Mutual Fund Application for New Accounts
Coverdell Education Savings Account

UMB Bank, N.A., Custodian

Instructions:

- **Complete all applicable sections of this form.**
- **Include your initial investment.**
- **Remember to sign the completed application.**
- **Mail your application to:**
  abrdn Funds
  P.O. Box 219534
  Kansas City, MO 64121-9534
- **For special delivery or overnight services, mail to:**
  abrdn Funds
  430 W. 7th Street Suite 219534
  Kansas City, MO 64105-1407
- **Questions? Call 866-667-9231**

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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 abrdn 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.

Type of Payment:
- ☐ Check (in U.S. dollars) payable to abrdn Funds
- ◯ By wire (Call 866-667-9231 for further instructions.)
- ◯ Transfer/Rollover/Conversion: Complete the IRA Transfer/Direct Rollover Authorization Forms.
- ◯ Transfer funds from an existing abrdn Funds account:

Account Number

Important Information

An annual custodial fee of $15 will be charged to each Educational Savings Account (ESA) holder. Only one fee will be charged no matter how many ESAs exist for the ESA holder. The custodial fee will be deducted from the ESA holder's account, unless paid by separate check prior to December 1 of each year. Your check should be made payable to abrdn Funds and clearly marked "ESA Custodial Fee."

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($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
abrdn China A Share Equity Fund	$	☐ 5190	GOPAX	☐ 5390	GOPCX
abrdn Dynamic Dividend Fund	$	☐ 3791	ADAVX		
abrdn Emerging Markets ex-China Fund	$	☐ 5556	GLLAX	☐ 5211	GLLCX
abrdn Emerging Markets Fund	$	☐ 5140	GEGAX	☐ 5340	GEGCX
abrdn Emerging Markets Sustainable Leaders Fund	$	☐ 5562	GIGAX	☐ 5212	GIGCX
abrdn Global Equity Impact Fund	$	☐ 5199	JETAX		
abrdn Global Infrastructure Fund	$	☐ 3789	AIAFX		
abrdn International Small Cap Fund	$	☐ 5180	WVCCX	☐ 5380	CPVCX
abrdn International Sustainable Leaders Fund	$	☐ 5195	BJBIX		
abrdn Realty Income & Growth Fund	$	☐ 3787	AIAGX		
abrdn U.S. Small Cap Equity Fund	$	☐ 5982	GSXAX	☐ 5201	GSXCX
abrdn U.S. Sustainable Leaders Fund	$	☐ 5101	GXXAX	☐ 5102	GXXCX
abrdn U.S. Sustainable Leaders Smaller Companies Fund	$	☐ 5135	MLSAX		
Fixed Income Series					
abrdn Emerging Markets Debt Fund	$	☐ 5160	AKFAX	☐ 5360	AKFCX
abrdn High Income Opportunities Fund	$	☐ 5197	BJBHX		
abrdn Infrastructure Debt Fund	$	☐ 5181	CUGAX	☐ 5381	CGBCX
abrdn Intermediate Municipal Income Fund	$	☐ 5937	NTFAX	☐ 5737	GTICX
abrdn Short Duration High Yield Municipal Fund	$	☐ 3798	AAHMX		
abrdn Ultra Short Municipal Income Fund	$	☐ 3784	ATOBX		

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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 First Name/Initial/Last Name

/ / Date (m/d/yyyy)

Tax ID #

Legal Residence (No P.O. Boxes)

City, State ZIP

Account Mailing Address (if different from the Legal Residence of the Designated Beneficiary)

/ / Date (m/d/yyyy)

– – Social Security Number

Legal Residence (No P.O. Boxes)

City, State ZIP

Account Mailing Address (if different from the Legal Residence of the Designated Beneficiary)

City State ZIP

Contact Phone Number

Name of Depositor (If different from Account Controller) Must meet AGI qualifications

*The "Account Controller" named by the Depositor is generally a parent or guardian of the Designated Beneficiary. The Custodial Account shall have only one Account Controller at any time. If the Account Controller becomes incapacitated or dies while the Designated Beneficiary is a minor under state law, the

Successor Account Controller shall be the person named to succeed in that capacity by the preceding Account Controller in a witnessed writing or, if no Successor is so named, the Successor Account Controller shall be the Designated Beneficiary's surviving parent or successor guardian. Unless otherwise directed by checking the option in section 5, the Designated Beneficiary becomes the Account Controller at the time that the Designated Beneficiary attains the age of majority under state law.

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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 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 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 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

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

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Section 4 - Beneficiary Selection

Name of Successor Beneficiary

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

Name of Successor Controller

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

Name of Custodian: UMB Bank, N.A.

Address or Principal Place of Business of Custodian:
P.O. Box 55930, Boston, MA 02205

☐ Option (This provision is effective only if checked): The Account Controller shall continue to serve as the Account Controller for the Custodial Account after the designated beneficiary attains the age of majority under state law, and until such time as all assets have been distributed from the Custodial Account and the Custodial Account terminates. If the Account Controller becomes incapacitated or dies after the Designated Beneficiary reaches the age of majority under state law, the Designated Beneficiary shall become the Account Controller (unless there is a Successor Account Controller named).

Section 5 - Optional Shareholder Privileges

A. Telephone Privileges

Unless indicated below, I authorize abrdn Funds to accept instructions from any authorized owner to exchange 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.

B. 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 6.)

Fund names(s)

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

C. 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.

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Section 6 - Bank Account Information

Complete this section if you selected an electronic transfer option in Section 5(B). A signature guarantee is required if the name(s) on your bank account are not identical to the name(s) on your abrdn Funds account.

This option 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 add bank Automated Clearing House (ACH) purchase and ACH redemption information to my Fund account.

Bank Name

Bank Account Registration

Account type: ☐ Checking ☐ Saving

Bank Routing Number (Located in the bottom left corner of your check. If you cannot find this number, your bank will provide it to you.)

Bank Account Number

Please check the transaction box that the bank account information pertains to:

☐ Wire ☐ Electronic (ACH) ☐ Both

Section 7 - Investment Professional

The Broker-Dealer signing below authorizes the abrdn Funds' transfer agent to act as agent in connection with transactions under this application.

Name of Broker-Dealer Firm

Branch Street Address (Number and Street) Apt. #

City State ZIP

Phone Number

Name of Investment Professional

Investment Professional #

Dealer # Branch #

Authorized Signature of Broker-Dealer Date of Birth (m/d/yyyy) / /

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Section 8 - 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

B. Customer Terms

I 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 hereby acknowledge that I have read, understand and agree to the terms set forth in this document. I hereby represent that the information provided in this document accurately reflects my account registration, citizenship and tax certification, and I will abide by the terms and conditions as currently in effect.

Account Owner Initials

C. Acknowledgement for Coverdell Education Savings Account

Depositor and Custodian hereby adopt an agreement establishing a Coverdell Education Savings Account utilizing the language of the Coverdell Education Savings Account Custodial Agreement and as supplemented by the provisions of this application. Depositor acknowledges receipt of a copy of the Coverdell Education Savings Account Custodial Agreement and the required Disclosure Statement. Depositor acknowledges:

(1) That this agreement shall be construed, administered and enforced according to the laws of Ohio. (2) That he or she is of legal age to establish this Coverdell Education Savings Account Custodial Account and a copy of the applicable fund prospectus was received and read prior to the execution of this application, and that he or she understands the fund(s) investment objectives and has determined that the fund(s) is (are) a suitable investment(s) based upon his or her investment needs and financial situation, and he or she certifies that the Social Security number(s) on this form are true, correct and complete. (3) That abrdn Bank is appointed to act as Agent for Depositor in buying shares for the Coverdell Education Savings Account, and abrdn Bank is authorized to deduct all applicable fees from the account hereby established.

Account Owner Name

Account Owner Signature

/ /

Date of Birth (m/d/yyyy)

Important notice: USA Patriot Act

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.

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.

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)

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For individuals listed as beneficial owners and/or the control person for the entity, a copy of their photo identificiation 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 certify, to the best of my knowledge, that the information provided above is complete and correct.

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

Legal Entity Identifier (Optional)

Certification of Beneficial Owner(s)

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.

Facts	**WHAT DO abrdn FUNDS DO WITH YOUR PERSONAL INFORMATION?**
Why?	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 thisnotice carefully to understand what we do.
What?	The types of personal information we collect and share depend on the product or service you have with us. The information can include: · Social Security/ Social Insurance number and account balance · Transaction history · Assets and Income · Investment experience · Checking account information and wire transfer instructions
How?	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.

Reasons we can share your personal information	Do abrdn Funds share?	Can you limit this sharing?
For our everyday business purposes– Such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
For our marketing purposes– To offer our products and services to you	Yes	Yes
For joint marketing with our financial companies	No	We don't share
For our affiliate's everyday business purposes– Information about your transactions and experiences	Yes	No
For our affiliate's everyday business purposes– Information about your creditworthiness	No	We don't share
For our affiliates to market to you	No	We don't share
For our nonaffiliates to market to you	No	We don't share

To limit our sharing	For queries related to Closed End Funds, please call 1-800-522-5465. For queries related to abrdn Funds, please call 877-332-7806.
Questions?	abrdn.com

Privacy Notice

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 j ointly 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 companiesthat 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).