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Class A Shares  
Class C Shares

## Instructions:

- Complete all applicable sections of this form.
- Include your initial investment.
- Remember to sign the completed application.
- **Mail your application to:**  
abrdr Funds  
P.O. Box 219534  
Kansas City, MO 64121-9534
- For special delivery or overnight services,  
**mail to:**  
abrdr Funds  
801 Pennsylvania Ave, Suite 219534  
Kansas City, MO 64105-1307
- **Questions? Call 866-667-9231**

Account holders name

## Section 1 – Fund Selection

Indicate fund(s), investment amount(s) in dollars (see fund minimums listed below) and share class(es). Checks must be made payable to abrdrn Funds. Note: The fund has the right to close your account after a period of inactivity, as determined by state law, and transfer your shares to the appropriate state

Please complete Net Asset Value form to obtain NAV Privileges on purchase (A shares only).

Type of Payment:     Check (in U.S. dollars) payable to abrdrn Funds

By wire (Call 866-667-9231 for further instructions.)

Transfer funds from an existing abrdrn Funds account:

Account Number

## abrdrn Funds

(\$1,000 minimum initial investment per fund; \$50 minimum subsequent deposits by check. To start an Automatic Asset Accumulation plan, \$1,000 minimum initial investment per fund, \$50 minimum subsequent investments.)

Equity Series	Investment Amount	Class A Shares	Ticker Symbol	Class C Shares	Ticker Symbol
abrdrn Dynamic Dividend Fund	\$	3791	ADAVX		
abrdrn Emerging Markets ex-China Fund	\$	5556	GLLAX	5211	GLLCX
abrdrn Emerging Markets Fund	\$	5140	GEGAX	5340	GEGCX
abrdrn Global Infrastructure Fund	\$	3789	AIAFX		
abrdrn Real Estate Fund	\$	3787	AIAGX		
abrdrn U.S. Small Cap Equity Fund	\$	5982	GSXAX	5201	GSXCX
abrdrn U.S. Sustainable Leaders Fund	\$	5101	GXXAX		
<b>Fixed Income Series</b>					
abrdrn High Income Opportunities Fund	\$	5197	BJBHX		
abrdrn Infrastructure Debt Fund	\$	5181	CUGAX		
abrdrn Short Duration High Yield Municipal Fund	\$	3798	AAHMX		
abrdrn Ultra Short Municipal Income Fund	\$	3782	ATOAX		

## Section 2 – Account Registration

Different forms are required to establish an Individual Retirement Account (IRA). To receive the necessary forms, please call 866-667-9231.

**IMPORTANT INFORMATION ABOUT PROCEDURES WHEN OPENING A NEW ACCOUNT:** To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means for you: When you open an account, we may ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Individual	Partnership <sup>2,3</sup>	C-Corporation <sup>2,3</sup>	Joint Tenants With Rights of Survivorship
Custodian for Minor ("UG/TMA")	Estate	S-Corporation <sup>2,3</sup>	Other (specify) <sup>2</sup>
Transfer on Death <sup>1</sup>	Nonprofit Organization <sup>2,3</sup>	Charitable Organization <sup>2,3</sup>	

<sup>1</sup> Please submit a Transfer on Death form.

<sup>2</sup> Attach a copy of the appropriate bylaws, corporate resolutions, a list of authorized traders or trust documents establishing authority to open this account. In addition, provide a copy of the IRS Issuance Letter for your Employer Identification or Tax Identification Number.

<sup>3</sup> Pursuant to US federal regulations, we are required to obtain, verify, and record information about the beneficial owners for certain legal entity customers. Please refer to the 'Certification of Beneficial Owners' form at the end of this application for information regarding entity investors covered under this requirement and the process to provide this information.

Should you have any questions regarding documents required for entity investors and/or identification of the beneficial owners under the expanded requirements, please call 866-667-9231 for further assistance.

Individual First Name/Initial/Last Name

/ / - -

Date of Birth (m/d/yyyy)

Social Security Number

Tax ID #

Joint Owner - If any First Name/Initial/Last Name

/ / - -

Date of Birth (m/d/yyyy)

Social Security Number

Tax ID #

Name of Custodian (only one) as Custodian for

/ / - -

Date of Birth (m/d/yyyy)

Social Security Number

Tax ID #

Name of Minor (only one)

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

Social Security Number

Minor's State of Residence

**SEE NEXT PAGE TO APPOINT A SUCCESSOR**

Name of Employer/Organization/Trust/Plan

Name of Trustee/Authorized Signer

/ /

Date of Birth (m/d/yyyy)

Tax ID #

Legal Residence (No P.O. Boxes)

City State ZIP

Account Mailing Address (if different from the Legal Residence)

City State ZIP

Contact Phone Number

## Appointment of Successor Custodian (Uniform Gift/Transfer To Minor Accounts Only)

In the event of my death, I,

Custodian  
hereby appoint

Successor Custodian for this Account

Signature of Custodian

/ / - -

Successor's Date of Birth (mm/dd/yy) Successor's Social Security Number

Signature of Successor Custodian (signifies acceptance of appointment)

## Appointment of Authority for Organization/Trust/Plan

The undersigned hereby certifies that the person(s) named below has authority to take any and all actions on behalf of the account, and that the Organization/Trust/Plan has taken any and all actions necessary to establish this account and to grant such authority to the person(s) listed below.

Print Name

Print Name

Title

Title

Signature

Signature

## Section 3 - Citizenship

U.S. citizen      U.S. resident alien      Non-resident alien (Attach IRS Form W-8. Dividends are subject to tax withholding.)

Note: For non-resident aliens, in addition to submitting an IRS Form W-8, the following is required: an individual tax identification number, passport number with country of issuance, alien identification card number, or number with country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard and a copy of the document. Please indicate form of identification:

Alien ID Card      Passport      Other

Alternate identification number

Issuing body

Country of origin

Are you or the joint owner or any member of your immediate family affiliated with or employed by a member of a stock exchange or member of the Financial Industry Regulatory Authority (FINRA)?

No      Yes

If Yes, What is the affiliation?

Are you or the joint owner a current or former employee, representative, or agent of a foreign (non-U.S.) government or any agency or instrumentality of a foreign (non-U.S.) government, including the military?

No      Yes

If Yes, please provide details, including all positions and titles held, and dates held.

Within the past five years, has any immediate family member of you or the joint owner been an employee, representative or agent of a foreign (non-U.S.) government or any agency or instrumentality of a foreign (non-U.S.) government, including the military?

No      Yes

## Section 4 – Cost Basis Election

As of January 1, 2012, the IRS is requiring abrdn to track and report cost basis on our shareholder's mutual fund purchases.

Please select one of the following methods:

- |                            |                              |  |
|----------------------------|------------------------------|--|
| Average Cost (ACST)        | High Cost, First Out (HIFO)  | Specific Lot Identification (SLID)   |
| First In, First Out (FIFO) | Low Cost, First Out (LOFO)   | If electing Specific Lot Identification as a standing order, please choose a secondary standing order below: |
| Last In, First Out (LIFO)  | Loss Gain Utilization (LGUT) |  |

If no option is selected or if instructions are not received with the redemption order, abrdn's default cost basis method of Average Cost will be applied. The default will control the selection of shares used to determine the cost basis and calculate the loss or gain on the redemption.

Please consult your tax advisor if you are unsure which cost basis election is right for you.

## Section 5 – Income Distribution Options

We automatically will reinvest your dividend and capital gains distributions into your Fund account unless you indicate otherwise below.

How do you want your dividend and capital gains distributions handled?

I authorize abrdn Funds to electronically deposit my distributions into my bank account (please complete Section 7.)

Dividends      Capital Gains

I want my distributions reinvested into my Fund account.

Dividends      Capital Gains

I want my distributions the

Fund

deposited into the

Fund.

Dividends      Capital Gains

I want my distributions via check sent to my address of record.

Dividends      Capital Gains

## Section 6 – Shareholder Privileges

### A. Letter of Intent (optional)

I want to establish a Letter of Intent for the abrdn Funds Class A shares, and during a 13-month period, I will invest:

- |           |   |           |
|-----------|---|-----------|
| \$50,000  | \$100,000   | \$250,000 |
| \$500,000 | \$1,000,000 or more to obtain a reduced sales charge. |           |

You can also combine your purchase of Class A shares with your purchase of Class C shares to fulfill your Letter of Intent.

### B. Telephone & Internet Privileges (optional)

Unless indicated below, I authorize abrdn Funds to accept instructions from any authorized owner to exchange or redeem shares in my account(s) by telephone, in accordance with the procedures and conditions covered in the Prospectus.

I do NOT want the Telephone Exchange Privilege.

I do NOT want the Telephone Redemption Privilege.

### C. Automatic Investment Plan

Your first transaction will be effective following verification from your financial institution. Please allow up to 30 days to change or discontinue this feature.

I authorize abrdn Funds to deduct the dollar amount(s) specified below and to invest the amounts monthly into the Fund(s) of my choice. (Please complete Section 7.)

Fund name(s) (\$50 dollar minimum)

Automatic Investments will be made on the 15th of each month.

## D. Systematic Withdrawal Plan (optional)

I would like to receive checks for \$50 or more from the

Fund name

*Beginning on the 15th day of*

/

*I want to receive*

(\$50 dollar minimum)

Please send my payments (Check only one):

Monthly

Bi-monthly

Quarterly

Semiannually

Annually

## E. Systematic Exchange Plan (optional)

Note: \$5,000 minimum balance requirement

I would like to have regular transfers made from the

Fund name

*To the*

Fund name

*Beginning on the 15th day of*

/

*transfer*

Account Number for Existing Accounts

(\$50 dollar minimum)

Monthly

Quarterly

## F. Household Delivery of Documents

Unless you elect otherwise below, we will automatically deliver to your address only one copy of any prospectus or financial report mailed by abrdn Funds to shareholders, even if more than one person at your address is a shareholder of abrdn Funds. By "householding" these mailings, we can reduce the volume of mail you receive from us and help reduce fund expenses. Please note that you may continue to receive multiple mailings if you or others at your address hold abrdn Fund shares through a broker or other financial institution.

I do not wish to participate in householding. Please send me my own prospectus and financial reports.

## G. Electronic Delivery (Optional)

You may elect to electronically receive your account statements, prospectuses and financial reports. Please call 866-667-9231, or visit [www.abrdn.com/usa](http://www.abrdn.com/usa) for further instructions.



## Section 9 – Certification and Signatures

### A. Tax Certification

CERTIFICATION INSTRUCTIONS—You must cross out item 2 below if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement account (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct social security or taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien) or a non-resident alien who has executed a Form W-8.

The internal revenue service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Account Owner Initials

Joint Account Owner Initials

### B. Signatures

I/We have received and read the current prospectus(es) and privacy notice of the fund(s) selected, and this Account Registration Form, and agree to be bound by their terms. I/We hereby acknowledge that I/we have read, understand and agree to the terms set forth in this document. I/We hereby represent that the information provided in this document accurately reflects my/our account registration, citizenship and tax certification, and I/we will abide by the terms and conditions as currently in effect.

By signing this form, I/We certify that I am of legal age and capacity and am/are authorized to purchase shares. I/We agree that all account options chosen on this application will apply to any new fund into which the shares may be exchanged unless updated instructions are received in writing by abrdn Funds. Communications may be sent to me/us at the address listed on the application or such other address which I/we may hereafter give to abrdn Funds, and all communications so sent, whether by mail, e-mail, messenger or otherwise, shall be deemed to be given to me/us personally, whether actually received or not.

Account Owner Name

Account Owner Signature

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

Joint Account Owner Name

Joint Account Owner Signature

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

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To assist the government in efforts to fit money laundering activities and the funding of terrorism, U.S. Federal law requires us to obtain, verify and record information that identifies each person that opens an account. Federal law also requires us to verify and record information that identifies the natural persons who control and beneficially own certain legal entities that open an account.

**What this means to you:** When you open an account, we will ask for the names, addresses, date of birth and other information which allows us to identify you and certain other natural persons associated with the legal entity. This information will be verified to ensure the identity of such persons.

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## Definition of a Legal Entity Customer

a. The Rule defines a legal entity customer as the following:

- Corporation
- Limited Liability Company
- A General Partnership
- Any other entity created by a filing with a state office or similar office
- Any similar entities formed under the laws of a non-US jurisdiction

**Note:** The definition also includes limited partnerships, business trusts that are created by a filing with a state office, and any other entity created in this manner.

b. **Legal entity** does not include sole proprietorships, unincorporated associations, estate-planning trusts, or natural persons opening accounts on their own behalf. In addition, it should be noted excluded from the definition are certain entities subject to Federal or State regulation and for which information about ownership and management is available from Federal or State agencies.

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## Purpose

The following form will need to be completed by the person opening a new account on behalf of a legal entity as defined above (section a). This form requires you to provide the name, address, date of birth and Social Security number along with a copy of their photo identification (e.g., driver's license, passport, etc.) for the following individuals:

- Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity customer (e.g., a natural person that's 25 percent or more of the shares of a corporation); and
  - An individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer)
  - Documentation provided must be current and in good order.
- 

Should you have any questions or require assistance in completing the forms and other items associated with this process, please call 866-667-9231.

# Certification of Beneficial Owner(s)



For individuals listed as beneficial owners and/or the control person for the entity, a copy of their photo identification must be provided (e.g., driver's license, passport, etc.). Documentation provided must be current and in good order.

**All persons opening an account on behalf of a legal entity must provide the following information:**

1. Last Name and title of Natural Person Opening Account      2. First Name      3. Middle Initial
4. Name and type of Legal Entity for Which the Account is Being Opened
- 4a. Legal Entity Address      4b. City      4c. State      4d. ZIP/Postal Code

## Section I - (To add additional individuals, see page 3)

Please provide the following information for an individual(s), if any, who, directly or indirectly, through any contract arrangement, understanding, relationship, or otherwise owns 25% or more of the equity interests of the legal entity listed above.

**Check here**      **if no individual meets this definition and complete Section II.**

5. Last Name      6. First Name      7. M.I.  
/      /
8. Date of Birth (m/d/yyyy)      9. Address
10. City      11. State      12. ZIP/Postal  
-      -
13. County      14. SSN (U.S. Persons)
15. For Non-U.S. persons (SSN, Passport Number or other similar identification number)      15a. Country of issuance

**Note:** In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

## Section II

Please provide the following information for an individual with significant responsibility for managing or directing the entity, including, an executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or Any other individual who regularly performs similar functions.

16. Last Name      17. First Name      18. M.I.  
/      /
19. Date of Birth (m/d/yyyy)      20. Address
21. City      22. State      23. ZIP/Postal  
-      -
24. County      25. SSN (U.S. Persons)
26. For Non-U.S. persons (SSN, Passport Number or other similar identification number)      26a. Country of issuance

**Note:** In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

I, \_\_\_\_\_ /      /  
(name of person opening account), hereby      Signature      Date of Birth (m/d/yyyy)  
certify, to the best of my knowledge, that the  
information provided above is complete  
and correct.      Legal Entity Identifier (Optional)

## Additional Section I – Second Beneficial Owner (If required)

Please provide the following information for an individual(s), if any, who, directly or indirectly, through any contract arrangement, understanding, relationship, or otherwise owns 25% or more of the equity interests of the legal entity listed above.

5. Last Name / / 6. First Name 7. M.I.  
8. Date of Birth (m/d/yyyy) 9. Address  
10. City 11. State 12. ZIP/Postal  
- -  
13. County 14. SSN (U.S. Persons)  
15. For Non-U.S. persons (SSN, Passport Number or other similar identification number) 15a. Country of issuance

**Note:** In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

## Additional Section I – Third Beneficial Owner (If required)

Please provide the following information for an individual(s), if any, who, directly or indirectly, through any contract arrangement, understanding, relationship, or otherwise owns 25% or more of the equity interests of the legal entity listed above.

5. Last Name / / 6. First Name 7. M.I.  
8. Date of Birth (m/d/yyyy) 9. Address  
10. City 11. State 12. ZIP/Postal  
- -  
13. County 14. SSN (U.S. Persons)  
15. For Non-U.S. persons (SSN, Passport Number or other similar identification number) 15a. Country of issuance

## Additional Section I – Fourth Beneficial Owner (If required)

Please provide the following information for an individual(s), if any, who, directly or indirectly, through any contract arrangement, understanding, relationship, or otherwise owns 25% or more of the equity interests of the legal entity listed above.

5. Last Name / / 6. First Name 7. M.I.  
8. Date of Birth (m/d/yyyy) 9. Address  
10. City 11. State 12. ZIP/Postal  
- -  
13. County 14. SSN (U.S. Persons)  
15. For Non-U.S. persons (SSN, Passport Number or other similar identification number) 15a. Country of issuance

**Note:** In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

<b>Facts</b>	<b>WHAT DO abrdn FUNDS DO WITH YOUR PERSONAL INFORMATION?</b>
<b>Why?</b>	Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share and protect your personal information. Please read this notice carefully to understand what we do.
<b>What?</b>	<p>The types of personal information we collect and share depend on the product or service you have with us. The information can include:</p> <ul style="list-style-type: none"> <li>• Social Security/ Social Insurance number and account balance</li> <li>• Transaction history</li> <li>• Assets and Income</li> <li>• Investment experience</li> <li>• Checking account information and wire transfer instructions</li> </ul>
<b>How?</b>	All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons abrdn choose to share; and whether you can limit this sharing. We do not disclose nonpublic personal information about our clients or former clients to third parties other than as described below. Where abrdn Funds does share personal information with a trusted third party, it does so under strict terms that require the information to be used only for the purpose for which it was disclosed, kept confidential and protected by appropriate security safeguards.

<b>Reasons we can share your personal information</b>	<b>Do abrdn Funds share?</b>	<b>Can you limit this sharing?</b>
<b>For our everyday business purposes-</b> Such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
<b>For our marketing purposes-</b> To offer our products and services to you	Yes	Yes
<b>For joint marketing with our financial companies</b>	No	We don't share
<b>For our affiliate's everyday business purposes-</b> Information about your transactions and experiences	Yes	No
<b>For our affiliate's everyday business purposes-</b> Information about your creditworthiness	No	We don't share
<b>For our affiliates to market to you</b>	No	We don't share
<b>For our nonaffiliates to market to you</b>	No	We don't share
<b>To limit our sharing</b>	For queries related to Closed End Funds, please call 1-800-522-5465. For queries related to abrdn Funds, please call 877-332-7806.	
<b>Questions?</b>	abrdn.com	

## Who we are

**Who is providing this notice?** abrdn's North American Funds (collectively referred to as "abrdn Funds")

## What we do

**How does abrdn protect my personal information?** To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.

**How does abrdn collect my personal information?** We collect your personal information through various means for example, when you:

- Open an account or give us your contact information
- Seek advice about your investments or make deposits or withdrawals from your account
- Enter into an investment advisory contract
- Buy securities or interests in a fund from us
- Tell us where to send money

We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.

**Why can't I limit all sharing?** US Federal Law gives you the right to limit only:

- Sharing for abrdn and affiliates' everyday business purposes—information about your creditworthiness
- Affiliates from using your information to market to you
- Sharing for nonaffiliates to market to you

State or Provincial laws and individual companies may give you additional rights to limit sharing. In order to provide you with the services for which you have engaged abrdn, the company relies on a number of third parties to provide support services, including profession, legal, accounting and technical support.

**What happens when I limit sharing for an account I hold jointly with someone else?** Your choices will apply to everyone on your account.

## Definitions

**Affiliates** Companies related by common ownership or control. They can be financial and nonfinancial companies.

- *Our affiliates include subsidiaries of abrdn plc, a global financial services company.*

**Nonaffiliates** Companies not related by common ownership and control. They can be financial and nonfinancial companies.

- *abrdn Funds does not share personal information with nonaffiliates so they can market to you.*

**Joint marketing** A formal agreement between nonaffiliated financial companies that together market financial products or services to you.

- *abrdn Funds don't jointly market.*

## Other important information

This Privacy Notice is being provided by abrdn Funds, a U.S.-registered open-end investment company, and North-American registered closed-end investment companies managed by abrdn plc or its affiliates (collectively, North American Funds).