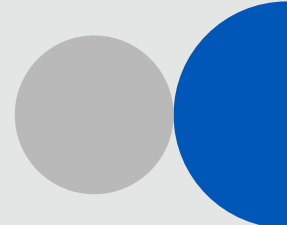


Unitholder Level Coverall Renunciation & Settlement Form



Please note: If the coverall should apply to all your accounts, please complete the Client Level Coverall Renunciation & Settlement Form.

To the Manager:	abrdr Fund Managers Limited
Registered Holder:	
Registered Address:	
	Postcode:
Account Numbers:	

Please do not state agency codes or the word 'All'. If account numbers or designations are not quoted they will not be covered. Furthermore, you will need to advise us that coverall should be applied when each new account opening instruction is submitted. If you have more than one coverall agreement in place, please restate the bank details to ensure the correct coverall agreement is applied.

We, being authorised signatories for holdings registered in the above name, hereby instruct you ("the Manager") to accept instructions to trade on our account from designated individuals. These individuals detailed in the contact schedule (from time to time amended) issued for the operation of the account, apply this blanket renunciation and settlement to those trades in any authorised unit trust or open-ended investment company.

Furthermore, we authorise the Manager to release monies for any and all repurchase orders on the proviso that all monies are remitted by Electronic Transfer directly to our settlement bank account

Bank name:	
Bank Address:	
	Postcode:
Account name:	
IBAN:	
Sort code:	
Swift Code:	
Account no:	

We will indemnify the Manager against all costs, losses and claims that they may incur by accepting in good faith any incorrect or fraudulent instructions made or purporting to be made under this agreement. We further agree to provide individual forms of renunciation or settlement in relation to specific transactions as the Manager may from time to time require.

This agreement will continue in force unless and until amended or withdrawn in writing by any party to it, delivered to the others by post to their registered address.

Signature:		Signature:	
Print name:		Print name:	
Position:		Position:	
Date (DD/MM/YY):		Date (DD/MM/YY):	

Please return this form, together with a current original or certified authorised signatory list to:
abrdr Fund Managers Limited, PO Box 12233, Chelmsford, Essex, CM99 2EE



