



This form can be used to sell all or part of your investments.

Please complete this form using BLOCK capitals and return to SS&C, ICS Department, PO Box 12381, Chelmsford, CM99 2ET

Or

By Email: abrdnlCSEmailDealing@sscinc.com

Or

By Fax: UK: 0330 123 3685, International: +44 (0)1268 457 713

If you have any queries please contact us on:-

UK: 0330 123 1379, International: +44 (0)1268 445 661. (Mon-Fri 9:00am - 5:00pm. Call charges may vary)

Investor Reference	
Entity Name	
Designation (if applicable)	
Agent ID (if applicable)	

Fund Name	ISIN	Withdrawal ¹ £	Withdrawal Units
Total Withdrawal			

¹ Where a transaction is specified in £ sterling it will be converted into units at the prevailing unit prices.

Bank Account Details

Only complete this section if the bank account details you wish for payment to be made to differ from the bank account details provided to us on your application form.

If the bank details differ to those we have on record for you, we will accept this signed instruction, in relation to this specific transaction only, as confirmation that the information provided on the form is correct and the bank account where the funds are being paid has been appropriately checked by you along with all due diligence obligations having been performed in line with applicable laws and regulations governing your business activities. abrdn Fund Managers Limited is not responsible if the funds have been paid to the wrong account or party if details on this form are incorrect.

If we are unable to pay the funds to the account on this form, we will contact you and arrange to pay to the account details on our records or agree an alternative method of payment.

Account Name:			
Bank Name and Address:			
Bank Account Number:		Sort Code:	
IBAN			
BIC			
Reference:			

Please forward payment:

By CHAPS under reference:

Proceeds will be paid to the bank account details provided on the Application Form, unless alternative details have been provided above.

Please detail who should be contacted in case any of the details on this Dealing Form are unclear:

Contact Name:	<input type="text"/>	Tel No:	<input type="text"/>
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Authorised by: (In accordance with the current Authorised Signatories List.)

Signature	Name	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

If you have any queries regarding your withdrawal, please contact the Institutional Client Services team (ICS) at SS&C:

Phone: 0330 123 1379

Email: abrdn.ics@sscinc.com