

# Request for Change of Registration



## To a trust

Complete this form to transfer ownership of all or a portion of an existing Allspring Funds account. If you have questions, call **1-800-222-8222**.

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

### Transfer of ownership to (check one of the following):

**Reregister an individual or joint tenant account to a trust.**

1. All current account owners must have their signature(s) **Medallion Guaranteed** on this completed form.

2. The trustee(s) must:

- Complete Supplement B if the trust is not reported under your Social Security number.
- Complete and sign the New Account Application if you are not transferring the shares to an existing Allspring Funds account.

**Note:** Include a copy of the title and signature pages of the trust document with the New Account Application.

**Reregister due to reason not listed above, including gifting.** If you have questions, call **1-800-222-8222**.

**Note:** A new account number may be assigned for each account listed on this form. If you have the checkwriting option on your current account(s) and you are transferring the full balance, checks will not be honored once the registration has changed.

## I. Current account registration (please print)

### List the registration as the accounts are currently registered:

\_\_\_\_\_  
Name of current account owner, custodian, or trustee (first, middle initial, last) Social Security/taxpayer ID number

\_\_\_\_\_  
Name of current joint owner, co-trustee, or minor (first, middle initial, last) Social Security/taxpayer ID number

### If the address for the account(s)\* listed in Section 2 of this form has changed, please provide the new address for delivery of year-end tax forms and statements.

To change the address on accounts not listed in Section 2 of this form, provide instructions on a separate sheet.

\_\_\_\_\_  
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

\* For UGMA/UTMA or guardianship accounts, only the current custodian/guardian is authorized to change the address, except when the account is reregistered due to the death of the custodian/guardian. All future correspondence will be sent to the new address until you advise us otherwise. **Distributions to a new address will require your signature to be Medallion Guaranteed if requested within 15 days of the address change.**

## 2. Transfer from

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

**Full balance transfer**

List the current fund and account number(s):

\_\_\_\_\_  
Current fund and account number Current fund and account number

\_\_\_\_\_  
Current fund and account number Current fund and account number

Transfer accrued dividends to the new account or  Pay out the accrued dividends

**Note:** If no box is checked, all accrued dividends will be transferred to the new account.

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

List the current fund and account number(s):

\_\_\_\_\_  
Current fund and account number Current fund and account number

\_\_\_\_\_  
Current fund and account number Current fund and account number

**Note:** All accrued dividends will remain in the account.

### 3. Transfer to

Transfer the assets indicated in Section 2 of this form to:

\_\_\_\_\_  
Name of entity

- Transfer to a **new** account. (A New Account Application, signed by all authorized individuals, is required to complete this request.)
- Transfer to an **existing** account that is registered in the same name as listed above:

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

**Note:** If the entity as listed above does not have a separate account in the same fund on file, a New Account Application is required.

### 4. Signature(s) of current owner(s) or authorized individual(s)

**To complete this request, all signatures must be Medallion Guaranteed.**

**X** \_\_\_\_\_  
Signature of current account owner, custodian, trustee, guardian, or other authorized individual

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

\_\_\_\_\_  
Date

**Medallion Guarantee\***

**X** \_\_\_\_\_  
Signature of current joint account owner, 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.**

- Before you mail, have you:**  Completed Sections 1 through 3 of this form?
- Had your signature(s) **Medallion Guaranteed** in Section 4?
- Included Supplement A or B (if applicable)?
- Included a completed and signed New Account Application (required unless transferring to an existing account)?