

Decedent IRA New Account Application



UMB Bank, N.A., Custodian

Complete this application to establish a mutual fund Individual Retirement Account (IRA) for which you are a beneficiary and the shareowner is now deceased. *If you are a spousal beneficiary and wish to treat the account as your own, please complete the IRA New Account Application.*

Instructions:

- Complete all applicable sections of this form.
- Include your initial investment.
- Remember to sign the completed application.

Mail your application to:

abrdn Funds
P.O. Box 219534
Kansas City, MO 64121-9534

- For special delivery or overnight services, mail to:
abrdn Funds
801 Pennsylvania Ave, Suite 219534
Kansas City, MO 64105-1307
- Questions? Call 866-667-9231

Section 1 – Fund Selection

Indicate fund(s), investment amount(s) in dollars (see fund minimums listed below) and share class(es). Checks must be made payable to abrdn Funds. Note: The fund has the right to close your account after a period of inactivity, as determined by state law, and transfer your shares to the appropriate state.

Account number

Important Information

An annual custodial fee of \$15 will be charged to each IRA holder. Only one fee will be charged no matter how many IRAs exist for the IRA holder. The custodial fee will be deducted from the IRA holder's account, unless paid by separate check prior to December 1 of each year. Your check should be made payable to abrdn Funds and clearly marked "IRA Custodial Fee."

abrdn Funds

(\$1,000 minimum initial investment per fund; \$50 minimum subsequent deposits by check. To start an Automatic Asset Accumulation plan, \$1,000 minimum initial investment per fund, \$50 minimum subsequent investments.)

Equity Series	Investment Amount	Class A Shares	Ticker Symbol	Class C Shares	Ticker Symbol
abrdn China A Share Equity Fund	\$	5190	GOPAX	5390	GOPCX
abrdn Dynamic Dividend Fund	\$	3791	ADAVX		
abrdn Emerging Markets ex-China Fund	\$	5556	GLLAX	5211	GLLCX
abrdn Emerging Markets Fund	\$	5140	GEGAX	5340	GEGCX
abrdn Focused Emerging Markets ex-China Fund	\$	5199	JETAX		
abrdn Global Infrastructure Fund	\$	3789	AIAFX		
abrdn International Small Cap Fund	\$	5180	WVCCX	5380	CPVCX
abrdn Real Estate Fund	\$	3787	AIAGX		
abrdn U.S. Small Cap Equity Fund	\$	5982	GSXAX	5201	GSXCX
abrdn U.S. Sustainable Leaders Fund	\$	5101	GXXAX		
Fixed Income Series					
abrdn High Income Opportunities Fund	\$	5197	BJBHX		
abrdn Infrastructure Debt Fund	\$	5181	CUGAX		

Section 2a - Account Registration

IMPORTANT INFORMATION ABOUT PROCEDURES WHEN OPENING A NEW ACCOUNT: To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means for you: When you open an account, we may ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Mr. Mrs. Ms.

Individual First Name/Initial/Last Name

/ / - -

Date of Birth (m/d/yyyy) Social Security Number

Legal Residence (No P.O. Boxes)

City State ZIP

Residential Phone Number Business Phone Number

Mailing Address (if different from the Legal Residence)

City State ZIP

Section 2b – Trust, Estate, Minor, or Business Registration

Completion of Section 2 and 3 is required if registering the Decedent IRA to a Business Entity; see Section 2 for entity types.

Name of Trust, Estate, Minor, or Business Entity

– – / /
Social Security Number or Tax ID Number Date of Birth (m/d/yyyy)

Full Legal Name of Trustee, Executor, Custodian, Officer (First, MI, Last, Suffix)

– – / /
Social Security Number or Tax ID Number Date of Birth (m/d/yyyy)

Street Address

City State ZIP

Mailing Address (if different)

City State ZIP

Residential Phone Number Business Phone Number

Email Address

Full Legal Name of Co-Trustee, Co-Executor, Minor (First, MI, Last, Suffix)

– – / /
Social Security Number or Tax ID Number Date of Birth (m/d/yyyy)

Street Address

City State ZIP

Mailing Address (if different)

City State ZIP

Residential Phone Number Business Phone Number

Email Address

Section 3 - Citizenship

☐ U.S. citizen ☐ U.S. resident alien ☐ Non-resident alien (Attach IRS Form W-8. Dividends are subject to tax withholding.)

Note: For non-resident aliens, in addition to submitting an IRS Form W-8, the following is required: an individual tax identification number, passport number with country of issuance, alien identification card number, or number with country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard and a copy of the document. Please indicate form of identification:

☐ Alien ID Card ☐ Passport ☐ Other

Alternate identification number

Issuing body

Country of origin

Are you or the joint owner or any member of your immediate family affiliated with or employed by a member of a stock exchange or member of the Financial Industry Regulatory Authority (FINRA)?

☐ No ☐ Yes

If Yes, What is the affiliation?

Are you or the joint owner a current or former employee, representative, or agent of a foreign (non-U.S.) government or any agency or instrumentality of a foreign (non-U.S.) government, including the military?

☐ No ☐ Yes

If Yes, please provide details, including all positions and titles held, and dates held.

Within the past five years, has any immediate family member of you or the joint owner been an employee, representative or agent of a foreign (non-U.S.) government or any agency or instrumentality of a foreign (non-U.S.) government, including the military?

☐ No ☐ Yes

If Yes, please provide details, including all positions and titles held, and dates held.

Section 4 – Relationship to Original IRA Owner

The Setting Every Community Up for Retirement Enhancement Act made changes to rules related to retirement accounts, including required minimum distribution (RMD) rules (which impacts unclaimed property (escheatment) laws of certain states). Accordingly, you must identify your beneficiary relationship with the original owner of the IRA/Roth IRA. If you need further guidance, please contact your tax advisor.

Please select only one beneficiary type:

First Generation Beneficiary Options: (Inheriting Directly from the Original IRA Owner).

First Generation Non-Designated Beneficiary (1st Gen NDB)

Select this option if the inherited IRA is being transferred to an entity beneficiary (estate, charity, trust)

First Generation Eligible Designated Sole Spouse Beneficiary (1st Gen EDB-Sole Spouse)

Select this option if you are a sole spouse and you are not electing to treat as your own IRA.

First Generation Eligible Designated Minor Beneficiary of Deceased Owner (1st Gen EDB-Minor) Select this option if the inherited IRA is for a minor (under the age of 18) who is a direct descendent (son or daughter) of the deceased shareholder.

First Generation Eligible Designated Beneficiary – Other (1st Gen DB) Select this option if you are eligible for Life Expectancy payments (chronically ill beneficiary, disabled beneficiary, eligible designated beneficiary less than 10 years younger than original account owner.)

First Generation Designated Beneficiary

Select this option if you are not eligible for Life Expectancy (sibling of deceased, grandchild of deceased, child over the age of 18.)

Succeeding Generation Beneficiary Options: (Inheriting from the Original IRA Owner's beneficiary)

Succeeding Generation Beneficiary when First Generation was Eligible Designated Sole Spouse Beneficiary (2nd or > Gen EDB-Sole Spouse) Select this option if you are a second generation or greater beneficiary when the first generation beneficiary was an Eligible Designated Sole Spouse.

Succeeding Generation Beneficiary when First generation was Eligible Designated Minor of Deceased Owner (2nd or > Gen EDB-Minor) Select this option if you are a second generation or greater beneficiary when the first generation beneficiary was a minor son or daughter (under the age of 18) of the original accountowner.

Succeeding Generation Beneficiary when First Generation was Eligible Designated Beneficiary – Other (2nd or > Gen EDB-Other) Select this option if you are a second generation or greater beneficiary when the first generation beneficiary was eligible for Life Expectancy payments and was not the sole spouse or minor direct decedent of the original account owner.

Succeeding Generation Beneficiary when First Generation was a Designated Beneficiary (2nd or > Gen DB) Select this option if you are a second generation or greater beneficiary when the first generation beneficiary was a designated beneficiary who was not eligible for Life Expectancy payments.

Prior Owner(s) of IRA/Roth IRA – Succeeding Generation Beneficiary

Complete only if you selected one of the Succeeding Generation Beneficiary options above. Please provide all previous owner information of this IRA/Roth IRA.

Previous IRA Owner Full Name

/ /

Date of Birth (m/d/yyyy)

/ /

Date of Death (m/d/yyyy)

Previous IRA Owner Full Name

/ /

Date of Birth (m/d/yyyy)

/ /

Date of Death (m/d/yyyy)

Section 5 - Decedent IRA Installment Distribution/RMD Selection

Complete this section to indicate the type of distribution for the inherited IRA/Roth IRA. *If you need further guidance, please contact your tax advisor.*

Section 5a - IRA Owners Over RMD Age - Not applicable for Roth IRAs

Important transfer restriction for owners that were over the RMD age. In the year of the owner's death, any unpaid RMD amounts for that year cannot be transferred to your IRA. These amounts must be paid to you.**

Check and complete if applicable.

Distribute the amount of the remaining RMD in a single payment.

_____ was calculating the RMD amount.

Client Name _____

Please distribute \$ _____ to satisfy the remaining RMD.

Send distributions to my bank account. Complete Section 6. If this box is not checked, a check will be sent to the address of record.

* RMD age is 70½ if the account owner's date of birth was on or before June 30, 1949. RMD age is 72 if the account owner's date of birth was after June 30, 1949. ** Under the CARES Act, RMDs were waived for calendar year 2020.

Section 5b - Beneficiary Installment Distribution Instructions

Select the appropriate installment instructions for the reported beneficiary type listed above for the inherited IRA/Roth IRA.

Spouse Beneficiary Options

Life Expectancy Payment (Distributions may be no later than December 31st of the calendar year immediately following the year in which the IRA owner died.)

Pay the total account balance over the applicable life expectancy beginning on

_____ Month

_____ Year

Note: Life expectancy payments will be calculated using the birth date of the beneficiary. If the original account owner died prior to January 1, 2020, you can elect to have life expectancy calculated on the original account owner's date of birth or the beneficiary's date of birth.

Request a Distribution

Establish systematic distribution of (\$) _____ over a period of _____ years/ _____ months.

Non-Spouse Non-Designated Beneficiary Options

If the non-spouse beneficiary is an entity (i.e., the estate, a charity or a non-qualified trust) the only option for such beneficiaries of (1) traditional IRAs if the IRA owner died before RMD age, or (2) Roth IRAs, is to distribute the full balance by the end of the fifth calendar year following the year of the IRA owner's death.

Request a Distribution

Establish systematic distribution of (\$) _____ over a period of 5 years.

Request a distribution in the future.

Non-Spouse Eligible Designated Beneficiary Options

If the beneficiary is an "eligible designated beneficiary," such beneficiary may receive RMDs calculated with reference to his or her life expectancy. An "eligible designated beneficiary" is any individual who is the surviving spouse of the IRA owner, a child of the IRA owner who has not attained the age of 18 (upon such child attaining the age of majority any remaining assets must be distributed no later than the end of the tenth calendar year after the calendar year in which the child reaches the age of 18); certain disabled and chronically ill individuals, and an individual not listed above who is less than 10 years younger than the IRA owner. *Please consult with your tax advisor to determine if you qualify as an eligible designated beneficiary.*

Life Expectancy Payment

Pay the total account balance over the applicable life expectancy beginning on

_____ Month

_____ Year

Request a Distribution

Establish systematic distribution of (\$) _____ to begin with

Request a distribution in the future.

_____ Month

_____ Year

Section 5b – Beneficiary Installment Distribution Instructions (continued)

Designated Beneficiary Options

As a general rule, for an IRA owner who died on or after January 1, 2020 the assets in the traditional or Roth IRA must be distributed to the designated beneficiary by the end of the tenth calendar year following the year of the IRA owner's death.

Request a Distribution

Establish systematic distribution of (\$) over a period of 10 years.

Request a distribution in the future.

Section 5c – Optional Shareholder Privileges

A. Telephone Privileges

Unless indicated below, I authorize abrdn Funds to accept instructions from any authorized owner to exchange shares in my account(s) by telephone, in accordance with the procedures and conditions covered in the Prospectus.

I do **NOT** want the Telephone Exchange Privilege.

B. Household Delivery of Documents

Unless you elect otherwise below, we will automatically deliver to your address only one copy of any prospectus or financial report mailed by abrdn Funds to shareholders, even if more than one person at your address is a shareholder of abrdn Funds. By "householding" these mailings, we can reduce the volume of mail you receive from us and help reduce fund expenses. Please note that you may continue to receive multiple mailings if you or others at your address hold abrdn Fund shares through a broker or other financial institution.

I do not wish to participate in householding. Please send me my own prospectus and financial reports.

Section 6 – Bank Account Information

A signature guarantee is required if the name(s) on your bank account are not identical to the name(s) on your abrdn Funds account.

This option will be effective following verification from your financial institution. Please allow up to 30 days to change or discontinue this feature.

I authorize abrdn Funds to add bank Automated Clearing House (ACH) purchase and ACH redemption information to my Fund account.

Bank Name

Bank Account Registration

Account type: Checking Saving

Bank Routing Number (Located in the bottom left corner of your check. If you cannot find this number, your bank will provide it to you.)

Bank Account Number

Please check the transaction box that the bank account information pertains to:

Wire Electronic (ACH) Both

Section 7 - Investment Professional

The Broker-Dealer signing below authorizes the abrdn Funds' transfer agent to act as agent in connection with transactions under this application.

Name of Broker-Dealer Firm

Branch Street Address (Number and Street) Apt. #

City State ZIP

Phone Number

Name of Investment Professional

Investment Professional #

Dealer #

Branch #

Authorized Signature of Broker-Dealer

 / /
Date of Birth (m/d/yyyy)

Section 8 – Certification and Signatures

A. Tax Certification

CERTIFICATION INSTRUCTIONS—You must cross out item 2 below if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement account (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct social security or taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien) or a non-resident alien who has executed a Form W-8.

The internal revenue service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Account Owner Initials

Joint Account Owner Initials

B. Customer Terms

I have received and read the current prospectus(es) and privacy notice of the fund(s) selected, and this Account Registration Form, and agree to be bound by their terms. I hereby acknowledge that I have read, understand and agree to the terms set forth in this document. I hereby represent that the information provided in this document accurately reflects my account registration, citizenship and tax certification, and I will abide by the terms and conditions as currently in effect.

Account Owner Initials

C. Acknowledgement For IRA's

Depositor and Custodian hereby adopt an agreement establishing an Individual Retirement Account utilizing the language of the Individual Retirement Account Custodial Agreement and as supplemented by the provisions of this application. Depositor acknowledges receipt of a copy of the applicable Individual Retirement Account Custodial Agreement and the required disclosure statement. Depositor acknowledges:

(1) That he or she is of legal age to establish this IRA Custodial Account and a copy of the applicable fund prospectuses was received and read prior to the execution of this application, and that he or she understands the fund(s) investment objectives and has determined that the fund(s) is/are a suitable investment(s) based upon his or her investment needs and financial situation, and he or she certifies that the Social Security number(s) on this form are true, correct and complete. (2) That abrdn Bank is appointed to act as agent for Depositor in buying shares for the Individual Retirement Account, and abrdn Bank is authorized to deduct all applicable fees from the account hereby established. If this is a rollover IRA account depositor certifies that it has been 60 days or less since the distribution was received.

Account Owner Name

Account Owner Signature

To assist the government in efforts to fit money laundering activities and the funding of terrorism, U.S. Federal law requires us to obtain, verify and record information that identifies each person that opens an account. Federal law also requires us to verify and record information that identifies the natural persons who control and beneficially own certain legal entities that open an account.

What this means to you: When you open an account, we will ask for the names, addresses, date of birth and other information which allows us to identify you and certain other natural persons associated with the legal entity. This information will be verified to ensure the identity of such persons.

Definition of a Legal Entity Customer

a. The Rule defines a legal entity customer as the following:

- Corporation
- Limited Liability Company
- A General Partnership
- Any other entity created by a filing with a state office or similar office
- Any similar entities formed under the laws of a non-US jurisdiction

Note: The definition also includes limited partnerships, business trusts that are created by a filing with a state office, and any other entity created in this manner.

b. **Legal entity** does not include sole proprietorships, unincorporated associations, estate-planning trusts, or natural persons opening accounts on their own behalf. In addition, it should be noted excluded from the definition are certain entities subject to Federal or State regulation and for which information about ownership and management is available from Federal or State agencies.

Purpose

The following form will need to be completed by the person opening a new account on behalf of a legal entity as defined above (section a). This form requires you to provide the name, address, date of birth and Social Security number along with a copy of their photo identification (e.g., driver's license, passport, etc.) for the following individuals:

- Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity customer (e.g., a natural person that's 25 percent or more of the shares of a corporation); and
- An individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer)
- Documentation provided must be current and in good order.

Should you have any questions or require assistance in completing the forms and other items associated with this process, please call 866-667-9231.

Certification of Beneficial Owner(s)



For individuals listed as beneficial owners and/or the control person for the entity, a copy of their photo identification must be provided (e.g., driver's license, passport, etc.). Documentation provided must be current and in good order.

All persons opening an account on behalf of a legal entity must provide the following information:

1. Last Name and title of Natural Person Opening Account 2. First Name 3. Middle Initial

4. Name and type of Legal Entity for Which the Account is Being Opened

4a. Legal Entity Address 4b. City 4c. State 4d. ZIP/Postal Code

Section 9 – (To add additional individuals, see page 3)

Please provide the following information for an individual(s), if any, who, directly or indirectly, through any contract arrangement, understanding, relationship, or otherwise owns 25% or more of the equity interests of the legal entity listed above.

Check here **if no individual meets this definition and complete Section II.**

5. Last Name 6. First Name 7. M.I.

/ /

8. Date of Birth (m/d/yyyy) 9. Address

10. City 11. State 12. ZIP/Postal

- -

13. County 14. SSN (U.S. Persons)

15. For Non-U.S. persons (SSN, Passport Number or other similar identification number) 15a. Country of issuance

Note: In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

Section 10

Please provide the following information for an individual with significant responsibility for managing or directing the entity, including, an executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or Any other individual who regularly performs similar functions.

16. Last Name 17. First Name 18. M.I.

/ /

19. Date of Birth (m/d/yyyy) 20. Address

21. City 22. State 23. ZIP/Postal

- -

24. County 25. SSN (U.S. Persons)

26. For Non-U.S. persons (SSN, Passport Number or other similar identification number) 26a. Country of issuance

Note: In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

I, / /
(name of person opening account), hereby Signature Date of Birth (m/d/yyyy)
certify, to the best of my knowledge, that the Legal Entity Identifier (Optional)
information provided above is complete
and correct.

Additional Section 11 – Second Beneficial Owner (If required)

Please provide the following information for an individual(s), if any, who, directly or indirectly, through any contract arrangement, understanding, relationship, or otherwise owns 25% or more of the equity interests of the legal entity listed above.

5. Last Name / / 6. First Name 7. M.I.

8. Date of Birth (m/d/yyyy) 9. Address

10. City 11. State 12. ZIP/Postal

13. County 14. SSN (U.S. Persons)

15. For Non-U.S. persons (SSN, Passport Number or other similar identification number) 15a. Country of issuance

Note: In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

Additional Section 11 – Third Beneficial Owner (If required)

Please provide the following information for an individual(s), if any, who, directly or indirectly, through any contract arrangement, understanding, relationship, or otherwise owns 25% or more of the equity interests of the legal entity listed above.

5. Last Name / / 6. First Name 7. M.I.

8. Date of Birth (m/d/yyyy) 9. Address

10. City 11. State 12. ZIP/Postal

13. County 14. SSN (U.S. Persons)

15. For Non-U.S. persons (SSN, Passport Number or other similar identification number) 15a. Country of issuance

Additional Section 11 – Fourth Beneficial Owner (If required)

Please provide the following information for an individual(s), if any, who, directly or indirectly, through any contract arrangement, understanding, relationship, or otherwise owns 25% or more of the equity interests of the legal entity listed above.

5. Last Name / / 6. First Name 7. M.I.

8. Date of Birth (m/d/yyyy) 9. Address

10. City 11. State 12. ZIP/Postal

13. County 14. SSN (U.S. Persons)

15. For Non-U.S. persons (SSN, Passport Number or other similar identification number) 15a. Country of issuance

Note: In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

Facts	WHAT DO abrdn FUNDS DO WITH YOUR PERSONAL INFORMATION?
Why?	Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share and protect your personal information. Please read this notice carefully to understand what we do.
What?	<p>The types of personal information we collect and share depend on the product or service you have with us. The information can include:</p> <ul style="list-style-type: none"> · Social Security/ Social Insurance number and account balance · Transaction history · Assets and Income · Investment experience · Checking account information and wire transfer instructions
How?	All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons abrdn choose to share; and whether you can limit this sharing. We do not disclose nonpublic personal information about our clients or former clients to third parties other than as described below. Where abrdn Funds does share personal information with a trusted third party, it does so under strict terms that require the information to be used only for the purpose for which it was disclosed, kept confidential and protected by appropriate security safeguards.

Reasons we can share your personal information	Do abrdn Funds share?	Can you limit this sharing?
For our everyday business purposes– Such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
For our marketing purposes– To offer our products and services to you	Yes	Yes
For joint marketing with our financial companies	No	We don't share
For our affiliate's everyday business purposes– Information about your transactions and experiences	Yes	No
For our affiliate's everyday business purposes– Information about your creditworthiness	No	We don't share
For our affiliates to market to you	No	We don't share
For our nonaffiliates to market to you	No	We don't share
To limit our sharing	For queries related to Closed End Funds, please call 1-800-522-5465. For queries related to abrdn Funds, please call 877-332-7806.	
Questions?	abrdn.com	

Who we are

Who is providing this notice?	abrdrn's North American Funds (collectively referred to as "abrdrn Funds")
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What we do

How does abrdrn protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.
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How does abrdrn collect my personal information?	<p>We collect your personal information through various means for example, when you:</p> <ul style="list-style-type: none">· Open an account or give us your contact information· Seek advice about your investments or make deposits or withdrawals from your account· Enter into an investment advisory contract· Buy securities or interests in a fund from us· Tell us where to send money <p>We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.</p>
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Why can't I limit all sharing?	<p>US Federal Law gives you the right to limit only:</p> <ul style="list-style-type: none">· Sharing for abrdrn and affiliates' everyday business purposes—information about your creditworthiness· Affiliates from using your information to market to you· Sharing for nonaffiliates to market to you <p>State or Provincial laws and individual companies may give you additional rights to limit sharing. In order to provide you with the services for which you have engaged abrdrn, the company relies on a number of third parties to provide support services, including profession, legal, accounting and technical support.</p>
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What happens when I limit sharing for an account I hold jointly with someone else?	Your choices will apply to everyone on your account.
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Definitions

Affiliates	<p>Companies related by common ownership or control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none">· <i>Our affiliates include subsidiaries of abrdrn plc, a global financial services company.</i>
Nonaffiliates	<p>Companies not related by common ownership and control. They can be financial and nonfinancial companies.</p> <ul style="list-style-type: none">· <i>abrdrn Funds does not share personal information with nonaffiliates so they can market to you.</i>
Joint marketing	<p>A formal agreement between nonaffiliated financial companies that together market financial products or services to you.</p> <ul style="list-style-type: none">· <i>abrdrn Funds don't jointly market.</i>

Other important information

This Privacy Notice is being provided by abrdrn Funds, a U.S.-registered open-end investment company, and North-American registered closed-end investment companies managed by abrdrn plc or its affiliates (collectively, North American Funds).