

abrdn Life

Withdrawal Dealing Instruction Form



	ng@uk.sscinc.com				
ia Post to:- SS&C, ICS Departmer O Box 12381 helmsford, CM99 2ET	nt				
ne instruction can also be faxed t K - 0330 123 3685 or ternational - +44 (0)1268 457 71					
Policy Holder					
Policy Number (Unitholder ID)					
Fund Name		ISIN	Withdrawal¹ €		Withdrawal Units
Total Withdrawal					
Bank Account Details Only complete this section if the k	-	<u> </u>	<u> </u>	bank account c	details provided to us on
Bank Account Details Only complete this section if the byour application form. If the bank details differ to those confirmation that the information checked by you along with all dubusiness activities, abran Life is not me are unable to pay the funds	we have on record for an provided on the form the diligence obligation to tresponsible if the fort to the account on this	or you, we will accept this sig m is correct and the bank ac ns having been performed in unds have been paid to the	ade to differ from the ned instruction, in rela account where the fun I line with applicable wrong account or pa	ation to this spe ids are being po laws and regul irty if details on	cific transaction only, as aid has been appropriate ations governing your this form are incorrect.
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Signature	Name		Date	
Signature	Name		Date	
you have any queries regarding none: 0330 123 1379	your withdrawal, please contac	t the Institutional Client Servi	ces team (ICS) at SS&C:	
mail: abrdn.ICS@uk.sscinc.com				

Email: abrdn.ics@uk.sscinc.com

General enquiries: T UK - 0330 123 1379 or International - +44 (0)1268 445 661

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