

### 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

· Wiring Instructions:

State Street Bank Boston, MA ABA #: 011000028

Account #: 99058406

Account Name: abrdn Purchase-Redemption DDA For Further Credit To: abrdn Fund Name, abrdn Account Number, Account Name

· Questions?

Call: 866-667-9231 Fax: 866-923-4269



Account holders name

## 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.

Type of Payment: Check (in U.S. dollars) payable to abrdn Funds

By wire (Call 866-667-9231 for further instructions.)

Transfer funds from an existing abrdn Funds account:

Account Number

### abrdn Funds

Note: Minimum investment is \$1 million per fund with exception of abrdn Ultra-Short Duration Fund which is \$100,000.

Equity Series	Investment Amount	Institutional Class	Ticker Symbol	Institutional Service Class	Ticker Symbol
abrdn China A Share Equity Fund	\$	5490	GOPIX	5590	GOPSX
abrdn Dynamic Dividend Fund	\$	3773	ADVDX		
abrdn Emerging Markets ex-China Fund	\$	5456	GWLIX	5558	GLLSX
abrdn Emerging Markets Fund	\$	5840	ABEMX	5540	AEMSX
abrdn Focused Emerging Markets ex-China Fund	\$	5499	JETIX		
abrdn Global Infrastructure Fund	\$	3778	AIFRX		
abrdn International Small Cap Fund	\$	5480	ABNIX		
abrdn Real Estate Fund	\$	3781	AIGYX		
abrdn U.S. Small Cap Equity Fund	\$	5482	GSCIX	5984	GSXIX
abrdn U.S. Sustainable Leaders Fund	\$	5105	GGLIX	5104	GXXIX
Fixed Income Series					
abrdn High Income Opportunities Fund	\$	5497	JHYIX		
abrdn Infrastructure Debt Fund	\$	5481	AGCIX	5581	CGFIX
abrdn Intermediate Municipal Income Fund	\$	5941	ABEIX	5943	ABESX
abrdn Short Duration High Yield Municipal Fund	\$	3768	AHYMX		
abrdn Ultra Short Municipal Income Fund	\$	3783	ATOIX		



# Section 2 - Account Registration

Different forms are required to establish an Individual Retirement Account (IRA). To receive the necessary forms, please call 866-667-9231.

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.

Individual	Trust <sup>1,2</sup>	C-Corpo	ration <sup>1,2</sup>	Joint Tenants with Rights of Survivorship
Retirement Plan <sup>1</sup>	Bank Trust <sup>1,2</sup>	S-Corpor	ation <sup>1,2</sup>	Nonprofit Organization <sup>1</sup>
Charitable Organization <sup>1,2</sup>	Goverment Entity <sup>1</sup>	Insurance	e Company <sup>1</sup>	
account. In addition, provide a cop Pursuant to US federal regulations customers. Please refer to the 'Ce under this requirement and the pr	by of the IRS Issuance Letter for s, we are required to obtain, ve rtification of Beneficial Owner ocess to provide this informat garding documents required	or your Emplorify, and record resident to the contraction of the contraction.	oyer Identification ord information or end of this app	or trust documents establishing authority to open this on or Tax Identification Number. about the beneficial owners for certain legal entity oblication for information regarding entity investors covered entification of the beneficial owners under the expanded
Name of Employer/Organization/	Trust/Plan/Primary Account (	Owner		
Name of Employer/Organization/ <sup>-</sup>	Trust/Plan/Primary Account (	Owner	Name of Co-1	- Trustee
Date (m/d/yyyy)	Tax ID #			
.egal Residence (No P.O. Boxes) City, State ZIP			Contact Phon	e Number
Primary E-mail Address	for Organization /True	4 /Dlava		
Appointment of Authority The undersigned hereby certifies tl Drganization/Trust/Plan has taken	hat the person(s) named belo	ow has autho	ority to take any n this account ar	and all actions on behalf of the account, and that the nd to grant such authority to the person(s) listed below.
Print Name			Title	
Signature				
Print Name			Title	
iignature				
Print Name			Title	
Signature				



## Section 3 - Income Distribution Options

We automatically will reinvest your dividend and capital gains distributions into your Fund account unless you indicate otherwise below.

If you prefer to have your dividend and capital gains distributions handled differently, please indicate your preference below.

I/We authorize abrdn Funds to electronically deposit my distributions into my bank account (please complete Section 5.)

Dividends Capital Gains

I want my distributions from the Fund

Fund. deposited into the

Dividends Capital Gains

### Section 4 - Cost Basis Flection

As of January 1, 2012, Internal Revenue Service regulations require that mutual funds that produce tax Form 1099-B to report cost basis information on shareholder's mutual fund purchases.

Please select one of the following methods:

Average Cost High Cost, First Out Specific Lot Identification (SLID)

(ACST) (HIFO)

First In, First Out Low Cost, First Out If electing Specific Lot Identification as a standing order, please choose a secondary standing (FIFO)

(LOFO) order below:

Loss Gain Utilization Last In, First Out

(LIFO)

If no option is selected or if instructions are not received with the redemption order, abrdn's default cost basis method of Average Cost will be applied. The default will control the selection of shares used to determine the cost basis and calculate the loss or gain on the redemption.

Please consult your tax advisor if you are unsure which cost basis election is right for you.

## Section 5 - Bank Account Information

Complete this section if you wish to have redemptions wired directly to your account or if selected an electronic transfer option in Section 3. 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/We authorize abrdn Funds to honor any written, telephone, or fax instructions believed to be authentic, to have shares redeemed from this account, and to have the proceeds wired to the following identically registered bank account:

Bank Name Bank Address Bank Account Registration ABA Number Bank Account Number Please check the transaction box that the bank account information pertains to: Wire Electronic (ACH) **Both** 



Date (m/d/yyyy)

## Section 6 - Telephone & Internet Privileges (optional)

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

I do NOT want Telephone or Internet Redemption Privilege.

I do NOT want Telephone or Internet Exchange Privilege.

### Section 7 - Investment Professional Information ONLY

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

Name of Firm			
Branch Street Address (Number and Street) Apt. #			
City State ZIP			
Phone Number			
E-mail Address			
Name of Investment Professional			
Investment Professional # (if applicable)			
Dealer #(if applicable)	Branch # (if applicable)	/	/

## Section 8 - 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.

### E-Delivery

Authorized Signature of Firm

You may elect to electronically receive your account statements, prospectus and annual reports. Please call 866-667-9231, or visit abrdn.com/usa, to sign up for this service.



# Section 9 - Interested Party Mailing Privilege (optional)

Entity Name	
Mailing Address	
City State ZIP	
E-mail Address	
Entity Name	
Mailing Address	
City State ZIP	
E-mail Address	
Entity Name	
Mailing Address	
City State ZIP	
E-mail Address	
Account Owner Initials	Joint Account Owner Initials

I/We authorize the following individuals to receive copies of account statements: (Please include a separate sheet, if additional space is needed.)



## Section 10 - Certification and Signatures

If this is a joint account, all persons must sign.

#### 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. Signatures**

I/We 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/We hereby acknowledge that I/We have read, understand and agree to the terms set form in this document. I/We hereby represent that the information provided in this document accurately reflects my/our account registration, citizenship and tax certification, and I/we will abide by the terms and conditions as currently in effect.

By signing this form, I/We certify that I am of legal age and capacity and am/are authorized to purchase shares. I/We certify that all account options chosen on this application will apply to any new fund into which the shares may be exchanged unless updated instructions are received in writing by abrdn Funds. Communications may be sent to me/us at the address listed on the application or such other address which I/We may hereafter give to abrdn Funds, and all communications so sent, whether by mail, e-mail, messenger or otherwise, shall be deemed to be give to me/us personally, whether actually received or not.

Account Owner Name	
Account Owner Signature	
Joint Account Owner Name	
	/ /
Joint Account Owner Signature	Date (m/d/yyyy)

# Important notice: USA Patriot Act



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)



Date of Birth (m/d/yyyy)

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

license, passport, etc.). Documentation All persons opening an account on bel	•	<u>o</u>	tion:	
1. Last Name and title of Natural Pers	on Opening Account	2. First Name		3. Middle Initial
4. Name and type of Legal Entity for \	Which the Account is Beir	ng Opened		
4a. Legal Entity Address	4b. City		4c. State	4d. ZIP/Postal Code
Section I - (To add additional Please provide the following informative relationship, or otherwise owns 25% of Check here if no individual meet	ion for an individual(s), if	any, who, directly or indirect rests of the legal entity listed		ement, understanding,
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		14.5	- SN (U.S. Persons)	-
15. For Non-U.S. persons (SSN, Passpo Note: In lieu of a passport number, No country of issuance of any other gove	on-U.S. Persons may also	provide a Social Security Nu		
Section II Please provide the following informat officer or senior manager (e.g., Chief Vice President, Treasurer); or Any oth	Executive Officer, Chief F	Financial Officer, Chief Oper	ating Officer, Managing Membe	, including, an executive er, General Partner, Presider
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. S	- SN (U.S. Persons)	-
26. For Non-U.S. persons (SSN, Passpo Note: In lieu of a passport number, No country of issuance of any other gove	on-U.S. Persons may also	provide a Social Security Nu	26a. Country of issuance mber, an alien identification car residence and bearing a photog	d number, or number and graph or similar safeguard.
I.				/ /

Signature

Legal Entity Identifier (Optional)

and correct.

(name of person opening account), hereby certify, to the best of my knowledge, that the

information provided above is complete

# Certification of Beneficial Owner(s)



# Additional Section I - Second Beneficial Owner (If required)

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

	ation for an individual(s), if any, who, directly or indirectly rwise owns 25% or more of the equity interests of the leg		ement,
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. SS	N (U.S. Persons)	
Note: In lieu of a passport number, N	port Number or other similar identification number) Ion-U.S. Persons may also provide a Social Security Num vernment-issued document evidencing nationality or re		
Please provide the following informa	Beneficial Owner (If required) ation for an individual(s), if any, who, directly or indirectly rwise owns 25% or more of the equity interests of the leg	r, through any contract arrang gal entity listed above.	ement,
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. SS	N (U.S. Persons)	
15. For Non-U.S. persons (SSN, Passp	oort Number or other similar identification number)	15a. Country of issuance	
Please provide the following informa	n Beneficial Owner (If required) ation for an individual(s), if any, who, directly or indirectly rwise owns 25% or more of the equity interests of the leg		ement,
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. SS	- N (U.S. Persons)	_

**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.

15a. Country of issuance

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# **Privacy Notice**



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?	The types of personal information we collect and share depend on the product or service you have with us. The information can include:  • 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?
Such as to proces	business purposes- es your transactions, maintain your account(s), respond and legal investigations, or report to credit bureaus	Yes	No
For our marketing To offer our produ	purposes- ucts and services to you	Yes	Yes
For joint marketing	g 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 1-80 please call 877-332-7806.	0-522-5465. For queries re	lated to abrdn Funds,
Questions?	uestions? abrdn.com		

# **Privacy Notice**



Who we are	
Who is providing this notice?	abrdn's North American Funds (collectively referred to as "abrdn Funds")
What we do	
How does abrdn 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.
How does abrdn collect my personal information?	<ul> <li>We collect your personal information through various means for example, when you:</li> <li>Open an account or give us your contact information</li> <li>Seek advice about your investments or make deposits or withdrawals from your account</li> <li>Enter into an investment advisory contract</li> <li>Buy securities or interests in a fund from us</li> <li>Tell us where to send money</li> <li>We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.</li> </ul>
Why can't I limit all sharing?	<ul> <li>US Federal Law gives you the right to limit only:</li> <li>Sharing for abrdn and affiliates' everyday business purposes-information about your creditworthiness</li> <li>Affiliates from using your information to market to you</li> <li>Sharing for nonaffiliates to market to you</li> <li>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 abrdn, the company relies on a number of third parties to provide support services, including profession, legal, accounting and technical support.</li> </ul>
What happens when I limit sharing for an account I hold j ointly with someone else?	Your choices will apply to everyone on your account.
Definitions	

Definitions	
Affiliates	Companies related by common ownership or control. They can be financial and nonfinancial companies.
	<ul> <li>Our affiliates include subsidiaries of abrdn plc, a global financial services company.</li> </ul>
Nonaffiliates	Companies not related by common ownership and control. They can be financial and nonfinancial companies.
	• abrdn Funds does not share personal information with nonaffiliates so they can market to you.
Joint marketing	A formal agreement between nonaffiliated financial companiesthat together market financial products or services to you.
	abrdn Funds don't jointly market.

# Other important information

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