

IRA Beneficiary Designation Form



Return by mail:
abrdn Funds
P.O. Box 219534
Kansas City, MO 64121-9534

Return by express delivery:
abrdn Funds
801 Pennsylvania Ave, Suite 219534
Kansas City, MO 64105-1307

For more information:
abrdn
1-866-667-9231
abrdn.com/usa

*If more space is needed,
please submit two forms
or attach a second page.*

Fund and Account Number

Section 1 - Account registration

Individual (FirstName/Initial/LastName)
/ / - -
Date of Birth (m/d/yyyy) Social Security Number

Legal Residence (No P.O. Boxes)

City State ZIP

Section 2 - (Please check Primary or Contingent for each)

Primary Contingent	Relationship:	Primary Contingent	Relationship:
Individual (FirstName/Initial/LastName) / /		Individual (FirstName/Initial/LastName) / /	
Date of Birth (m/d/yyyy)	% of Share	Date of Birth (m/d/yyyy)	% of Share
Legal Residence (No P.O. Boxes)		Legal Residence (No P.O. Boxes)	
City State ZIP		City State ZIP	
Primary Contingent	Relationship:	Primary Contingent	Relationship:
Individual (FirstName/Initial/LastName) / /		Individual (FirstName/Initial/LastName) / /	
Date of Birth (m/d/yyyy)	% of Share	Date of Birth (m/d/yyyy)	% of Share
Legal Residence (No P.O. Boxes)		Legal Residence (No P.O. Boxes)	
City State ZIP		City State ZIP	

Please note: Beneficiary % of shares should add to 100%. This box represents the total of shares thus far:

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