X _____
Signature of FA

_____ Date

11. Signature

I acknowledge that I have received the applicable IRA Custodial Agreement and Disclosure Statement. I adopt the terms of the IRA Custodial Agreement 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 IRA account or any Allspring Funds which I invest in through this IRA 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.

If I am opening a traditional IRA or Roth IRA with a distribution from an employer-sponsored retirement plan, I elect to treat the distribution as a partial or total distribution and certify that the distribution qualifies as a rollover contribution. If I am opening a beneficiary IRA or am a nonspousal beneficiary of a deceased participant in an employer-qualified plan, 403(b) arrangement, or eligible governmental 457 plan, I acknowledge that the required minimum distribution rules for a beneficiary apply to the IRA and that I am responsible for providing the custodian with appropriate withdrawal instructions to satisfy such rules. Failure to withdraw amounts as needed to satisfy such rules may result in significant penalty taxes. 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 and can be viewed at allspringglobal.com/fees.

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.

The following provisions only apply if you are designating an FA on your account in Section 10:

I hereby authorize the FA designated on this application and individuals acting on behalf of the FA (collectively, authorized individuals) to have full access to my account and acknowledge that they may receive duplicate account statements. I authorize these individuals to execute documents and act on my behalf, in accordance with Allspring Funds procedures. I understand that this does not grant the authorized individuals discretionary control over my account but allows them to act according to the instructions I provide to them.

I understand that if I do not want to authorize the FA to act on my behalf, I must check the box below.

I do not authorize my FA to act on my behalf, but he/she may receive duplicate account statements.

To the extent authorized above, Allspring Funds may treat the authorized individuals as authorized to act for me and on my behalf in the same manner and with the same force and effect as I could. I agree to notify Allspring Funds in writing immediately if this authority is revoked and further agree that, in the case of my death, disability, incapacity, or incompetency, Allspring Funds may continue to act on the instructions of the authorized individuals for a reasonable period after Allspring Funds is notified in writing that my authorization has been terminated or revoked. I agree that Allspring Funds is not responsible for suitability of investment recommendations or transactions initiated by the authorized individuals on my behalf. I further agree to indemnify and hold Allspring Funds harmless from acting upon any transactions on my account in Allspring Funds resulting from verbal, written, or electronic instructions that Allspring Funds reasonably believes to have originated from any and all acts of the authorized individuals.

II. Signature (continued)

I acknowledge that the authorized individuals are not Allspring Funds employees or agents and that Allspring Funds pays no compensation to the authorized individuals for recommending Allspring Funds mutual funds. I understand that the authorized individuals are authorized to deduct advisory fees directly from my Allspring Funds account. I further understand that they may simultaneously send me a copy of any advisory fee bill that they submit to Allspring Funds and that it will be my responsibility to verify the amount of any such bill and to promptly notify Allspring Funds of any errors.

If the authorized individuals are the addressees of record for my account(s), I acknowledge and agree that the authorized individuals shall receive all confirmations and other regulatory mailings regarding the fund(s) and that the authorized individuals are also responsible for forwarding to me all prospectuses, shareholder reports, and other regulatory mailings from Allspring Funds required to be provided to me under applicable federal, state, or other applicable securities laws or rules and regulations of any self-regulatory organization.

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. An original signature is required.

X	_____	_____	_____
	Signature of owner or guardian (if IRA owner is a minor)	Print name	Date
X	_____	_____	_____
	Signature of owner or guardian (if IRA owner is a minor)	Print name	Date

Before you mail, have you:

<input type="checkbox"/> Completed Section 1?	<input type="checkbox"/> Completed and enclosed an IRA Transfer form (if applicable)?
<input type="checkbox"/> Indicated a fund selection in Section 5?	<input type="checkbox"/> Included a preprinted, voided check (if applicable)?
<input type="checkbox"/> Checked a box in Section 9?	<input type="checkbox"/> Enclosed your check (if applicable) made payable to Allspring Funds?
<input type="checkbox"/> Signed your application in Section 11?	<input type="checkbox"/> Enclosed your check made payable to Allspring Funds?
<input type="checkbox"/> Had your employer sign in Section 11 (if applicable)?	

Mail

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

Overnight

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Kansas City, MO 64105