



Melbourne Securities Corporation Limited(ACN 160 326 545 AFSL 428289Y, MSC Trustee') is the Issuer, Trustee and Responsible Entity of the Fund distributed by SG Hiscock & Company Limited ('SGH) ABN 51 097 263 628, AFSL 240679) in Australia. abrdnOceania Pty Ltd('abrdn') is the appointed Fund Manager.

Before completing this Application Form, please read the Product Disclosure Statement (PDS) issued 11 October 2023.

All clients applying for a new account must also complete an Identification Form for the purposes of Anti-Money Laundering and Counter-Terrorism Financing (AML/CTF) laws.

The PDS and Identification Form can be viewed or downloaded at https://www.abrdn.com/au. Alternatively you can request a copy be sent to you by contacting the Client Services team at clientservice@sghiscock.com.au or on 1800 636 888 or + 61 3 9612 4646 if calling from outside Australia

### Post initial and additional investments applications to:

Melbourne Securities Corporation Limited C/- Citi Unit Registry Australia GPO Box 764 Melbourne VIC 3001

### Fax additional investment applications to:

Melbourne Securities Corporation Limited C/- Citi Unit Registry Australia 1300 101 688 (Australia Investors) +61 1300 101 688 (International investors)

 $If \ making \ an \ initial \ investment \ in \ the \ Fund \ online, \ please \ follow \ the \ lodgement \ instructions \ on \ our \ website, \ www.abrdn.com/au. \ \textbf{Please note:}$ 

 $Initial\,Application\,Forms\,and\,Identification\,Forms\,sent\,by\,fax\,will\,not\,be\,accepted.$ 

Please print in blue or black pen within the boxes in CAPITAL LETTERS. Mark appropriate boxes with an X

art 1 Do you have an existing investment in the abrdn Funds?	
No, go to Part 2 onwards. All clients applying for a new abrdn account must also complete an <b>Identification Fo</b> purposes of AML/CTF laws.	<b>rm</b> for the
Yes, the existing investor number is	
Please create a new investor number for this investment (If you are a current investor and no selection is made this investment to the existing investor number).	le, we will add
you have an existing investment in one of the abrdn Funds and none of the following details have changed since your vestor details (including tax details), organisation type (if applicable), organisation's tax status classification (if applicase complete Part 2, 3, 6 and 12. If your details have changed, please complete Part 4.	
art 2 Are you in the target market for this Fund?	
Are you a Professional Investor? (defined in the Product Disclosure Statement)	
Are you investing in the Fund on the recommendation of your financial adviser? (complete adviser details in P	art 9)
neither of the above apply, please proceed to Part 3 Target Market Questionnaire. You will not be able to invest if wo ou are not within the target market for the Fund.	e determine
Target Market Questionnaire - Mandatory	
e you seeking an investment that is designed to be held for medium to long-term and provide capital growth?	Yes No
ill this be part of your diversified investment?	Yes No
ould you consider yourself to have a medium or higher risk/return profile in relation to investment?	Yes No
our response to any of the above questions are 'N', then this product may not be appropriate for you. Please eak to a financial adviser.	

<b>4.1.</b> Investor 1/Trustee 1/Di			
Surname			
Given Name(s)			
Title (e.g. Mr, Mrs, Miss, Ms, Dr)			
Date of Birth (DD/MM/YY)			
our main country of reside Australia or New Zealand	ence if not		
ndustry			
「ax File Number		or reason for exemption	
ACN/ABN/ARBN			
lease answer <b>both</b> tax esidency <sup>1</sup> questions	Yes No	Are you a tax resident of Australia?	
, ,	T V T N	Are you a tax resident of another country?	
ax resident of more than o TIN is the number assign ustralia or a Social Securi	ne other country, please led by each country for	stralia, please provide your tax identification nume list all relevant countries below.  the purposes of administering tax laws. This is the TIN is not provided, please list one of the three r	ber (TIN) or equivalent below. If you are a
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# abrdnGlobalCorporateBondFund(Class A)

4.2. Investor 2/Trustee 2/Di				
Surname				
Given Name(s)				
Title (e.g. Mr, Mrs, Miss, Ms, Dr)				
Date of Birth (DD/MM/YY)				
Your main country of reside Australia	ence if not			
ndustry				
Tax File Number			or reason for exemption	
ACN/ABN/ARBN				
lease answer <b>both</b> tax esidency² questions	Yes No	Are you a tax re	esident of Australia?	
	Yes No	Are you a tax re	esident of another country?	?
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.3. Organisation type (if ap	plicable)
Organisation type	Self-Managed Super Fund Trust Company Partnership Other entity
lame of company/ artnership/trustee/ ther entity	
lame of superannuation und/trust	
rincipal business/ rust activity	
Country established, if not A	Australia
CN/ABN/ARBN	
ax File Number	
.4. Organisation's tax statu	s classification
ote: Regulated super funds ooled superannuation trust	s (Self-Managed Superannuation Funds, APRA regulated super funds, government super funds or ts) are not required to complete this section and can proceed to <b>Part 5</b> .
	is) are not required to complete this section and can proceed to Part 5.
ws relating to Australia's in tandards as amended Co	n in accordance with the (1) United States Foreign Account Tax Compliance Act as amended (FATCA); and (2) in plementation of the OECD Standard for Automatic Exchange of Information in Tax Matters / Common Reporting mmon Reporting Standard (CRS).  **Pooces below** (if the Company / Trust / Partnership is a Financial Institution, please provide all the requested
ws relating to Australia's in tandards as amended Co	n in accordance with the (1) United States Foreign Account Tax Compliance Act as amended (FATCA); and (2) mplementation of the OECD Standard for Automatic Exchange of Information in Tax Matters / Common Reporting mmon Reporting Standard (CRS).
ws relating to Australia's in tandards as amended Co	n in accordance with the (1) United States Foreign Account Tax Compliance Act as amended (FATCA); and (2) mplementation of the OECD Standard for Automatic Exchange of Information in Tax Matters / Common Reporting mmon Reporting Standard (CRS).
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# abrdnGlobalCorporateBondFund (Class A)

	A Financial Institution (A custodial or depository institution, an investment entity or a specified insurance company for FATCA / CRS purposes)
	Provide the Company's / Trust's / Partnership's Global Intermediary Identification Number (GIIN), if applicable
	If the Company / Trust / Partnership is a Financial Institution but does not have a GIIN, provide its FATCA status (select ONE of the following statuses)
	Deemed Compliant Financial Institution
	Excepted Financial Institution
	Exempt Beneficial Owner
	Non-reporting IGA Financial Institution (if the Trust is a Trustee-Documented Trust, provide the Trustee' GIIN)
	Nonparticipating Financial Institution
	US Financial Institution
	Other (describe the Company's/Trust's/Partnership's FATCA status in the box provided)
	Financial Institution an Investment Entity located in a Non-Participating CRS Jurisdiction <sup>3</sup> and managed Other Financial Institution?
f the	answer is No, Please go to Part 5. Financial Institution is a Company and answers 'Yes', proceed to Part 4.4.2 (Foreign Beneficial Owners). Financial Institution is a Trust or Partnership and answers 'Yes', proceed to Part 4.4.3 (Foreign Controlling Persons).
	If you cross this box, please proceed to Part 5.  A Public Listed Company, Majority Owned Subsidiary of a Public Listed Company, Governmental Entity, International Organisation or Central Bank If you cross this box, please proceed to Part 5
	Australian Registered Charity or Deceased Estate
	If the Trust is an Australian Registered Charity or Deceased Estate, please proceed to Part 5.
	· · · · · · · · · · · · · · · · · · ·
	If the Trust is an Australian Registered Charity or Deceased Estate, please proceed to Part 5.  An Active Non-Financial Entity (NFE) <sup>4</sup>
	If the Trust is an Australian Registered Charity or Deceased Estate, please proceed to Part 5.  An Active Non-Financial Entity (NFE) <sup>4</sup> If the Company / Partnership is an Active NFE, please proceed to Part 4.4.4 (Country of Tax Residency).  A Charity or an Active Non-Financial Entity (NFE) <sup>5</sup>
	If the Trust is an Australian Registered Charity or Deceased Estate, please proceed to Part 5.  An Active Non-Financial Entity (NFE) <sup>4</sup> If the Company / Partnership is an Active NFE, please proceed to Part 4.4.4 (Country of Tax Residency).  A Charity or an Active Non-Financial Entity (NFE) <sup>5</sup> If the Company is a Charity or any Active NFE, please proceed to Part 4.4.4 (Country of Tax Residency).  A Foreign Charity or an Active Non-Financial Entity (NFE) <sup>6</sup>

re any of the company's Beneficial Owners tax reside	nts <sup>7</sup> of countries other than Australia	? Yes No
Yes, please provide the details of these individuals belo	ow and complete a separate Individu	ual Identification Form for each Beneficial Owner.
Full given names (s)	Surname	Role (such as Director or Senior Managing Official)
If there are more Beneficial Owners, provide	details on a separate sheet and cro	ss this box.
ease proceed to Part 4.4.4 (Country of Tax Residency	)	
.4.3 Foreign Controlling Persons (Individuals)		
artnerships - Are any of the Partnership's Controlling P	Persons <sup>8</sup> tax residents <sup>9</sup> of countries	Yes No
ther than Australia Yes, please provide the details of these individuals belo	ow and complete a separate Individu	
rusts - Are any of the Trusts Controlling Persons <sup>10</sup> tax re	esidents <sup>11</sup> of countries other than	Yes No
ustralia		
the Trustee is a company, are any of this company's Countries other than Australia	,	Yes No
Yes to either of the two questions above, please provious for each Controlling Person.	de the details of these individuals bel	ow and complete a separate Individual Identification
Full given names (s)	Surname	Role <sup>12</sup>
If there are more controlling persons, provide o	details on a separate sheet and tick	this box.

# abrdnGlobalCorporateBondFund(Class A)

4.4 Country of Tax Residency the Company / Trust/Partnership <sup>13</sup> / Association <sup>14</sup> / Regis f a country other than Australia?		
If Yes, please provide the Company's / Trust's / Partnersh lentification number (TIN) or equivalent below. If the Comp nore than one other country, please list all relevant countri- If No, please proceed to Part 5.	nip's / Association's / Registered ( pany / Trust / Partnership / Assoc	Co-operative's country of tax residence and tax
A TIN is the number assigned by each country for the puran Employer Identification Number in the US. If a TIN is no TIN.		
Country	TIN	If no TIN, list reason A, B or C
If there are more countries, provide details on a se	parate sheet and cross this box	
rason A The country of tax residency does not issue TIN rason B You have not been issued with a TIN	Ns to tax residents	
eason C The country of tax residency does not require	the TIN to be disclosed	

Part <b>5</b>	Investor contact details (address must be	investor's own details)	
C/- (if applicable)			
Street address			
Suburb		State	
Postcode		Country	
Phone number (AH)		Phone number (BH)	
Phone number (Mob)		Fax	
Email – Investor 1 <sup>16</sup>			
Email – Investor 2 <sup>17</sup>			
Mailing address for ALL corre	espondence (please cross 🗴 one box o	nly)	
As above Finar	ncial adviser (complete details in Part 9)	Other (complete c	details below)
Name			
C/- (if applicable)			
Postal address			
Suburb		State	
Postcode		Country	
Email address <sup>18</sup>			
Part 6	Making an investment - see sections 2 and 8	B of the PDS and section 1 o	of the AIB for more details.
New Investment (Minir	mum initial investment is \$20,000)	.dditional investment (Mini	imum additional investment is \$5,000)
mount (all investments must australian dollars)	t be made in \$		
Please arrange for payment	to be made by Electronic Funds Transfer ations Trust Account. BSB: 242-000 Accoun		
1			
Part 7	1 of the AIB for more details. By providing I	oank details in this section	einvested. See section 2 of the PDS and section you authorise abrdn to retain and use these butions, redemptions payments, and Fund
Automatic reinvestme	ent Payment by direct deposit into t	he following Australian ba	nk account
Name of bank			
Account name			
		A	
BSB		Account number	

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Part 8		ng bank details in this section you authorise abrdn to retain and use ncluding payment of redemption and fund termination payments
As per bank o	account details provided in Part 7	
Name of bank		
Account name		
BSB	Acc	ount number
Part <b>9</b>	Appoint a financial adviser (optional)	
	ou wish to appoint a financial adviser. By completin uthorise the financial adviser to make enquiries on	g this section you consent to give your financial adviser access your behalf for the Fund.
Adviser name		
AFSL number		
Dealer Group		
Adviser address		
Suburb	Sta	te
Postcode	Cor	untry
Phone number (AH)	Pho	one number (BH)
Phone number (Mob)	Fax	
Email <sup>19</sup>		
	s and reports) and financial services disclosures (s	o you information about your investment (such as transaction uch as any new PDS for the Fund). From time to time we may stil

#### Part 10

#### Appoint a representative (optional) - see section 1 of the AIB for more details.

Complete this section if you wish to appoint a representative (such as a relative, solicitor or financial adviser).

By completing this section you consent to give your appointed representative authority to do everything with the investment that you can do, except delegate authority to another third party, change your bank account details or change your personal details (including your name or date of birth)

I/We have read, and agree to, the conditions applying to the appointment of a representative in section 1 of the AIB.

In accordance with client identification requirements under the AML/CTF laws, we are required to collect certain information about each investor and any person(s) you appoint as a representative.

If you appoint any person(s) as a representative you will need to arrange for them to complete an Identification Form and provide the necessary supporting documentation to verify their identity.

By completing the relevant sections on appointed representatives on the Application Form you release, discharge and agree to indemnify abrdn, MSC Trustees, SGH or Citigroup Pty Ltd from and against any and all losses, liabilities, actions, proceedings, account, claims and demands arising from abrdn, MSC Trustees, SGH or Citigroup Pty Ltd acting on the instructions of your appointed representative.

You also agree that any instructions of your appointed representative to abrdn, MSC Trustees, SGH or Citigroup Pty Ltd, which are followed by abrdn, MSC Trustees, SGH or Citigroup Pty Ltd, shall be a complete satisfaction of abrdn's or Citigroup Pty Ltd's obligations, notwithstanding any fact or circumstances, including that the instructions were made without your knowledge or authority. You agree that if the appointed representative's instructions are followed by abrdn, MSC Trustees, SGH or Citigroup Pty Ltd you and any person claiming through or under you shall have no claim against abrdn, MSC Trustees, SGH or Citigroup Pty Ltd in relation to those instructions.

**Appointed representative details** - If you have completed Part 9 and your financial adviser does not require transaction authority, you are not required to complete this section and can proceed to Part 11

Surname	
Given name(s)	
Title (e.g. Mr, Mrs, Miss, Ms, Dr)	
Postal address	
Suburb	State
Postcode	Country
Phone number (AH)	Phone number (BH)
Phone number (Mob)	Fax
Email	
C	
Signature of appointed > representative	Date (DD/MM/YY)
Signature of applicant(s)	Date (DD/MM/YY)
	Date (DD/MM/YY)

### Part **11**

### Privacy – see section 5 of the AIB for more details.

Your personal information provided on this Application Form is required to process your investment, administer your account, and for compliance with relevant laws including AML/CTF and tax laws (including FATCA and CRS).

The collection of taxation information (including tax residency and TFN/ABN) is authorised by Australian tax laws. Failure to quote a TFN is not an offence. If not quoted, tax will be deducted from your distributions to meet ATO requirements. Collection of TFN information is authorised and its use and disclosure are strictly regulated by tax and privacy laws.

Each joint applicant must quote a TFN. We may request further information from you from time to time to satisfy our tax and other regulatory obligations.

	No, I do not wish to receive education and marketing information about the Fund or other funds managed by abrdn.
	no, rao not wish to receive education and marketing information about the rand of other rands managed by abran.

## abrdnGlobalCorporateBondFund (Class A)

### **Application Form**

#### Part **12**

#### Declaration and signatures

I/we being the investor(s):

- represent and warrant that I/we have the power and are duly authorised to invest in and hold units in the Fund;
- represent and warrant that I/we have read and understood the current PDS and AIB prior to completing this Application Form;
- agree to be bound by and comply with the Fund's Constitution (as amended) and of the terms, declaration, conditions and acknowledgements in the PDS, AIB and this application;
- if receiving the PDS and AIB from a website or other electronic means, declare to have received all pages of the PDS and AIB before making this application for units in the Fund;
- acknowledge that neither abrdn, MSC Trustees Trustees or SGH nor their employees or associates guarantees or has made any representation as to the future performance of the Fund, the maintenance or repayment of capital, any particular future rate of return or that the investment objective will be achieved;
- acknowledge that I/we are not in the United States or a 'US Person' (as defined in Regulation S under the US Securities Act 1933, as amended)
   ('US Person'), or acting for the account or benefit of a US Person. I/we understand that units in the Fund may not be offered to a US Person
   and agree that my/our units may not be sold or transferred to a US Person (directly or indirectly) without abrdn's prior consent.
   Notwithstanding the foregoing, if my/our investment becomes a US account, as reasonably determined by abrdn, MSC Trustees or SGH for
   the purposes of the FATCA, I/we will promptly notify abrdn, MSC Trustees or SGH and provide abrdn, MSC Trustees or SGH on request with
   any information which is necessary or desirable for abrdn, MSC Trustees or SGH to comply with any obligations it may have in connection
- agree not to make a copy of this document available to, or distribute a copy of such documents to, or for the account or benefit of, any US Person or any person in the United States or in any other place in which, or to any other person to whom, it would be unlawful to do so;
- acknowledge that I/we received and accepted the offer in the current PDS in Australia (except with abrdn's prior agreement, in which case
  I/we represent and warrant that I/we may invest in the Fund without the offer contained in the current PDS being registered with, or
  otherwise regulated by, the relevant regulator of that jurisdiction). I/we acknowledge and agree that if my/our country of residence
  changes I/we may be prevented from making further investments in the Fund.
- agree to provide further information or personal details to abrdn, MSC Trustees or SGH as requested to meet obligations under AML/CTF
  laws and taxation laws (including FATCA and CRS) and other regulatory requirements and acknowledge that the processing of my
  application may be delayed and will be processed at the unit price applicable on the Business Day on which all required information has
  been provided;
- acknowledge that I/we have read the privacy disclosure. I/we consent to (and agree that I/we have obtained all necessary consents and
  waivers from all controlling persons if any) personal information provided to abrdn, MSC Trustees or SGH being collected, used, processed,
  stored, transferred and disclosed to process my/our application, administer my/our investment and comply with any relevant laws
  (including FATCA and/or CRS) in accordance with abrdn's privacy policy. I/we acknowledge and agree that abrdn, MSC Trustees or SGH
  may be required to disclose my/our personal information (and personal information of any controlling person) and financial information
  about my/our investment to service providers of the Fund
  - (including Citigroup Pty Ltd and their related bodies corporate) and to the relevant regulatory authorities, including for compliance with AML/CTF or associated regulation and tax related requirements (including FATCA and CRS) for reporting tax residents of other countries and/or otherwise causing the Fund to comply with FATCA and/or CRS;
- acknowledge that by providing an email address I/we agree that abrdn, MSC Trustees or SGH may use this address to provide me/us with
  information about my/our investment (such as investment reports, statements and other material). While abrdn, MSC Trustees or SGH will
  take reasonable steps to protect information that I/we provide, abrdn, MSC Trustees or SGH cannot guarantee the security of certain types
  of information provided by me/us (for example, information provided over the internet or by email);
- declare that all details provided in this Application Form and any relevant Identification Form and Target Market Questionnaire are true and correct in every respect and may and will be relied upon by abrdn, MSC Trustees or SGH;
- acknowledge that if I have appointed any person(s) as a representative and/or under Power of Attorney I will need to arrange for them to
  complete an Identification Form and provide the necessary supporting documentation to enable abrdn or SGH to verify their identity. Where
  a Power of Attorney is appointed, I will need to provide abrdn or SGH with an originally certified copy of the Power of Attorney for that person;
- are over 18 years of age and not commonly known by other names;
- · declare that any monies used to invest in the Fund are not derived from or related to any criminal activities;
- declare that any proceeds of my/our investment will not be used in relation to any criminal activities; and
- declare that any documents or information whatsoever used for verification purposes in support of my application are complete and correct
- agree that if there is a change to any of the information provided in this Application Form, Target Market Questionnaire or other documents submitted for AML/CTF, FATCA, CRS or other purposes, I/we will notify abrdn, MSC Trustees or SGH immediately and within 30 days will submit a new Application Form including the tax certification in Part 4.4 (or equivalent), and such other documents as requested by abrdn or SGH.

Please sign and date the Application Form: All parties must sign joint applications. Corporations may sign by one of the following methods • By signatures of two directors or one director and the company secretary; • For companies where a sole director is permitted, by signature of the sole director; or · Under Power of Attorney. If signed under an attorney, the attorney confirms that no notice of revocation of that power has been received. An originally certified copy of the Power of Attorney must be lodged with this application. Persons appointed under a Power of Attorney will be required to complete an Identification Form. > Signature Name Director<sup>20</sup> Sole director<sup>21</sup> Date (DD/MM/YY) > Signature Name Director<sup>22</sup> Company Secretary<sup>23</sup> Date (DD/MM/YY) Important notes: • Receipt of investments: Applications for investments received and accepted by 2pm (Sydney time) (subject to the receipt of payment by 9am the following Business Day) on any Business Day will be processed at that Business Day's application price. Applications received and accepted after 2pm (Sydney time) on any Business Day will be processed using the application price applicable on the next Business Day. • In relation to trust investors, only the trustee has rights and obligations under the Fund. Joint applicants will be assumed as joint tenants (unless otherwise notified) and both applicants must sign the form. • If signed under a Power of Attorney, the attorney hereby certifies that he or she has not received notice of revocation of that power.  ${}^{20,21,22,23} Only\ companies\ and\ corporate\ trustees\ must\ cross\ here.\ Individuals\ are\ not\ required\ to\ cross\ here.$