



Change of Details Form

abrdn Australia Limited (ABN 59 002 123 364, AFSL 240263) is the Issuer and Responsible Entity of the Funds offered by abrdn Australia Limited in Australia ('the Funds').

This form can be used by existing unitholders in the Funds to provide or change personal, fund and financial adviser details.

To provide or change tax details (including tax file numbers, tax residency and tax status), please complete a Change of Tax Details Form.

This form is not to be used for accounts made through the mFund Settlement Service ('mFund'). mFund investors should contact their broker to update changes to update their records on their behalf.

The information collected in this form is governed by the abrdn Australia Limited privacy policy which is available at www.abrdn.com/au, or by contacting the abrdn Australia Limited Client Service team.

If you have any questions about completing this form, please contact the abrdn Australia Limited Client Service team on 1800 636 888 (Australian investors), 0800 446 439 (if calling from New Zealand) or +61 2 9950 2853 (if calling from outside Australia or New Zealand). Alternatively, you may wish to email us at client.service.aust@abrdn.com.

Post this form and supporting documentation to:

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

Fax this form and supporting documentation to:

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

Please note that original certified documents must be sent by post.

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

Reason for completing this form (please select ☒ one or more of the following options):

Type of change:	Review and complete sections:
<input type="checkbox"/> Change investor/trustee name	1, 2, 3, 11 and 12 (plus provide an originally certified copy of supporting documentation)
<input type="checkbox"/> Change investor's own contact details	1, 2, 4, 11 and 12
<input type="checkbox"/> Change mailing address (for ALL correspondence)	1, 2, 5, 11 and 12
<input type="checkbox"/> Change of name of a company, trust or superannuation fund, or change of trustee	1, 2, 6, 11 and 12 (plus provide an originally certified copy of supporting documentation)
<input type="checkbox"/> Change distribution method	1, 2, 7, 11 and 12
<input type="checkbox"/> Change Australian bank account details	1, 2, 8, 11 and 12
<input type="checkbox"/> Change Annual Financial Report election	1, 2, 9, 11 and 12
<input type="checkbox"/> Change financial adviser details	1, 2, 10, 11 and 12

Part 1

Existing details

Investor number

Change of Details
Form

Part 2Investor details

2.1. Investor 1/Trustee 1/Director 1

Surname

Given Name(s)

Title
(e.g. Mr, Mrs, Miss, Ms, Dr)

Date of Birth (DD/MM/YY)

2.2. Investor 2/Trustee 2/Director 2 (if applicable)

Surname

Given Name(s)

Title
(e.g. Mr, Mrs, Miss, Ms, Dr)

Date of Birth (DD/MM/YY)

Part 3Change investor name

3.1. Investor 1/Trustee 1/Director 1

Surname

Given Name(s)

Title
(e.g. Mr, Mrs, Miss, Ms, Dr)

Old signature >

New signature>

Please also sign the Section 12 using your new signature.

3.2. Investor 2/Trustee 2/Director 2

Surname

Given Name(s)

Title
(e.g. Mr, Mrs, Miss, Ms, Dr)

Old signature >

New signature>

Please also sign the Section 12 using your new signature.

Change of Details Form

Supporting documentation to accompany this Form

An original certified copy of the relevant documents detailed below must accompany a request to change an investor name on our records:

Circumstance	Documentation required
• Change of name due to marriage	• Original certified copy of a Marriage certificate issued by the Office of Births, Deaths and Marriages
• Change of name due to a formal name change	• Original certified copy of a Change of Name certificate
• Change of name to former maiden name	• Original certified copy of a Birth certificate • Original certified copy of a Marriage certificate

Part 4

Change investor's own contact details

For security purposes please ensure both existing and new details are completed.

Existing contact details

C/- (if applicable)	<input type="text"/>		
Street address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
Postcode	<input type="text"/>	Country	<input type="text"/>
Phone number (AH)	<input type="text"/>	Phone number (BH)	<input type="text"/>
Phone number (Mob)	<input type="text"/>	Fax	<input type="text"/>
Email address	<input type="text"/>		

New contact details (must be investors own details and not a PO Box)

If you have moved overseas, please also refer to the Change of Tax Details Form as you may need to update your tax status. A Change of Tax Details Form can be downloaded from the website, abrdn.com/au. Alternatively, you can request a copy by contacting the Client Service team.

C/- (if applicable)	<input type="text"/>		
Street address (not a PO Box)	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
Postcode	<input type="text"/>	Country	<input type="text"/>
Your main country of residence if not Australia	<input type="text"/>		
Phone number (AH)	<input type="text"/>	Phone number (BH)	<input type="text"/>
Phone number (Mob)	<input type="text"/>	Fax	<input type="text"/>
Email address ¹	<input type="text"/>		

¹By nominating this email address, you agree that we may use it to deliver to you information about your investment (such as transaction confirmations, statements and reports) and financial services disclosures (such as any new PDS for the Fund). From time to time we may still need to send you letters in the post.

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Part 5 Change mailing address (for ALL correspondence)

☐ Self-Managed Super Fund ☐ Other (complete details below)

New C/- (if applicable)

New Street address

New Suburb

New State

New Postcode

New Country

New Email address²

Part 6 Change of name of a company, trust or superannuation fund, or change of trustee

Existing name/trustee

New name/trustee

Supporting documentation to accompany this Form.

An **original certified copy** of the relevant documents detailed below must accompany a request to change a company, trust or superannuation fund, or trustee name on our records:

Circumstance	Documentation required
• Change of company name	• Certificate of registration of change of name issued by ASIC
• Change of trust name for SMSF and other trusts type	• Deed of Amendment indicating the change in the trust name
• Change of trustee for an SMSF	• Deed of Amendment indicating the change of trustee
• Change of trustee for trusts other than SMSF (e.g. family trust)	• Deed of Amendment indicating the change of trustee • Acceptable ID for each newly appointed individual trustees or beneficial owners of the corporate trustee

Part 7 Change distribution method³

Your nomination in this section overrides previous nominations

☐ Automatic reinvestment ☐ Payment by direct deposit into the following Australian or New Zealand bank account

Name of bank

Account name

BSB

Account number

²By nominating this email address, you agree that we may use it to deliver to you information about your investment (such as transaction confirmations, statements and reports) and financial services disclosures (such as any new PDS for the Fund). From time to time we may still need to send you letters in the post.

³By providing bank details in this section you authorise abrdn to retain and use these details for all future transaction requests, including payment of distributions (if you have elected to have distributions paid to a bank account), redemptions payments, and Fund termination payments (if applicable). New Zealand bank accounts can only be used by unitholders invested in Funds offered in New Zealand.

Change of Details Form

Part 8 Change bank account details⁴

Please provide your new Australian or New Zealand bank account bank account details.

Name of bank

Account name

BSB

Account number

Part 9 Change Annual Financial Report election

☐ I/we would like to receive an Annual Financial Report for the relevant Fund/s in which I am/we are invested.
You can change your election at any time. The Annual Financial Reports for all abrdn funds are available on our website www.abrdn.com/au.

Part 10 Change financial adviser details

☐ I no longer have a financial adviser and instruct abrdn to remove the financial adviser details on my account.

☐ I am changing the financial adviser on my account.

By completing this section you consent to give your new financial adviser access to your information and authorise your new financial adviser to make enquiries on your behalf for the Fund/s.

Adviser name

AFSL number

Dealer Group

Adviser address

Suburb

State

Postcode

Country

Phone number (AH)

Phone number (BH)

Phone number (Mob)

Fax

Email⁵

⁴By providing bank details in this section you authorise abrdn to retain and use these details for all future transaction requests, including payment of distributions (if you have elected to have distributions paid to a bank account), redemptions payments, and Fund termination payments (if applicable). New Zealand bank accounts can only be used by unitholders invested in Funds offered in New Zealand.

⁵By nominating this email address, you agree that we may use it to deliver to your adviser information about your investment (such as transaction confirmations, statements and reports) and financial services disclosures (such as any new PDS for the Fund). From time to time we may still need to send you letters in the post.

Change of Details Form

Part 11

Declaration

I/we declare that:

- I/we have read and understood the current PDS;
- 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, I/we will promptly notify abrdn and provide abrdn on request with any information which is necessary or desirable for abrdn to comply with any obligations it may have in connection with FATCA;
- I/we acknowledge that if my/our country of residence changes I/we may be prevented from making further investments in the Fund;
- I/we will provide further information or personal details to abrdn as requested to meet obligations under AML/CTF and taxation laws (including FATCA and CRS) and other regulatory requirements;
- I/we consent to (and have obtained all necessary consents from all controlling persons if any) the personal information provided to abrdn being collected, used, processed, stored, transferred and disclosed to administer my/our investment and comply with any relevant laws (including FATCA and CRS) in accordance with the PDS and abrdn's privacy policy;
- I/we acknowledge and agree that abrdn may be required to disclose my/our personal information (and personal information of any controlling person) and financial information about my/our investment to abrdn's service providers and their related bodies corporate and to relevant local and foreign regulatory and tax authorities, including for compliance with AML/CTF, FATCA, CRS and any other relevant regulatory and tax related requirement;
- all details provided in this Form and any relevant Identification Form are true and correct in every respect and may and will be relied upon by abrdn;
- any documents or information whatsoever used for verification purposes in support of my/our application are complete and correct; and
- if there is a change to any of the information provided in this Form or other documents submitted for AML/CTF, FATCA, CRS or other purposes, I/we will notify abrdn immediately and within 30 days will submit a new Change of Tax Details Form and such other documents as requested by abrdn.

Part 12

Signatures

Please sign and date the Form:

- All investors must sign.
- If there is one signatory for a company, they confirm that they are sole director and company secretary of the company.
- If this form is signed under Power of Attorney the attorney declares that no notice of revocation of that power has been received. An originally certified copy of the Power of Attorney must be provided, together with a completed and signed Identification Form (with supporting documentation) from the Attorney.

Signature



Name

☐

Director

☐

Sole director

Date (DD/MM/YY)

Signature



Name

☐

Director

☐

Company Secretary

Date (DD/MM/YY)