Transfer on Death Form



Cannot be used for retirement accounts.

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

Social Security Number

Return by express delivery: abrdn Funds 801 Pennsylvania Ave, Suite 219534 Kansas City, MO 64105-1307 For more information: abrdn 866-667-9231 abrdn.com/usa

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

Account Num	ber(s)					
Section 1 -	- Account re	gistration				
Account Own	ier Name(s) (Firs	stName/Initial/LastNo	ame)			
Contact Addr	ess					
City State ZIP				Contact Phone Number		
enacted in 19 agent to tran Massachuset under this be anytime prior or revocation Aberdeen Fu	1998. {I/We} assignsfer the share: tts law, Chapter neficiary design r to the death of is on the form unds, in Boston, I	gn ownership upon {i s in such account a r 201E, enacted in 19 nation will occur until f the last surviving ow provided by the Abe	my/our} death to the bene nd any unpaid dividends 1998. If the account created the death of all owners of wher of the account. This no erdeen Funds, and is recein to the death of the owne	eficiary/ies} named bel and capital gains pay d with this application i the account. This bene nay be done without th ived by Boston Financio	low in the percentage: /ments in accordance s established in joint te eficiary designation m e consent of the bene al Data Services Inc. ([under Massachusetts law, Chapter 2016 shares indicated. {I/We} direct the transfee with this direction and the provisions among, no transfer of ownership of share ay be modified or revoked for the accounficiary/ies}, provided that the modification asston Financial) as transfer agent for the considered primary and will receive equals.
Primary	Contingent	Relationship:		Primary	Contingent Relatio	nship:
Individual (Na	me/Trust/Chari	ty)		Individual (Nam	ne/Trust/Charity)	
/ /				/	/	
Date of Birth	(m/d/yyyy)		% of Share	Date of Birth ([m/d/yyyy)	% of Share
Primary	Contingent	Relationship:		Primary	Contingent Relatio	nship:
Individual (Name/Trust/Charity)				Individual (Nam		
/	/			/	/	
Date of Birth	(m/d/yyyy)		% of Share	Date of Birth ((m/d/yyyy)	% of Share
Please no	te: Beneficiar	y % of shares sho	uld add to 100%. This	box represents the	total of shares thus	far:
			sign in order to add the Tro on contained on this form		on.	
						/ /
Signature						Date of Birth (m/d/yyyy)
Social Secur	ity Number	-				
						/ /
Signature						Date of Birth (m/d/yyyy)