

Instruction to update bank details

Individual Investors

This form can be used to update (or add) the bank details we hold for you.

Please complete this form using BLOCK capitals and return to abrdn Fund Managers Limited, PO BOX 12233, Chelmsford, CM99 2EE.

If you have any queries please contact us on:-

UK: 0345 113 6966

International: +44 (0) 1268 445 488

(Mon-Fri 9am-5.30pm. Call charges may vary)

Part 1 Personal Details

Investor Reference:

Designation (if applicable):

Title (please tick): Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Preferred Title: ☐ (Please specify):

Surname:

Other names (in full):

Permanent residential address:

Postcode:

Other address (if different from the registered address):

Postcode:

Correspondence address ☐ Ad Hoc Address ☐

Date of birth:

Telephone: Daytime: Alternative:

Nationality:

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:			

Part 1 Personal Details - continued

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 bureaux	<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:			

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 IMPORTANT – please read: Bank or building society account verification

It is your responsibility to inform us of any changes to your bank or building society account details.

The bank or building society account must be a personal account in your own name, or a joint account which includes your own name.

We may need to request additional documentation from you to verify the bank details you provide.

Once added to your account these bank details will be used to pay ALL monies due to you.

If you would like to use more than one bank account for payments, please add details on a separate sheet, making clear which payment type each bank account is for (income/regular withdrawal/redemption payments).

Account holder name: (Please note this must be exactly as stated on your bank account)
Bank or building society name and address including postcode:
Postcode:
Sort code:
Building society Ref/Roll No:
Account No:

Part 3 Your declaration and signature

Important note

All registered holders on the investor account should sign this form. Please note we will not be able to release the monies unless we have all the original signatures (i.e. facsimiles/photocopies are not acceptable), and in addition, we have successfully verified each holder's identity.

For a redemption, we will send you your sale proceeds directly to your bank or building society account (subject to satisfactory verification of the account details) normally on the third business day after we carry out your instructions. It is your responsibility to ensure that the bank or building society account details we hold for you are correct. In the event that sale proceeds are returned by your bank or building society, we are unable to verify the account details, or unable to make a direct credit transfer for some other reason, we will send the sale proceeds by cheque to your registered address payable to you or, in the case of joint account holders, to both.

If you have changed your name, you must send us an original legal document indicating the change, or a copy that has been certified as a true copy by a bank, solicitor or an authorised financial adviser.

If you have changed your address, please complete our Change of Address form.

Your signature:	Names (in capital letters):	Date:
1 st Joint holder's signature:		Date:
2 nd Joint holder's signature:		Date:
3 rd Joint holder's signature:		Date:

