Transfer on Death (TOD) Form

aberdeen Investments

Cannot be used for retirement accounts.

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

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

Account Number(s)

Section 1 - Account registration

Account Owner Name(s) (FirstName/Initial/LastName)

Contact Address

City State ZIP

Contact Phone Number

{I/We} request that the mutual fund account that is opened with this application be registered in beneficiary form under Massachusetts law, Chapter 201E, enacted in 1998. {I/We} assign ownership upon {my/our} death to the beneficiary/ies} named below in the percentage shares indicated. {I/We} direct the transfer agent to transfer the shares in such account and any unpaid dividends and capital gains payments in accordance with this direction and the provisions of Massachusetts law, Chapter 201E, enacted in 1998. If the account created with this application is established in joint tenancy, no transfer of ownership of shares under this beneficiary designation will occur until the death of all owners of the account. This beneficiary designation may be modified or revoked for the account anytime prior to the death of the last surviving owner of the account. This may be done without the consent of the beneficiary/ies}, provided that the modification or revocation is on the form provided by the Aberdeen Funds, and is received by Boston Financial Data Services Inc. (Boston Financial) as transfer agent for the Aberdeen Funds, in Boston, Massachusetts, prior to the death of the owner{s} of the account. All beneficiaries will be considered primary and will receive equal portions of the account unless otherwise indicated.

☐ Primary ☐ Contingent Relationship:

Individual (Name/Trust/Charity)

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

☐ Primary ☐ Contingent Relationship:

Individual (Name/Trust/Charity)

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

☐ Primary ☐ Contingent Relationship:

Individual (Name/Trust/Charity)

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

☐ Primary ☐ Contingent Relationship:

Individual (Name/Trust/Charity)

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

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

Each registered owner on the account needs to sign in order to add the Transfer-On-Death option.
With your signature, we will update the information contained on this form.

Signature

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

Social Security Number – –

Signature

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

Social Security Number – –