IRA Beneficiary Designation Form

aberdeen Investments

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

Return by express delivery:
abrdn Funds
801 Pennsylvania Ave, Suite 219534
Kansas City, MO 64105-1307

For more information:
abrdn Funds
1-866-667-9231
aberdeeninvestments.com/en-us

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

Fund and Account Number

Section 1 - Account registration

Individual (FirstName/Initial/LastName)

Date of Birth (m/d/yyyy) / / Social Security Number - -

Legal Residence (No P.O. Boxes)

City State ZIP

Section 2 - (Please check Primary or Contingent for each)

☐ Primary ☐ Contingent Relationship:

Individual (FirstName/Initial/LastName)

Date of Birth (m/d/yyyy) / / % of Share

Legal Residence (No P.O. Boxes)

City State ZIP

☐ Primary ☐ Contingent Relationship:

Individual (FirstName/Initial/LastName)

Date of Birth (m/d/yyyy) / / % of Share

Legal Residence (No P.O. Boxes)

City State ZIP

☐ Primary ☐ Contingent Relationship:

Individual (FirstName/Initial/LastName)

Date of Birth (m/d/yyyy) / / % of Share

Legal Residence (No P.O. Boxes)

City State ZIP

☐ Primary ☐ Contingent Relationship:

Individual (FirstName/Initial/LastName)

Date of Birth (m/d/yyyy) / / % of Share

Legal Residence (No P.O. Boxes)

City State ZIP

Please note: Beneficiary % of shares should add to 100%. This box represents the total of shares thus far:

Signature

Date of Birth (m/d/yyyy) / /

abrdn Funds are distributed by Aberdeen Fund Distributors LLC, Member FINRA and SIPC.
1900 Market Street, Suite 200, Philadelphia, PA 19103.