Sales Load Waiver Certification Form

aberdeen Investments

For Net Asset Value (NAV) Accounts. See prospectus for complete information of eligibility for a sales load waiver.

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
866-667-9231
aberdeeninvestments.com/en-us

Account information

Fund name

I certify that I am a/an (check one):

☐ Individual with an investment account or relationship with the Adviser. Joint Owner's Signature (if applicable)

Portfolio Manager

☐ Full-time associate or retired employee of abrdn, or an immediate family member of such persons.

Name of abrdn associate / Associate number / Relationship

☐ Full-time associate of the Fund's Administrator, Distributor or Custodian, or an immediate family member of such persons.

Name of abrdn associate / Associate number / Relationship

☐ Associate of registered broker/dealer with a selling agreement with the Distributor, or an immediate family member of such persons.

Name of abrdn associate / Associate number / Relationship

☐ Pension, profit-sharing and employee benefit plan consultant acting for the account of my client.

Financial Institution

Advisor's Name

☐ Other

This purchase is for personal investment purposes and the shares acquired hereunder shall not be resold except through redemption by the Fund

This purchase is being made for myself as outlined in the Fund's prospectus. I agree to notify Aberdeen Funds in writing of any change in the foregoing and agree not to purchase additional Fund shares at NAV unless I am entitled to do so under the Fund's prospectus. I understand that the privilege to purchase Fund shares at NAV may be modified or terminated at any time.

I (We) understand that this order is subject to acceptance by the Custodian.

Signature — Date of Birth (m/d/yyyy)

Signature — Date of Birth (m/d/yyyy)

Signature of Investment Professional — Date of Birth (m/d/yyyy)

Principal Reviewer — Date of Birth (m/d/yyyy)