

# Additional Permitted Subscription

APS ISA Application Form

When we say 'we' or 'us', we mean abrdn Fund Managers Limited.

## Who is this form for?

You can use this form to make an additional permitted subscription (APS) to your stocks and shares ISA.

## Filling in this form

Please ensure you have completed and returned either APS ISA Internal/External Transfer Form prior to completion of this and received confirmation of your allowance. **Please note we cannot accept an APS subscription until the APS allowance has been transferred to us.**

Subscriptions may be made in cash (complete part 3 of the form).

If you inherited your spouse or civil partners assets held by abrdn Fund Managers Limited; you may also use these assets to make a subscription. Please complete part 5 if you wish to retain the assets, or part 6 if you wish to specify your own.

An ISA may only be held in one individual's name.

If you need any help completing this form, please contact us on 0345 113 6966. Calls may be monitored and/or recorded to protect both you and us and help with our training. Call charges may vary.

If you are receiving advice from a financial adviser, you should remember that the financial adviser is acting on your behalf not only by giving you advice, but also regarding completing this form.

Please complete the sections that are applicable to you; missing information will prevent us from accepting your application.

Please use **BLOCK CAPITALS** to fill in this form. Do not use correction fluid if you make a mistake. If you need to correct a mistake, please initial any changes you make.

Please sign and date the Declaration and return this form with your cheque (where applicable) to:  
**abrdn Fund Managers Limited, PO Box 12233, Chelmsford, CM99 2EE**

## Financial adviser's details (if applicable)

Name of financial adviser:

Agent code:

Consultant code (if applicable):

Campaign code (if applicable):

## 1. Your Personal Details (mandatory section)

Mr ☐ Mrs ☐ Miss ☐ Preferred Title ☐ (please specify):

Surname:

Forename(s) in full:

Residential Address:

Other Address (if different from the residential address):

Postcode:

Postcode:

Phone:

Correspondence address ☐

Ad Hoc Address ☐

Email:

Date of birth:

Nationality:

### Important

Please provide your National Insurance Number. This is a HMRC requirement and must be completed. If you do not have one please tick the box to declare this.

National Insurance Number:

I do not have a National Insurance Number:

☐

If you are an existing abrdn client,  
please provide your investor reference here:

### Occupation (Role)

Armed forces	<input type="checkbox"/>	Clerical	<input type="checkbox"/>	Self employed	<input type="checkbox"/>	Semi-skilled worker	<input type="checkbox"/>
Clerical supervisor	<input type="checkbox"/>	House maker	<input type="checkbox"/>	Service sector	<input type="checkbox"/>	Skilled worker	<input type="checkbox"/>
Manager	<input type="checkbox"/>	Professional	<input type="checkbox"/>	Skilled worker supervisor	<input type="checkbox"/>	Student	<input type="checkbox"/>
Professional support	<input type="checkbox"/>	Retiree	<input type="checkbox"/>	Unemployed	<input type="checkbox"/>	Unskilled worker	<input type="checkbox"/>
Sales	<input type="checkbox"/>	Sales supervisor	<input type="checkbox"/>	Other:			

### Occupation (Industry)

Aerospace and defence	<input type="checkbox"/>	Agriculture, forestry and fishing	<input type="checkbox"/>	Hospitality and leisure	<input type="checkbox"/>	Insurance	<input type="checkbox"/>
Arms dealers and manufacturers	<input type="checkbox"/>	Asset and wealth management	<input type="checkbox"/>	Manufacturing	<input type="checkbox"/>	Media and entertainment	<input type="checkbox"/>
Automotive	<input type="checkbox"/>	Banking and capital markets	<input type="checkbox"/>	Minings & Minerals	<input type="checkbox"/>	Money service bureaus	<input type="checkbox"/>
Bureau De Change	<input type="checkbox"/>	Business services	<input type="checkbox"/>	Non conventional financial services	<input type="checkbox"/>	Oil and gas	<input type="checkbox"/>
Capital projects and infrastructure	<input type="checkbox"/>	Cash converters	<input type="checkbox"/>	Pharmaceutical and life sciences	<input type="checkbox"/>	Power and utilities	<input type="checkbox"/>
Charities	<input type="checkbox"/>	Chemicals	<input type="checkbox"/>	Precious metals and jewellers	<input type="checkbox"/>	Private equity	<input type="checkbox"/>
Deposit box services	<input type="checkbox"/>	Distribution	<input type="checkbox"/>	Real estate	<input type="checkbox"/>	Retail and Consumer	<input type="checkbox"/>
Education	<input type="checkbox"/>	Engineering and construction	<input type="checkbox"/>	Retail cash intensive (food/takeaway/laundrette/nail bar/beautician/convenience store)	<input type="checkbox"/>	Social services	<input type="checkbox"/>
Financial services	<input type="checkbox"/>	Foods, drink and tobacco	<input type="checkbox"/>	Sovereign Investment Funds	<input type="checkbox"/>	Technology & telecommunications	<input type="checkbox"/>
Forest Paper and Packaging	<input type="checkbox"/>	Gambling and casinos	<input type="checkbox"/>	Transport and logistics	<input type="checkbox"/>	Trustee	<input type="checkbox"/>
Government and public services	<input type="checkbox"/>	Healthcare	<input type="checkbox"/>	Other/Miscellaneous:			

Purpose of Investment:

## 1. Your Personal Details (continued)

### Source of Funds Declaration:

Dividends or Company Profits	<input type="checkbox"/>	Divorce	<input type="checkbox"/>	Maturity/surrender of Life Assurance	<input type="checkbox"/>	Sale of Investments	<input type="checkbox"/>
Earnings	<input type="checkbox"/>	Gift	<input type="checkbox"/>	Sale of Property/ Business	<input type="checkbox"/>	Savings	<input type="checkbox"/>
Inheritance	<input type="checkbox"/>	Insurance Claims	<input type="checkbox"/>	Other court award (e.g. Compensation)	<input type="checkbox"/>		
Loan	<input type="checkbox"/>	Lottery/gambling win	<input type="checkbox"/>	Other:			

### Source of Wealth Declaration:

Dividends or Company Profits	<input type="checkbox"/>	Divorce	<input type="checkbox"/>	Maturity/surrender of Life Assurance	<input type="checkbox"/>	Sale of Investments	<input type="checkbox"/>
Earnings	<input type="checkbox"/>	Gift	<input type="checkbox"/>	Sale of Property/ Business	<input type="checkbox"/>	Savings	<input type="checkbox"/>
Inheritance	<input type="checkbox"/>	Insurance Claims	<input type="checkbox"/>	Other court award (e.g. Compensation)	<input type="checkbox"/>		
Loan	<input type="checkbox"/>	Lottery/gambling win	<input type="checkbox"/>	Other:			

Any anticipated third-party payments in (payer)?

### Nominated Person:

(If you wish to nominate a person to have access to obtain information on your account on your behalf, please fill the details below – please note this person will **not** have authority to place a dealing instruction on your account or make any other changes to your account)

Nominated person's name:

Address:

Contact number:

## Part 2 – Details of the deceased (mandatory section)

Deceased's existing investor reference (if applicable):

Title:

Date of birth (DD/MM/YY):

Surname:

First names (in full):

Permanent UK residential address:  
(at date of death)

Postcode:

### Important

Please provide a National Insurance Number. This is a HMRC requirement and must be completed. If you do not know this please tick the box to declare this.

National Insurance Number:

The deceased did not have a  
National Insurance Number:

☐

Date of death  
(DD/MM/YY):

Date of marriage or civil partnership  
(DD/MM/YY):

### Part 3 – Subscription information

I (the investor) wish to subscribe £ from my APS allowance in respect of the deceased and wish to make my subscription to a Stocks & Shares ISA:

- ☐ In cash (cheque enclosed). Complete part 4.
- ☐ **In specie** (by the transfer of existing ISA investments that have remained with the ISA manager or their nominee) to the above amount or value as at date of death. Please complete part 5.
- ☐ In cash, by selling assets within the deceased ISA to fund the subscription. Please complete part 6.

**Please be aware that once an APS subscription has been made, any future subscriptions under that APS allowance MUST be made to this ISA manager and be accompanied by an APS Subscription Eligibility Declaration (please see Part 9). Not all ISA managers allow for multiple subscriptions to an APS allowance and where only a one-off APS allowance subscription is allowed any unused balance will be lost.**

### Part 4 – Your investment

#### Stocks and Shares ISA

Please refer to the Fund Information document, which can be found at <https://www.abrdn.com/en-gb/personal/log-in/abrdn-uk-funds-oeic-unit-trust/application-forms-and-operational-literature>, for details of the funds available to you and the fund codes. You can choose to invest in more than one fund.

Please show the percentage that you wish to place in each fund. Please ensure that the total percentage amounts add up to 100%.

Please note, for each fund there is a minimum lump sum amount. The minimum amounts are provided in the latest Fund Prospectus of the company which can be found at <https://www.abrdn.com/en-gb/personal/save-and-invest/abrdn-funds/literature>

A European Union directive requires fund managers to produce a Key Investor Information Document (KIID) for most funds. This document sets out key information about the fund including the objectives and risks of the fund, what it invests in and its charges. **It is important that you read the Terms and Conditions and the KIID(s) before selecting the fund.**

Our Terms and Conditions can be found at [www.abrdn.com/en-gb/personal/log-in/abrdn-uk-funds-oeic-unit-trust/application-forms-and-operational-literature](https://www.abrdn.com/en-gb/personal/log-in/abrdn-uk-funds-oeic-unit-trust/application-forms-and-operational-literature) and our KIIDs can be found at <https://www.abrdn.com/en-gb/personal/save-and-invest/abrdn-funds/literature>

Fund Code	Fund Name	Share type Inc/Acc	Investment amount %
	Please ensure the total percentage adds up to 100%.	Total	100%

## Part 5 – In Specie ISA Transfer Instruction<sup>1</sup>

Please provide the priority of funds to be transferred, if the value of these funds is more than the APS allowance we will transfer the funds in the order given.

The investments must have been held by your spouse or civil partner in an ISA with abrdn Fund Managers Limited.

The investments must still be held by abrdn Fund Managers Limited.

You cannot make an in specie APS by transferring assets from another ISA manager.

<sup>1</sup> Only complete the table below if the date of death was prior to 6 April 2018. Otherwise, please ensure the executor (s) sign below.

Fund Code	Fund Name	Share type Inc/Acc

Please note that we will need all executors to sign below

1 <sup>st</sup> Signature:	Date (DD/MM/YY):
2 <sup>nd</sup> Signature:	Date (DD/MM/YY):
3 <sup>rd</sup> Signature:	Date (DD/MM/YY):
4 <sup>th</sup> Signature:	Date (DD/MM/YY):

## Part 6 – Product Switch Instruction

Please provide the priority of funds to be transferred, if the value of these funds is more than the APS allowance, we will transfer the funds in the order given.

The investments must still be held by abrdn Fund Managers Limited. You cannot make a product switch APS subscription by transferring assets from another ISA manager.

Fund Code	Fund Name	Share type Inc/Acc

If the date of death was prior to 6 April 2018 the APS allowance will be capped at the value on the date of death. Please refer to the Fund Information document, which can be found at <https://www.abrdn.com/en-gb/personal/log-in/abrdn-uk-funds-oeic-unit-trust/application-forms-and-operational-literature>, for details of the funds available to you and the fund codes. You can choose to invest in more than one fund. Please show the percentage that you wish to place in each fund. Please ensure that the total percentage amounts add up to 100%.

Fund Code	Fund Name	Share type Inc/Acc	Investment amount %
	Please ensure the total percentage adds up to 100%.	Total	100%

Please note that we will need all executors to sign below

1 <sup>st</sup> Signature:	Date (DD/MM/YY):
2 <sup>nd</sup> Signature:	Date (DD/MM/YY):
3 <sup>rd</sup> Signature:	Date (DD/MM/YY):
4 <sup>th</sup> Signature:	Date (DD/MM/YY):

## Part 7 – Payment details (payments from us to you)

Complete this section if you will be taking a regular income from your investment in respect of distributions (for income share classes only) or regular withdrawals (for accumulation share classes only). **For security, all payments must be paid to and from the same account.** Complete the details below so that payments can be made directly to your bank account where applicable.

**Please ensure the same bank details are provided for all payments. Different details cannot be accepted for direct debits and income.**

I hereby instruct abrdn Fund Managers Limited to arrange for payments to be paid direct to my bank or building society account, as detailed below:

Name and full postal address of your bank or building society:
Postcode:
Name of account holder:
Bank or building society account number:
Branch sort code:
Roll no. (if applicable):

## Part 8 – Regular withdrawal details (accumulation shares only)

Complete this section if you will be taking a regular withdrawal from your investment.

Regular withdrawals will be taken on the 6th of the month. You will receive each payment around the 15th of the month.

How often do you want the withdrawal paid?

Monthly ☐ Quarterly ☐ Half yearly ☐ Yearly ☐

Please indicate the month you would like payments to start from.

Date (DD/MM/YYYY):
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Please indicate which funds you wish to make your withdrawals from. You can choose to withdraw a monetary amount or a percentage of the fund. For example, if you want to withdraw £100 each month (£1,200 per year) tick the monthly box and write £100 in the "Amount" box below. If you want to withdraw 6% per year but paid at quarterly intervals, tick the quarterly box and write 1.50% in the Percentage box below.

Fund Code	Fund Name	Amount £	Percentage %

## Part 9 – Eligibility Declaration/Authorisation

This section must be completed to confirm you the investor is eligible to make an Additional Permitted Subscription (APS) to an ISA in respect of the deceased named on this application.

**I (the investor) declare that:**

- I am the surviving spouse / civil partner of the deceased
- I was living with the deceased within the meaning of Section 1011 of the Income Tax Act 2007 at the date of the deceased's death (we were not separated under a court order, under a deed of separation, or in circumstances in which the separation was likely to be permanent)
- the subscription is made under the provisions of regulation 5DDA of the ISA regulations (additional permitted subscription)
- the subscription is being made
  - in the case of 'in specie' subscriptions, within 180 days of beneficial ownership passing to me, and
  - in the case of cash subscriptions, within 3 years of the date of death, or if later, 180 days of the completion of the administration of the estate
- I am aged 18 years of age or over
- All subscriptions made, and to be made, belong to me

**I authorise abrdn Fund Managers Limited**

- to hold my cash subscription, ISA investments, interest, dividends and any other rights or proceeds in respect of those investments and any other cash

and

- to make on my behalf any claims to relief from tax in respect of ISA investments.

**I agree to the ISA terms and conditions.**

I declare that this APS application form has been completed to the best of my knowledge and belief.

Signature:

Date (DD/MM/YY):



## Part 10 – Data Protection and Money Laundering

### Data Protection Information

We will collect and use personal information about you (and other named individuals, where applicable) as provided on this application in order to provide this product or service and manage our relationship with you.

The information collected may be shared with other parts of abrdn plc, and other companies we work with to support us in the provision of this product or service. We may also share your information with our regulators and HM Revenue & Customs, where necessary and lawful to do so. Whenever we share your personal information, we will do so securely and only where necessary to provide the agreed service.

The majority of your information is processed in the UK or European Economic Area (EEA). However, some of your information may be processed by us or the third parties we work with in countries outside of the UK or the EEA. Where your information is being processed outside of the UK or the EEA, we take additional steps to ensure that your information is protected to at least an equivalent level as would be applied by UK or EEA Data Protection Laws e.g. we will put in place legal agreements with third parties and abrdn affiliates with ongoing oversight to ensure they meet these obligations.

For more information on how abrdn processes personal information and what your rights are, please see our Privacy Notice online at <https://www.abrdn.com/en-gb/personal/privacy>.

### Money Laundering Information

To comply with the UK's Money Laundering Regulations, we are required to verify your identity by carrying out an online check with a reference agency. Where an online check is carried out, the agency will verify your identity against public records and it will also check whether you have a credit history (but it will not disclose any information about your actual borrowings). The agency will add a note to show that an identity check was made to your credit file, but this information will not be available to any third parties. If the online check does not confirm your identity, we will be required to carry out a manual check by requesting further documentation from you. You must provide such documents to us as we may request from time to time, as Anti-Money Laundering Regulations prevent us from continuing to accept investments or releasing proceeds without first having verified your identity.

You must ensure that the details we hold for you are correct.

Your address must be your personal home address. You must notify us promptly (our contact details are available on page 1) if there is a change to any of the following:

- your name;
- your address;
- your bank or building society account.

Any such changes may require us to carry out a further verification of your identity.

## Part 11 – Declaration

### I declare that:

- I am 18 years of age or over.
- I apply to invest in the fund(s) specified in this application.
- I have read and can continue to access an up-to-date version of the relevant Key Investor Information Document(s) ('KIID') as well as the Supplementary Information Document ('SID') and the Terms and Conditions.
- I declare that the information provided on this form is to the best of my knowledge and belief, accurate and complete. I/we agree to notify abrdn Fund Managers Limited in the event the information changes, including that about my/our tax residency.
- I agree to the Terms and Conditions.
- I agree and understand that abrdn Fund Managers Limited may use the Delivery versus Payment exemption as detailed in the Fund Prospectus.

Check that you have completed ALL applicable sections of the application form.

### Please ensure you sign here or we will have to return your application

Signature:

Date (DD/MM/YY):

Customer(s) with no financial adviser.

Unless indicated otherwise abrdn Fund Managers Limited will assume you received no financial advice from a professional financial adviser in respect of this investment.

Please tick here if you received financial advice. ☐





