

IRA Beneficiary Designation Form

Return by mail:
Aberdeen Funds
P.O. Box 219534
Kansas City, MO 64121-9534

Return by express delivery:
Aberdeen Funds
430 W. 7th Street Suite 219534
Kansas City, MO 64105-1407

For more information:
Aberdeen Asset Management
1-866-667-9231
aberndeen-asset.com

*If more space is needed,
please submit two forms
or attach a second page.*

Fund and Account Number

Section 1 - Account registration

Individual (FirstName/Initial/LastName)

/ / - -

Date of Birth (m/d/yyyy)

Social Security Number

Legal Residence (No P.O. Boxes)

City State ZIP

Section 2 - (Please check Primary or Contingent for each)

Primary

Contingent

Relationship:

Individual (FirstName/Initial/LastName)

/ /

Date of Birth (m/d/yyyy)

% of Share

Legal Residence (No P.O. Boxes)

City State ZIP

Primary

Contingent

Relationship:

Individual (FirstName/Initial/LastName)

/ /

Date of Birth (m/d/yyyy)

% of Share

Legal Residence (No P.O. Boxes)

City State ZIP

Primary

Contingent

Relationship:

Individual (FirstName/Initial/LastName)

/ /

Date of Birth (m/d/yyyy)

% of Share

Legal Residence (No P.O. Boxes)

City State ZIP

Primary

Contingent

Relationship:

Individual (FirstName/Initial/LastName)

/ /

Date of Birth (m/d/yyyy)

% of Share

Legal Residence (No P.O. Boxes)

City State ZIP

Please note: Beneficiary % of shares should add to 100%. This box represents the total of shares thus far:

Signature

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