



Section 1 – Applicant Information

(please use BLOCK CAPITALS)

1. Scheme Details ("Scheme"):

Registered Scheme Name:

Corporate Sub Type (e.g., Local Authority Pension Scheme, Regulated or Registered Pension Scheme)

Existing Policy Number – Unitholder ID (if applicable):

Custodian Account name¹ (if applicable):

¹Please confirm the custody account name if the Scheme intends to hold the investment via a Custodian.

Pension Scheme Registry Number:

A Pension Scheme Registry number is allocated to workplace pension schemes by The Pensions Regulator. It's an eight-digit number starting with 1 that enables clear and unique identification of legal entities participating in financial transaction.

Please confirm if the Scheme is: Defined Contribution Defined Benefit Hybrid

Legal Entity Identifier:

The Legal Entity Identifier is a 20-character, alpha-numeric code that enables clear and unique identification of legal entities participating in financial transactions.

2. Main Contact Details:

Registered address

Contact:

Telephone: Fax:

Email:

Other address (if different from Registered address)

Type of address: Correspondence address Ad-hoc address Principal Place of Business

Section 1 - Applicant Information (continued)

3. Trust Details:

Trust Name:	<input type="text"/>
Business Address:	<input type="text"/>
Trustee 1 Name:	<input type="text"/>
Residential Address:	<input type="text"/>
D.O.B:	<input type="text"/>
Country of Residence:	<input type="text"/>
Nationality:	<input type="text"/>
Trustee 2 Name:	<input type="text"/>
Residential Address:	<input type="text"/>
D.O.B:	<input type="text"/>
Country of Residence:	<input type="text"/>
Nationality:	<input type="text"/>
Trustee 3 Name:	<input type="text"/>
Residential Address:	<input type="text"/>
D.O.B:	<input type="text"/>
Country of Residence:	<input type="text"/>
Nationality:	<input type="text"/>
Trustee 4 Name:	<input type="text"/>
Residential Address:	<input type="text"/>
D.O.B:	<input type="text"/>
Country of Residence:	<input type="text"/>
Nationality:	<input type="text"/>
Trustee 5 Name:	<input type="text"/>
Residential Address:	<input type="text"/>
D.O.B:	<input type="text"/>
Country of Residence:	<input type="text"/>
Nationality:	<input type="text"/>

Section 2 - Authorisation

Please supply an original or certified list of signatures of all individuals who will act as authorised signatories to sign on behalf of the Scheme, or complete the table below:

1. Specimen signatures:

At least two required. Continue onto separate sheet of headed paper if required.

Full Name	Signature	Position

Signatory 1

Residential Address:	
D.O.B:	
Country of Residence:	
Nationality:	

Signatory 2

Residential Address:	
D.O.B:	
Country of Residence:	
Nationality:	

Signatory 3

Residential Address:	
D.O.B:	
Country of Residence:	
Nationality:	

Signatory 4

Residential Address:	
D.O.B:	
Country of Residence:	
Nationality:	

Signatory 5

Residential Address:	
D.O.B:	
Country of Residence:	
Nationality:	

Please note our standard policy is to require two signatures for any instruction. If you have different signing rules please confirm here and attach details

Section 3 - Investment Information

1. Please confirm where assets are to be invested:

If you would like to invest in more than 4 funds, please list these on a separate sheet of headed paper.

Fund Name	Unit Class	Investment Amount (£)

Fact sheets can be downloaded directly from our website at: aberdeeninvestments.com/en-gb/institutional/funds/our-life-fund-range

Section 4 - Regular Withdrawal Facility

If you wish to set up a standing instruction for regular withdrawals, please complete the table below. The minimum withdrawal amount is £100 per fund, per withdrawal and all proceeds will be paid to the bank account specified in Section 5 on the sixth, or the next business day. Withdrawals may be monthly, quarterly, half yearly or yearly.

Fund Name (s)	Unit Class	Amount (£) per withdrawal	Frequency

Section 5 - Bank Account Details

Please provide bank account details in connection with the payment of disinvestment proceeds and distribution payments to your designated bank account.

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

We may need to request additional documentation from you to verify the bank details you provide.

It is your responsibility to ensure that the bank account details we hold for you are correct. 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.

Once added to your account these bank details will be used to pay ALL monies due to you. If you wish to make a one off payment to a third party, please refer to the withdrawal dealing instruction which can be used for one off third party payments.

By signing this form, you agree to indemnify the Manager against all costs, losses and claims that they may incur by accepting in good faith any incorrect or fraudulent instructions made or purporting to be made under this agreement.

Section 6 - Declarations

Recapitalisation and Releverage - For DB Clients in Liability Aware funds only (tick one)

The Scheme acknowledges that Rebalancing Events may take place for which the Scheme may receive a Rebalancing Notice requiring a Recapitalisation Subscription or Releveraging Redemption.

- The Scheme confirms that it has separate arrangements in place in relation to which it has given authority to abrdn Investments Limited to make such Recapitalisation Subscriptions or accept such Releveraging Redemptions on its behalf. Details of these arrangements are set out in a separate Rebalancing Letter signed by the Scheme.
- The Scheme confirms that no separate arrangements have been put in place and that on receipt of a Rebalancing Notice a request for Recapitalisation Subscription will be made or proceeds from a Releveraging Redemption will be returned to the Scheme's Bank Account specified in Section 5.

Section 7 – Confirmation and Agreements

We, the undersigned as trustees for and, on behalf of the Scheme confirm that:

1. We understand that the Policy will be in the standard form in use by abrdrn Life for its Pension Investment Policy for Occupational Schemes and that abrdrn Life will operate the Policy in accordance with its standard procedures for such Policies, except as may be expressly agreed with us from time to time;
2. We wish to be treated as a professional client as defined by FCA rules and are aware of the protections and compensation rights we may lose from not being classified as a retail customer.
3. We understand the risks of investing and have read the Pension Investment Policy for Occupational Schemes, the Key Features and client classification document on the website, with the latter setting out protections and compensation rights in line with point 2 above.
4. We have not received investment advice from abrdrn Life;
5. The Scheme is either an occupational pension scheme or a public service pension scheme (as detailed in section 150 of the Finance Act 2004) and is registered under chapter 2 of Part 4 of the Finance Act 2004 as a registered pension scheme (or an occupational pension scheme or public service pension scheme which is capable of being registered as a registered pension scheme and in relation to which an application for registration has been made) that is not a small self-administered scheme or an occupational pension scheme without a pooled fund (for example, an executive pension plan) ("an Eligible Scheme");
6. We are duly authorised to sign this 'Application Form', and the specified Authorised Signatories (see section 2 attached) may issue any communications for the purposes of the Policy on behalf of the Scheme;
7. The terms of the Policy do not constitute a breach of any obligations by which the Scheme is bound, whether arising by contract, operation of law or otherwise;
8. We will provide to abrdrn Life such documents as it may request (including, but not limited, to the Scheme's Trust Deed) as evidence of the Scheme's authority to enter into the Policy and we will advise abrdrn Life promptly of any variation or supplement to such documents which affect the powers of the Scheme in relation to the Policy or any actions taken under or in connection with the Policy by or on behalf of the Scheme;
9. We consent to abrdrn Life collecting, using and disclosing personal data about the Scheme, or individuals associated with the Scheme, so that abrdrn Life can carry out its obligations to the Scheme and for other related purposes, including monitoring and analysis of its business, crime prevention, legal and regulatory compliance, and the marketing by abrdrn Life or other Group Companies of other services. It is acknowledged that abrdrn Life may also transfer such personal data to any country, including countries outside the European Economic Area, for any of the purposes set out above; and
10. We confirm that our US FATCA Classification and CRS Classification is a Non-Reporting Financial Institution in line with **HMRC guidance** and will let you know within 30 days if these classifications change.
11. The information given in this 'Application Form' is accurate and we will notify abrdrn Life promptly if we become aware of any such changes to such information.

We agree:

- a To inform you forthwith if the Scheme ceases to be an Eligible Scheme;
 - b That any decision on the merits or the suitability of any specific transaction under or in connection with the Policy (such as allocation of premiums to a particular Fund or Funds), is entirely a decision for the Scheme or its agents and we understand that abrdrn Life will not make a recommendation on the merits or the suitability of any such transaction; and
 - c That, on issue, the Policy will be a binding agreement between the Scheme and abrdrn Life and that it will be governed by English law
- abrdrn Life confirms that:

- (i) No statement made by or on behalf of abrdrn Life about, or in connection with, the Policy was intended to constitute advice as to the merits or suitability of the Policy for the Scheme; and
- (ii) The Scheme should not rely on any statement by or on behalf of abrdrn Life about, or in connection with, the Policy as constituting advice on whether the Scheme should enter into the Policy, continue or discontinue it, contribute or cease to contribute premiums or deal in any way with it or any other investment.

- d That the Pension Regulator may supply abrdrn Life with details of the Pension Scheme Registry number as required.

For and on behalf of the Scheme

Full Name

Signature

Position

Dated

Section 8 – Completion of Application Form

If you have any questions or need any assistance in completing this application form, please contact the Aberdeen ICS Team at SS&C or your Client Manager.

Please return this Application Form with your Scheme's supporting documentation to:

Aberdeen ICS Team at SS&C
abrdrn Life
SS&C ICS Department
PO Box 12381
Chelmsford
CM99 2ET

Please do not send any payment with this Application Form. Payments can only be made once our client account opening procedures have been completed, including adherence to applicable money laundering requirements. A copy of the Policy Document accompanies this Application Form and further copies of these documents are available on request.

Please note:

- Any change to the authorised signature list should be confirmed in writing and be signed by two authorised Trustees.
- If the Trustees change we will require an original or an independently certified copy of the Deed of Appointment and Removal and also a new original authorised signature list to update our records.
- Please note that for any other changes to the Scheme we will require written confirmation signed by at least two authorised Trustees.
- Failure to complete all relevant sections may result in a delay in processing your application and investment.
- Once your application has been approved and processed you will be sent confirmation of your account number and product information.

How to settle deals

Cleared funds

If you buy units under your policy, you should settle the exact cost of those units by remitting your premium by electronic transfer, such as BACS or CHAPS, to:

Bank: HSBC London
Bic Code: MIDLGB22
Account no: 51435922
Account name: abrdrn L&P Corporate Dealing Account 2
Bank sort code: 40-02-50

Further information can be found in our Dealing Guide at: aberdeeninvestments.com/en-gb/institutional/funds/our-life-fund-range.

Email: abrdrn.ics@uk.sscinc.com

T UK - 0330 123 1379 or

International - +44 (0)1268 445 661

Website: aberdeeninvestments.com/en-gb/institutional/funds/our-life-fund-range

The information provided in this Document relates to the products and services of abrdrn Life and Pensions Limited (abrdrn Life). abrdrn Life and Pensions Limited is registered in England (03526143) at 280 Bishopsgate, London, EC2M 4AG.

Authorised and regulated by the Financial Conduct Authority and Prudential Regulation Authority in the United Kingdom.