



abrdrn Life

Application Form

Section 1 - Applicant Information

(please use BLOCK CAPITALS)

1. Scheme Details:

Registered Scheme Name:	<input type="text"/>		
Custodian Account name ¹ (if applicable):	<input type="text"/>		
Please confirm if the Scheme is:	Defined Contribution <input type="checkbox"/>	Defined Benefit <input type="checkbox"/>	Hybrid <input type="checkbox"/>

¹Please confirm the custody account name if the Scheme intends to hold the investment via a Custodian.

2. Main Contact Details:

Address:	<input type="text"/>		
	<input type="text"/>		
Contact:	<input type="text"/>		
Telephone:	<input type="text"/>	Fax:	<input type="text"/>
Email:	<input type="text"/>		

3. Scheme Bank Details:

Bank Name and Address:	<input type="text"/>		
Bank Account Name:	<input type="text"/>		
Bank Account Number:	<input type="text"/>		
Sort Code:	<input type="text"/>	Ref:	<input type="text"/>

All claims proceeds and any management fee rebates will be paid to the bank account details above. If the details change, abrdrn Life will require notification in writing and this must be signed by the authorised signatures.

4. Auditor Details:

We confirm that the following auditor may request information for the scheme and that you are authorised to provide this.

Author Name:	<input type="text"/>
Contact Details:	<input type="text"/>

Section 2 - Authorisation Form

Please supply an original or certified list of signatures of all individuals who will act as authorised signatories to sign on behalf of the Scheme, or complete the table below:

1. Specimen signatures:

At least two required. Continue onto separate sheet of headed paper if required.

Full Name	Signature	Position
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please note our standard policy is to require two signatures for any instruction. If you have different signing rules please confirm here and attach details

Section 3 - Investment Information

1. Please confirm where assets are to be invested:

Fund Name	Unit Class

Fact sheets can be downloaded directly from our website at: abrdn.com/en/uk/institutional/funds-centre/our-life-fund-range

Section 4 - Regular Withdrawal Facility

If you wish to set up a standing instruction for regular withdrawals, please complete the table below. The minimum withdrawal amount is £100 per fund, per withdrawal and all proceeds will be paid to the bank account specified in Section 1 on the sixth, or the next business day. Withdrawals may be monthly, quarterly, half yearly or yearly.

Fund Name (s)	Amount (£) per withdrawal	Frequency

Section 5 – Confirmation and Agreements

We, the undersigned, on behalf of the Client confirm that:

1. We understand that the Policy will be in the standard form in use by abrdrn Life for its Pension Investment Policy for Occupational Schemes and that abrdrn Life will operate the Policy in accordance with its standard procedures for such Policies, except as may be expressly agreed with us from time to time;
2. We have not received investment advice from abrdrn Life;
3. The Scheme is either an occupational pension scheme or a public service pension scheme (as detailed in section 150 of the Finance Act 2004) and is registered under chapter 2 of Part 4 of the Finance Act 2004 as a registered pension scheme (or an occupational pension scheme or public service pension scheme which is capable of being registered as a registered pension scheme and in relation to which an application for registration has been made) that is not a small self-administered scheme or an occupational pension scheme without a pooled fund (for example, an executive pension plan) ("an Eligible Scheme");
4. We are duly authorised to sign this 'Application Form', and the specified Authorised Signatories (see section 2 attached) may issue any communications for the purposes of the Policy on behalf of the Client;
5. The terms of the Policy do not constitute a breach of any obligations by which the Client is bound, whether arising by contract, operation of law or otherwise;
6. We will provide to abrdrn Life such documents as it may request (including, but not limited, to the Scheme's Trust Deed) as evidence of the Client's authority to enter into the Policy and we will advise abrdrn Life promptly of any variation or supplement to such documents which affect the powers of the Client in relation to the Policy or any actions taken under or in connection with the Policy by or on behalf of the Client;
7. We consent to abrdrn Life collecting, using and disclosing personal data about the Client, or individuals associated with the Client or the Scheme, so that abrdrn Life can carry out its obligations to the Client and for other related purposes, including monitoring and analysis of its business, crime prevention, legal and regulatory compliance, and the marketing by abrdrn Life or other Group Companies of other services. It is acknowledged that abrdrn Life may also transfer such personal data to any country, including countries outside the European Economic Area, for any of the purposes set out above; and
8. The information given in this 'Application Form' is accurate and we will notify abrdrn Life promptly if we become aware of any such changes to such information.

We agree:

- a To inform you forthwith if the Scheme ceases to be an Eligible Scheme;
- b That any decision on the merits or the suitability of any specific transaction under or in connection with the Policy (such as allocation of premiums to a particular Fund or Funds), is entirely a decision for the Client or its agents and we understand that abrdrn Life will not make a recommendation on the merits or the suitability of any such transaction; and
- c That, on issue, the Policy will be a binding agreement between the Client and abrdrn Life and that it will be governed by English law

abrdrn Life confirms that:

- (i) No statement made by or on behalf of abrdrn Life about, or in connection with, the Policy was intended to constitute advice as to the merits or suitability of the Policy for the Client; and
- (ii) The Client should not rely on any statement by or on behalf of abrdrn Life about, or in connection with, the Policy as constituting advice on whether the Client should enter into the Policy, continue or discontinue it, contribute or cease to contribute premiums or deal in any way with it or any other investment.

For and on behalf of the Client

Full Name

Signature

Position

Dated

Note:

The "Client" means, as appropriate, the trustee or Trustees of the Scheme or, where relevant, the person or persons responsible for its management.

Section 6 – Application Checklist

Please ensure you have enclosed the following documents:

- Trustee Company's Memorandum and Articles of Association²
- Trust Deed, including any amendments or consolidation²
- Authorised signatory list (where relevant)
- Scheme PSO/HMRC Scheme Approval
- Pension Tax Reference Number (PSTR)

²Independently certified copy.

Please note:

- Any change to the authorised signature list should be confirmed in writing and be signed by two authorised Trustees.
- If the Trustees change we will require an original or an independently certified copy of the Deed of Appointment and Removal and also a new original authorised signature list to update our records.
- Please note that for any other changes to the scheme we will require written confirmation signed by at least two authorised Trustees.

Completion of Application Form:

Please return this Application Form with your Scheme's supporting documentation to:

abrdrn ICS Team at SS&C
abrdrn Life
SS&C ICS Department
PO Box 12381
Chelmsford
CM99 2ET

Please do not send any payment with this Application Form. Payments can only be made once our client account opening procedures have been completed, including adherence to applicable money laundering requirements. A copy of the Policy Document accompanies this Application Form and further copies of these documents are available on request.

Please note:

- Failure to complete all relevant sections may result in a delay in processing your application and investment.
- Once your application has been approved and processed you will be sent:
 - A Policy Schedule
 - Dealing Forms
 - Dealing Guide

abrdrn Life and Pensions Limited ("abrdrn Life")

Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority in the United Kingdom.
Member of the Association of British Insurers.

Registered Office:

Bow Bells House, 1 Bread Street, London EC4M 9HH

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Website: abrdrn.com/en/uk/institutional/funds-centre/our-life-fund-range

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