

Additional Permitted Subscription

APS ISA Application Form

When we say 'we' or 'us', we mean abrdn Fund Managers Limited.

Who is this form for?

You can use this form to make an additional permitted subscription (APS) to your stocks and shares ISA.

Filling in this form

Please ensure you have completed and returned either APS ISA Internal/External Transfer Form prior to completion of this and received confirmation of your allowance. Please note we cannot accept an APS subscription until the APS allowance has been transferred to us.

Subscriptions may be made in cash (complete part 3 of the form).

If you inherited your spouse or civil partners assets held by abrdn Fund Managers Limited; you may also use these assets to make a subscription. Please complete part 5 if you wish to retain the assets, or part 6 if you wish to specify your own.

An ISA may only be held in one individual's name.

If you need any help completing this form, please contact us on 0345 113 6966. Calls may be monitored and/or recorded to protect both you and us and help with our training. Call charges may vary.

If you are receiving advice from a financial adviser, you should remember that the financial adviser is acting on your behalf not only by giving you advice, but also regarding completing this form.

Please complete the sections that are applicable to you; missing information will prevent us from accepting your application.

Please use **BLOCK CAPITALS** to fill in this form. Do not use correction fluid if you make a mistake. If you need to correct a mistake, please initial any changes you make.

Please sign and date the Declaration and return this form with your cheque (where applicable) to: abrdn Fund Managers Limited, PO Box 12233, Chelmsford, CM99 2EE

Financial adviser's details (if applicable)

Name of financial adviser:

Consultant code (if applicable):

Campaign code (if applicable):



forename(s) in full: Residential Address: Postcode: Phone:							
Pesidential Address: Postcode: Phone:							
Postcode:							
Phone:				Other Address (if different fro	m the r	esidential address):	
Phone:							
				Postcode:			
'm ail:				Correspondence address		Ad Hoc Address	
irraii.				Date of birth:			
lationality:							
mportant							
Please provide your Nationa o declare this.	al Insura	ance Number. This is a HMR(C require	ement and must be completed.	lf you d	o not have one please tick	the b
National Insurance Number	:			l do not have a National Insura	ance Nu	umber:	
you are an existing abrdn o blease provide your investor		nce here:					
Occupation (Role)							
Armed forces		Clerical		Self employed		Semi-skilled worker	
Clerical supervisor		House maker		Service sector		Skilled worker	
1anager		Professional		Skilled worker supervisor		Student	
Professional support		Retiree		Unemployed		Unskilled worker	
iales		Sales supervisor		Other:			
Occupation (Industry)							
		Agriculture, forestry		I I a such although a such later was		la su usus s s	
Aerospace and defence		and fishing		Hospitality and leisure		Insurance	
Arms dealers and nanufacturers		Asset and wealth management		Manufacturing		Media and entertainment	
Automotive		Banking and capital		Minings & Minerals		Money service bureaus	
		markets		Millings & Millierals		(10) ley sel vice buledus	
Bureau De Change		Business services		Non conventional financial services		Oil and gas	
Capital projects				Pharmaceutical and			_
and infrastructure		Cash converters		life sciences		Power and utilities	
Charities		Chemicals		Precious metals		Private equity	Γ
				and jewellers		. ,	L
Deposit box services		Distribution		Real estate		Retail and Consumer	
ducation		Engineering and construction		Retail cash intensive (food/takeaway/ launderette/nail bar/beautician/ convenience store)		Social services	
inancial services		Foods, drink and tobacco		Sovereign Investment Funds		Technology & telecommunications	
orest Paper and Packaging		Gambling and casinos		Transport and logistics		Trustee	
Povernment and public services		Healthcare		Other/Miscellaneous:			
Purpose of Investment:							

	Divorce		Maturity/surrender of Life Assurance		Sale of Investments	
	Gift		Sale of Property/ Business		Savings	
	Insurance Claims		Other court award (e.g. Compensation)			
	Lottery/gambling win		Other:			
ıtion:						
	Divorce		Maturity/surrender of Life Assurance		Sale of Investments	
	Gift		Sale of Property/ Business		Savings	
	Insurance Claims		Other court award (e.g. Compensation)			
	Lottery/gambling win		Other:			
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r	a person uthority	Lottery/gambling win tion: Divorce Gift Insurance Claims Lottery/gambling win ty payments in (payer)?	Lottery/gambling win tion: Divorce Gift Insurance Claims Lottery/gambling win ty payments in (payer)?	Insurance Claims Other court award (e.g. Compensation) Lottery/gambling win Other: tion: Maturity/surrender of Life Assurance Gift Sale of Property/ Business Other court award (e.g. Compensation) Lottery/gambling win Other: Other court award (e.g. Compensation) Other:	Insurance Claims Other court award (e.g. Compensation) Lottery/gambling win Other: tion: Divorce Maturity/surrender of Life Assurance Gift Sale of Property/ Business Insurance Claims Other court award (e.g. Compensation) Lottery/gambling win Other: Ty payments in (payer)?	Insurance Claims Other court award (e.g. Compensation) Lottery/gambling win Other: tion: Divorce

Part 3 – Subscription information							
I (the investor) wish to subscrib	subscribe from my APS allowance in respect of the deceased and wish to make my subscription to a Stocks & Shares ISA:						
In cash (cheque enclos	In cash (cheque enclosed). Complete part 4.						
In specie (by the transfivalue as at date of dec	•	estments that have remained with the part 5.	ne ISA manager or their nomine	ee) to the above amount or			
In cash, by selling asset	ts within the decease	ed ISA to fund the subscription. Pleas	se complete part 6.				
and be accompanied by an APS	Subscription Eligibilit	peen made, any future subscriptions i ty Declaration (please see Part 9). No subscription is allowed any unused bo	ot all ISA managers allow for mu	· ·			
Part 4 – Your investmen	t						
Stocks and Shares ISA							
		ich can be found at https://www.ak for details of the funds available to y					
Please show the percentage th	nat you wish to place	in each fund. Please ensure that the	e total percentage amounts ac	dd up to 100%.			
		sum amount. The minimum amour abrdn.com/en-gb/personal/save-ar		•			
	including the object	s to produce a Key Investor Informatives and risks of the fund, what it invund.	` ,				
		ordn.com/en-gb/personal/log-in/ab https://www.abrdn.com/en-gb/pe		• •			
Fund Code	Fund Name		Share type Inc/Acc	Investment amount %			

Fund Code	Fund Name	Share type Inc/Acc	Investment amount %
	Please ensure the total percentage adds up to 100%.	Total	100%

Part 5 – In Specie ISA Transfer Instruction

Please provide the priority of funds to be transferred, if the value of these funds is more than the APS allowance we will transfer the funds in the order given.

 $The investments \ must have been \ held \ by \ your \ spouse \ or \ civil \ partner \ in \ an \ ISA \ with \ abrdn \ Fund \ Managers \ Limited.$

The investments must still be held by abrdn Fund Managers Limited.

You cannot make an in specie APS by transferring assets from another ISA manager.

 1 Only complete the table below if the date of death was prior to 6 April 2018. Otherwise, please ensure the executor (s) sign below.

Fund Code	Fund Name	Share type Inc/Acc
Please note that we will need a	Ill executors to sign below	
1 st Signature:		Date (DD/MM/YY):
2 nd Signature:		Date (DD/MM/YY):
3 rd Signature:		Date (DD/MM/YY):
4 th Signature:		Date (DD/MM/YY):

Part 6 - Product Switch Instruction

Please provide the priority of funds to be transferred, if the value of these funds is more than the APS allowance, we will transfer the funds in the order given.

The investments must still be held by abrdn Fund Managers Limited. You cannot make a product switch APS subscription by transferring assets from another ISA manager.

Fund Code	Fund Name	Share type Inc/Acc

If the date of death was prior to 6 April 2018 the APS allowance will be capped at the value on the date of death. Please refer to the Fund Information document, which can be found at https://www.abrdn.com/en-gb/personal/log-in/abrdn-uk-funds-oeic-unit-trust/application-forms-and-operational-literature, for details of the funds available to you and the fund codes. You can choose to invest in more than one fund. Please show the percentage that you wish to place in each fund. Please ensure that the total percentage amounts add up to 100%.

Fund Code	Fund Name	Share type Inc/Acc	Investment amount %
	Please ensure the total percentage adds up to 100%.	Total	100%
Please note that we will nee	d all executors to sign below		
1 st Signature:		Date (DD/MM/YY):	
2 nd Signature:		Date (DD/MM/YY):	
3 rd Signature:		Date (DD/MM/YY):	
4 th Signature:		Date (DD/MM/YY):	

Part 7 – Payment details (payments from us to you)

Complete this section if you will be taking a regular income from your investment in respect of distributions (for income share classes only) or regular withdrawals (for accumulation share classes only). For security, all payments must be paid to and from the same account. Complete the details below so that payments can be made directly to your bank account where applicable.

Please ensure the same bank details are provided for all payments. Different details cannot be accepted for direct debits and income.

I hereby instruct abran Fund Managers	Limited to arrange for payment	s to be paid direct to my ban	ik or building society account,
as detailed below:			

dress of your bank or buildir	ng society:		
		Postcode:	
er:			
account number:			
thdrawal details (accu	ımulation shares only)	
ou will be taking a regular w	rithdrawal from your investr	ment.	
e taken on the 6th of the m	onth. You will receive each	payment around the 15th of	the month.
e withdrawal paid?			
y Half yearly	Yearly		
n vou would like payments t	o start from		
-,			
ou want to withdraw £100 e	each month (£1,200 per ye	ar) tick the monthly box and	write £100 in the "Amount" box below.
Fund Name		Amount £	Percentage %
	thdrawal details (accumulated account number: thdrawal details (accumulated accumulated account number: thdrawal details (accumulated accumulated account number: thdrawal details (accumulated account number) thdrawal details (accumulated accumulated	thdrawal details (accumulation shares only) ou will be taking a regular withdrawal from your investr be taken on the 6th of the month. You will receive each be withdrawal paid? y Half yearly Yearly n you would like payments to start from. Indeed your withdrawals from you can come with to make your withdrawals from. You can come want to withdraw £100 each month (£1,200 per year year but paid at quarterly intervals, tick the quarter.)	Postcode: raccount number: thdrawal details (accumulation shares only) ou will be taking a regular withdrawal from your investment. the taken on the 6th of the month. You will receive each payment around the 15th of the withdrawal paid? y

Part 9 - Eligibility Declaration/Authorisation

This section must be completed to confirm you the investor is eligible to make an Additional Permitted Subscription (APS) to an ISA in respect of the deceased named on this application.

I (the investor) declare that:

- \cdot $\,$ I am the surviving spouse / civil partner of the deceased
- · I was living with the deceased within the meaning of Section 1011 of the Income Tax Act 2007 at the date of the deceased's death (we were not separated under a court order, under a deed of separation, or in circumstances in which the separation was likely to be permanent)
- · the subscription is made under the provisions of regulation 5DDA of the ISA regulations (additional permitted subscription)
- · the subscription is being made
 - · in the case of 'in specie' subscriptions, within 180 days of beneficial ownership passing to me, and
 - in the case of cash subscriptions, within 3 years of the date of death, or if later, 180 days of the completion of the administration of the estate (where the deceased died in the period beginning with 3 December 2014 and ending on 5 April 2015, the deceased is treated as dying on 6 April 2015)
- · I am aged 18 years of age or over
- $\cdot \;\;$ All subscriptions made, and to be made, belong to me

I authorise abrdn Fund Managers Limited

• to hold my cash subscription, ISA investments, interest, dividends and any other rights or proceeds in respect of those investments and any other cash

and

 $\cdot\$ to make on my behalf any claims to relief from tax in respect of ISA investments.

I agree to the ISA terms and conditions.

I declare that this APS application form has been completed to the best of my knowledge and belief.

Signature:	Date (DD/MM/YY):
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Part 10 - Data Protection and Money Laundering

Data Protection Information

We will collect and use personal information about you (and other named individuals, where applicable) as provided on this application in order to provide this product or service and manage our relationship with you.

The information collected may be shared with other parts of abrdn plc, and other companies we work with to support us in the provision of this product or service. We may also share your information with our regulators and HM Revenue & Customs, where necessary and lawful to do so. Whenever we share your personal information, we will do so securely and only where necessary to provide the agreed service.

The majority of your information is processed in the UK or European Economic Area (EEA). However, some of your information may be processed by us or the third parties we work with in countries outside of the UK or the EEA. Where your information is being processed outside of the UK or the EEA, we take additional steps to ensure that your information is protected to at least an equivalent level as would be applied by UK or EEA Data Protection Laws e.g. we will put in place legal agreements with third parties and abrdn affiliates with ongoing oversight to ensure they meet these obligations.

For more information on how abrdn processes personal information and what your rights are, please see our Privacy Notice online at https://www.abrdn.com/en-gb/privacy-notice.

Money Laundering Information

To comply with the UK's Money Laundering Regulations, we are required to verify your identity by carrying out an online check with a reference agency. Where an online check is carried out, the agency will verify your identity against public records and it will also check whether you have a credit history (but it will not disclose any information about your actual borrowings). The agency will add a note to show that an identity check was made to your credit file, but this information will not be available to any third parties. If the online check does not confirm your identity, we will be required to carry out a manual check by requesting further documentation from you. You must provide such documents to us as we may request from time to time, as Anti-Money Laundering Regulations prevent us from continuing to accept investments or releasing proceeds without first having verified your identity.

You must ensure that the details we hold for you are correct.

Your address must be your personal home address. You must notify us promptly (our contact details are available on page 1) if there is a change to any of the following:

- · your name;
- · your address;
- · your bank or building society account.

Any such changes may require us to carry out a further verification of your identity.

Part 11 - Declaration

I declare that:

- · I am 18 years of age or over.
- · I apply to invest in the fund(s) specified in this application.
- · I have read and can continue to access an up-to-date version of the relevant Key Investor Information Document(s) ("KIID") as well as the Supplementary Information Document ("SID") and the Terms and Conditions.
- · I declare that the information provided on this form is to the best of my knowledge and belief, accurate and complete. I/we agree to notify abrdn Fund Managers Limited in the event the information changes, including that about my/our tax residency.
- · I agree to the Terms and Conditions.
- · lagree and understand that abrdn Fund Managers Limited may use the Delivery versus Payment exemption as detailed in the Fund Prospectus.

Check that you have completed ALL applicable sections of the application form.

Please ensure you sign here or we will have to return your application

riedse ensure you signifiere or we will have to return your application	
Signature:	Date (DD/MM/YY):
Customer(s) with no financial adviser.	
Unless indicated otherwise abrdn Fund Managers Limited will assume you receive respect of this investment.	ved no financial advice from a professional financial adviser in
Please tick here if you received financial advice.	

