

Section 1 YOUR DETAILS

Full name of First Named Holder

1.	
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Company to which this plan applies

abrdn plc

Joint Holder(s) – Maximum four (4) holders

2.	
3.	
4.	

Shareholder reference

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This application only applies to the holding above.
Separate applications must be completed for additional holdings held in the above Company.

Full Address of First Named Holder

Country
Post Code

Shares to which this plan applies

abrdn plc Ordinary Shares of 13 ⁶¹/₆₃ HELD IN CERTIFICATED FORM
abrdn plc Ordinary Shares of 13 ⁶¹/₆₃ HELD IN THE abrdn SHARE ACCOUNT

IMPORTANT

- Non CREST holders only (CREST holders need to elect through CREST).
- In order to participate in the Plan, in respect of a particular dividend, this form must be correctly completed and received at least **fifteen (15)** working days prior to the next dividend payment date.
- It is recommended you provide valid bank details in Section 2 if you have not already provided them to Equiniti. This will enable your cash dividend to be issued direct to you in the event the DRIP is not available, or you revoke your DRIP election. In instances where you have not provided valid bank account details, dividends due on your shares will be retained and you may be charged a fee for their release.

Section 2 BANK DETAILS

**If you have not already done so, please provide your bank details to be used
in the event the DRIP is unavailable, or you subsequently revoke your DRIP election - No cheques are available.**

UK bank details only

Account number

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Sort Code

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Building Society Reference or Roll Number

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Direct Payment Declaration

By providing a valid bank mandate, all dividends or interest payable on the shares held in abrdn plc will be forwarded to the bank or building society, or other branch of the organisation as the bank or building society may from time to time request. Compliance with this request will discharge abrdn plc or Equiniti Financial Services Limited's liability in respect of such payments.

Please note any instruction to pay to your nominated account will NOT override any instruction to reinvest your cash dividend(s).

Section 3 DECLARATION: All shareholders must read then sign and print their full names

Declaration: A copy of the Terms and Conditions referred to herein have been issued to you/made available on abrdnshares.com

or as detailed in the accompanying literature. These form the basis on which our services will be provided to you. For your own benefit you should read these Terms carefully before signing the application. If you do not understand any point, please contact Equiniti.

To: Equiniti Financial Services Limited (Equiniti)

By signing this form I/we apply to join the Dividend Re-Investment Plan (the Plan) for each future dividend paid on the fully paid up shares shown above in Section 1 held by myself/ourselves to which the Plan is applied.

I/We appoint Equiniti as my/our agent to arrange the purchase of fully paid up shares of the Company shown above in Section 1 in accordance with the Terms and Conditions of the Plan. This request will remain in force until revoked in writing by me/us, or otherwise cancelled in accordance with the Terms and Conditions of the Plan.

I/we agree to direct Equiniti Financial Services Limited to participate in the Plan in respect of all of the fully paid up shares held in the Share Account on my/our behalf.

To abrdn plc

I/we the undersigned instruct **abrdn plc** to pay my/our dividend in respect of all the shares applying to the Plan to Equiniti.

(Note 1)

Section 4 PRINT & SIGN

Signature(s)

Print Full Name(s)

Today's Date (Note 2)

If signing as Power of Attorney or other authority, please print your full name (Note 3)

Bodies corporate must execute under their common seal or in accordance with section 44 of the Companies Act 2006.

GUIDANCE NOTES

Note 1: Print & Sign

All shareholders must sign the declaration and print their full name in the appropriate boxes provided.

Note 2: Today's Date

Dividend Election deadline

To participate in respect of a particular dividend, Equiniti must receive the fully completed form at least **fifteen (15)** working days prior to the next dividend payment date.

Note 3: Power of Attorney (if applicable)

Complete your full name here if you are signing as a power of attorney.

To avoid rejection if you have not previously recorded the Power of Attorney document with us please ensure that you send us either the original document or a photocopy with this form. If you are sending a photocopy, please make sure every page is signed with an original signature, either by the person granting the Power or by a solicitor or stockbroker, to confirm that it is a true and complete copy of the original.

Step 5: Completed forms should be sent to the address indicated below

CONTACT EQUINITI

You can find the answer to most questions and also send us your query securely by completing the online form at www.shareview.co.uk/info/drip

Or you can call us on **+44 (0) 371 384 2464** Please use the country code when calling from outside the UK. When you call, please quote your 11 digit Shareholder Reference number. Lines are open from 8.30am to 5.30pm (UK time) Monday to Friday, excluding public holidays in England and Wales.

For deaf and speech impaired customers we welcome calls via **Relay UK**. Please see www.relayuk.bt.com for more information.

You can also email us at questions@abrdnshares.com

Once completed please send your form to;

Share Dividend Team, abrdn Shareholder Services, Equiniti, Aspect House, Spencer Road, Lancing, West Sussex, BN99 6DA United Kingdom.