

# UGMA/UTMA Change of Registration



Complete this form to remove the custodian from an existing Allspring Funds account registered as an UGMA or UTMA. If you have questions, call **1-800-222-8222**.

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

## Steps to remove the custodian on an UGMA / UTMA account.

1. The current custodian **or** the minor who has reached the age at which custodianship ends should complete Sections 1 through 3 and must have his or her signature **Notarized** in Section 3.
2. The former minor must complete and sign Sections 4 through 7 if the shares are not transferring to an existing Allspring Funds account.

For any of the following, please call, **1-800-222-8222**, for additional or alternative instructions:

- The UGMA / UTMA is being updated to remove and **replace a custodian** with a new custodian.
- Changing the registration of the UGMA / UTMA to anything other than an individual account (for example, adding a joint owner).
- The former minor would like to have a Financial Advisor on the updated account.
- To change the cost basis method that was on the UGMA / UTMA.
- To designate a Transfer on Death beneficiary.

## 1. Account information (please print)

### Current Account Information

\_\_\_\_\_  
Current Fund and Account Number

\_\_\_\_\_  
Current Fund and Account Number

\_\_\_\_\_  
Name of Current Custodian

### Information on minor who has reached age

\_\_\_\_\_  
Name of Former Minor (first, middle initial, last)

\_\_\_\_\_  
Social Security number

\_\_\_\_\_  
Date of birth (mm/dd/yyyy)    Phone number

\_\_\_\_\_  
Email address

\_\_\_\_\_  
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

\* Distributions to a new address will require your signature to be Medallion Guaranteed if requested within 15 days of the address change.

## 2. Transfer to

### TRANSFER THE ASSETS INDICATED IN SECTION 1 OF THIS FORM TO:

A **new** account (The former minor **must** complete Sections 4 through 7).

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

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

An **existing** account that is registered in the name of the former minor:

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

### 3. Signature(s) of current custodian or former minor

To complete this request, your signature must be notarized.

**By signing below, I certify, under penalty of perjury, that:**

- (a) I am the current custodian or owner of the assets contained in the account(s) listed on this form;
- (b) The minor has attained the legal age required by the laws of the state under which the assets were gifted or transferred;
- (c) No designation was made by the donor that requires termination of custodianship for the assets to be delayed until the owner reaches a later age;
- (d) There is no awareness of any competing claims from the custodian or a successor custodian that would prevent the assets in the account(s) from transferring into the name of the former minor only;
- (e) The former minor is a U.S. citizen, or resident alien, and (1) the Social Security or other taxpayer identification number (TIN) provided on this form is the correct TIN, and (2) the former minor is not subject to backup withholding due to an IRS notification. (Strike out the above clause if you have been notified by the IRS that you are currently subject to backup withholding).

X

\_\_\_\_\_  
Signature of former minor or current custodian

\_\_\_\_\_  
Print name (of signer)

\_\_\_\_\_  
Date Signed

**Notarization:**

State of \_\_\_\_\_ County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, \_\_\_\_\_

a Notary Public, personally appeared \_\_\_\_\_, known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same.

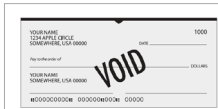
X

\_\_\_\_\_  
Signature of notary public

My commission expires: \_\_\_\_\_

**The former minor should continue to Section 4 unless the assets are being transferred to an existing account.**

## 4. Account options



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

**Contact your financial institution to confirm that the routing number on the voided check is valid for EFT and wire transactions.**

**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 account. There is a \$50 minimum per investment, per account.

Fund	Amount	Fund	Amount
Investment frequency for all funds indicated: <input type="checkbox"/> Once a month on the _____ day of the month or			
<input type="checkbox"/> 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 fails 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.*

**Payroll Direct Deposit** — You may be able to contribute to your account via payroll direct deposit. We will send information that you may forward to your employer, which includes your new account number(s). Confirm that your employer offers payroll direct deposit before selecting this option.

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

Electronically transfer distributions to the bank account indicated on the preprinted, voided check included with this form.

Mail the distribution checks to the address listed in Section 1 of this form.

**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 via the internet or by phone to have money sent to the account owner's address of record or the designated 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. 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 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.

## 6. Consent for documents

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 form.

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](http://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**.

## 7. Signature

The undersigned, whether acting individually or in a fiduciary role, 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 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 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 I am exempt from U.S. Foreign Account Tax Compliance Act (FATCA) reporting. Check below if you are subject to backup withholding.**

**If you have been notified by the IRS that you are subject to backup withholding because of underreporting interest or dividends on your tax returns, please contact us for further instruction.**

**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 form, you must sign here.

Signature of Owner

Name of Owner

Date Signed by Owner

### Mail

ALLSPRING FUNDS  
P.O. BOX 219967  
KANSAS CITY, MO 64121

### Overnight

ALLSPRING FUNDS  
430 W. 7th Street, STE 219967  
KANSAS CITY, MO 64105