Non-Retirement Redemption Form

aberdeen Investments

Print clearly in CAPITAL LETTERS.

Mail your completed form to:
abrdn Funds
P.O. Box 219534
Kansas City, MO 64121-9534

For special delivery or overnight services, mail to:
abrdn Funds
801 Pennsylvania Ave, Suite 219534
Kansas City, MO 64105-1307

Questions? Call 866-667-9231

"Aberdeen" is a U.S. registered service mark of abrdn PLC

Mail originals only.

If this redemption is due to death, or if new authorized signers need to be added to your account, please contact abrdn at 1-866-667-9231 as additional documentation may be required.

Section 1 - Account Holder Information

Name of Primary Account (Owner/Employer/Organization/Trust/Plan)

Account number

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

Legal Residence (No P.O. Boxes)

City, state, ZIP

Daytime phone number

Section 2 - Redemption Instructions

Please list all funds and account numbers you would like to take redemptions from.

Aberdeen fund	Account number	Amount ($, shares, or percentage)
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Section 2 - Redemption Instructions (continued)

If redemption proceeds are being sent to bank instructions not currently on file, or if you are sending redemption proceeds to a third party or alternate address, a Medallion Signature Guarantee is required.

☐ Make check payable to the owners named in the registration and send to the address of record

☐ Send the proceeds to my bank account

☐ Electronic Transfer via ACH

☐ Wire ($20.00 fee for outgoing wires)

Bank name

Bank Account Registration (as it appears on bank record)

Checking or Savings account

Bank Account number

9-digit bank routing number

Bank phone number

☐ Make check payable to a third party and mail to the address below:

Name of third party (First, Initial, Last)

Address

Apt/Suite

City, state, ZIP

Section 3 - Shareholder signature(s)

Signature of owner, authorized signer, executor, etc.*

Capacity**

Date of Birth (m/d/yyyy)

Signature of joint owner (if any)

Capacity**

Date of Birth (m/d/yyyy)

*Please note that you must be listed as an authorized signer to make an election for an account. If you are not listed, you must provide the supporting documentation authorizing you to sign. Please contact abrdn at 1-866-380-7919 for information on what documentation may be required.

**If you are acting on behalf of the owner, please note the capacity you are acting under (executor, corporate officer, surviving owner, etc.).

Section 4 - Medallion signature guarantee

Reminder - Your signature must be Medallion Signature Guaranteed if any of the following are true:

1. The check is payable to a third party or is being mailed to an alternate address.
2. The proceeds are being sent to a bank account not currently on file.

Place Guarantee Here

Signature of owner, authorized signer, executor, etc.*

Date of Birth (m/d/yyyy)

Signature of joint owner (if any)

Date of Birth (m/d/yyyy)