Retirement Account Required Minimum Distribution Form

aberdeen Investments

For use with Traditional IRA's, Simple IRA's and 403(b) Accounts ONLY

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

Section 1 - Account Holder Information

Individual (FirstName/Initial/LastName)

Fund / Account Number

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

Social Security Number - -

Contact Address

City State ZIP

Contact Phone Number

Section 2 - Fund and Account Information

Fund Name

Fund Account Number

Section 3 - Method of Distribution

☐ **Life Expectancy Distribution:** Payments based on the life expectancy indicated below will be determined from the appropriate IRS annuity tables and distributed as indicated. Specify Frequency:

☐ Monthly ☐ Semi-Annually
☐ Quarterly ☐ Annually

Date payments are to begin

/

(mm/yyyy) Payments made on or about the 15th of the month

☐ Single Life Expectancy

☐ Joint Life Expectancy With Beneficiary

Beneficiary (FirstName/Initial/LastName)

The Beneficiary must be your spouse and must be 10 or more years younger than you in order to select this option.

/ /

Beneficiary Date of Birth (m/d/yyyy)

Section 4 - Designated Beneficiary

Relationship

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

☐ Systematic Withdrawal Plan

Specify Distribution Start Date: (m/d/yyyy) / /

Date of Birth (m/d/yyyy)

Specify Distribution Frequency: (Check only one)

☐ Monthly ☐ Semi-Annually
☐ Quarterly ☐ Annually

☐ One Time Payment

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Section 5 - Method of Payment

☐ **Mail Check via** ☐ U.S. Postal Service ☐ Overnight Courier (may require additional fee)

☐ Address of Record (Default method of payment. If no box is checked, your distribution will be mailed to you.)

☐ Other Address (A Medallion signature guarantee may be required. Consult your prospectus.)

Street Adreess, City, State, ZIP

☐ **Mail Check via** ☐ Wire or ☐ ACH: Please attach wire or ACH instructions, if applicable. You must attach a voided check or savings deposit slip for wire/ACH deposits. A Medallion signature guarantee may be required. Consult your prospectus.

☐ **Deposit to my Non-Qualified Account**

Acct. # (A Medallion signature guarantee may be required. Please call 1-866-667-9231 for assistance.)

Notice of Withholding

The distributions you receive from your IRA are subject to federal income tax withholding unless you elect not to have withholding apply. If you do not check a box, taxes will be withheld at 10%.

Withholding (Purpose of Form W-4P). The IRA Account Holder must elect whether or not to have money withheld for federal income tax purposes and on what basis. You may make this election on this substitute Form W4-P or you may attach an actual Form W4-P. Unless elected otherwise, IRA distributions will have federal income tax withheld at a flat rate of 10%. You may use this form to elect to have no income tax withheld (except for payments to U.S. citizens delivered outside the U.S. or its possessions), to have 10% withheld, or to have more than 10% withheld. Check the box reflecting your choice. Generally, your election will apply to any later distributions from the same IRA. You may, however, revoke your previous exemption from withholding. Simply complete a new W4-P with your Custodian/Trustee.Copies of Form W4-P will not be sent to the IRS by the payer.

Statement of Income Tax Withheld from your IRA. By January 31 of next year, you will receive a statement from your payer showing the total amount of your IRA payments and the total income tax withheld during the year.

Exemption from Income Tax Withholding. The election to be exempt from income tax withholding does not apply to any periodic payment or nonperiodic distribution that is delivered outside the U.S. or its possessions to a U.S. citizen or resident alien. Other recipients who have these payments delivered outside the U.S. or its possessions can elect exemption only if an individual certifies to the payer that the individual is not: (1) a U.S. citizen or resident alien, or (2) an individual to whom Section 877 of the Internal Revenue Code applies (concerning expatriation to avoid tax). The certification can be made in a statement to the payer under penalties of perjury.

For more information, please see Publication 505, Tax Withholding and Estimate Tax, available from most IRS offices.

Caution: Remember that there are penalties for not paying enough tax during the year, either through withholding or estimated tax payments. New retirees, especially, should see IRS Publication 505. It explains tax requirements and penalties in detail. You may be able to avoid quarterly estimated payments by having enough tax withheld from your IRA using Form W-4P.

Acknowledgement and Account Holder Signature

I have read the CONDITIONS APPLICABLE TO DISTRIBUTIONS above. I hereby acknowledge receipt of the NOTICE OF WITHHOLDING below.

☐ I do ☐ I do not elect to have taxes withheld from my IRA distribution at ☐ % (not less than 10% [99% maximum]).

IRA Account Holder/Beneficiary Signature

Date of Birth (m/d/yyyy) ☐ / ☐ / ☐

NOTE: A Medallion signature guarantee may be required for your distribution. A Medallion signature guarantee may be executed by a bank, a broker-dealer, a credit union, a national securities exchange or a savings association. A guarantee by a notary public is not acceptable. The authorized officer who guarantees the signature must sign in capacity and the words "signature guaranteed" must appear with the required stamp.

A medallion signature guarantee may be obtained from a commercial bank, savings and loan association, credit union, or broker-dealer. We regret a notary public is not an acceptable guarantor. Please call 1-866-667-9231 for assistance.

You must complete all sections of this form. Failure to do so will result in processing delays. If you have any questions regarding this form or its contents, please call a Shareholder Services Representative. Please consult your tax advisor to assure that the options you have selected are appropriate for your particular situation.

Conditions Applicable to Distributions

The Participant/Beneficiary hereby authorizes the distribution from the IRA and certifies that it is in accordance with the provisions of the IRA plan. I am solely responsible for determining the amount and the appropriate calculation method for my required minimum distribution ("RMD"). The Internal Revenue Service could modify the regulations which may require that I refigure my RMD due for the 2020 calendaryear. I acknowledge that the Custodian cannot provide me with legal advice and I agree to consult with my own tax professional when I need tax advice. Due to a change in the law, the required minimum distribution age beginning in the year 2020 changed from 70 ½ to 72. If you turned age 70 ½ on or after 1/1/2020 you are not required to begin taking your RMD until you reach age 72.If I am over 72, I accept full responsibility for withdrawingfrom my IRA the minimum amount required. I indemnify the Custodian,its agents, successors and affiliates from any and all claims the undersigned may have or hereafter claim to have with respect to the distributions or in the event I fail to meet the minimum distribution requirements.

The elections made on this document are irrevocable.

NOTE: A signature guarantee may be required for your distribution. A signature guarantee may be executed by a bank, broker-dealer, a credit union, a national securities exchange or a savings association. A guarantee by a notary public is not acceptable. The authorized officer who guarantees the signature must sign in capacity and the words "medallion signature guaranteed" must appear with the required stamp.