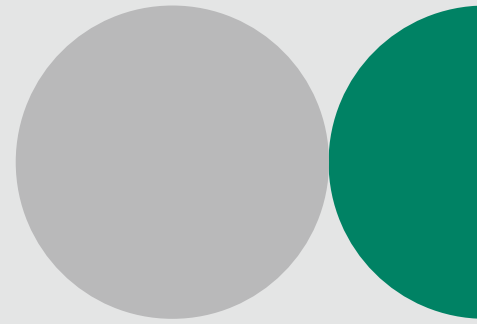


Add/Verify Trust Bank Account Details

Wrap/Fundzone Account



For financial adviser use only.

Please upload to your client's document library and notify us by emailing wrap_servicing@abrdn.com. Please include the account WP number, date and time of submission. Alternatively send in the post to the address below:

PRIVATE AND CONFIDENTIAL

abrdn Client Servicing
Sunderland
SR43 4EE

There is no guarantee that any email you send will be received or will not have been tampered with. You should not send personal details by email.

Add or verify bank account details on a Trust

This form can be used to add or verify bank details for trust accounts.

Account Number (WP or SP)

Is the bank account Trust Trustee Third party

Account Name

i Account Name must not exceed 36 characters.

Account Number Sort code

Is the account to be used for **Direct Debits**
If we have not already received a Direct Debit Mandate, please upload to the client's document library and notify wrap_servicing@abrdn.com.

Withdrawals

Verification of account

I confirm the bank verification received is sufficient to demonstrate my client's ownership of this bank account and was received at a direct one to one meeting; I am satisfied this is not a fraudulent request in any way.

I acknowledge that abrdn reserve the right to obtain sight of the documentation used to verify this account at any time in the future.

Adviser signature

Date (DD/MM/YYYY)



Trustee signatures

All Trustees must provide a signed instruction to add a bank account and to authorise withdrawals. If any of the trustees are corporate, we will require 2 signatures and sight of their signatory list. This should also be uploaded to the platform or posted to us. Please confirm signatures below.

Print name

Signature



Signature(s) required

Date

(DD/MM/YYYY)

Print name

Signature



Signature(s) required

Date

(DD/MM/YYYY)

Print name

Signature



Signature(s) required

Date

(DD/MM/YYYY)

Print name

Signature



Signature(s) required

Date

(DD/MM/YYYY)

Print name

Signature



Signature(s) required

Date

(DD/MM/YYYY)

For more information visit abrdrn.com/adviser

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