abrdn Shareholder Services Aspect House Spencer Road Lancing West Sussex **BN99 6DA**



Did you know you can advise your bank details and view your shareholding online? Find out more by visiting abrdnshares.com

This form must be completed in BLOCK CAPITALS and in black ink. Fields marked * must be completed if you are not entering information in any of the non compulsory fields please leave them blank and do not cross them through.

If there are any unclaimed payments on this holding (e.g. dividends) we will re-issue them to the account you give below and may deduct a fee. The fee will depend on the value of the payment(s) and is quoted on the 'Request a dividend reissue' section of abrdnshares.com

Dividend payments to Republic of Ireland domiciled bank accounts - please complete currency election form.

+ Paymei	nts Direct to your Bank/Buildin	
Step 1 Please enter the company name and shareholder reference (if known).	abrdn plc	Shareholder reference *
Step 2 Please enter Shareholder full name		*
Step 3 Please enter current House or Flat number and Postcode	House Number *	Postcode *
Step 4 Please provide details of your bank or building society account	Sort code * (UK bank branches only) Building society reference or roll number (Maximum of 18 characters)	Account number * (£ sterling accounts only)
Step 5 Please read then sign and date below.	(Please enter only your building society reference or rocheck with your building society if unsure) Please forward until further notice, all dividends or interest me/us in respect of any shares or stock held, to the above other branch of the organisation as the bank or building sow with this request will discharge abrdn plc/Equiniti Financia Equiniti Corporate Nominees Limited in the abrdn Share A	t that may from time to time become payable to e nominated bank or building society, or to such ciety may from time to time request. Compliance al Services Limited's (where shares are held by
All registered holders must sign to confirm this instruction.	other monies. This instruction will not override any existing instruction to Dividend Reinvestment Plan). If you wish to revoke such an Your signature(s) *	
	Signature 1	Signature 3 (if applicable)
	Signature 2 (if applicable)	Signature 4 (if applicable)
	Today's date * D D / M M / Y Y Y Y]
Step 6 If signing as a Power of Attorney or other authority please print your full name here	Please return this form to Equiniti at the addre	23 9061
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