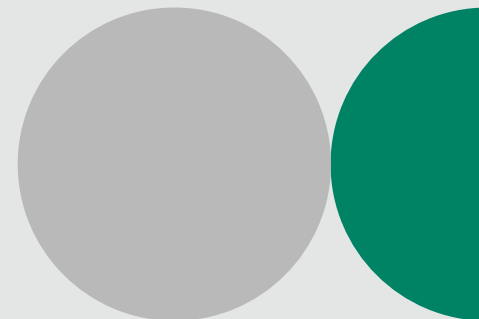


# Wrap and Fundzone Indemnity Form



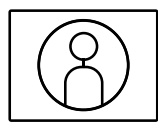
## Who is this form for?

Please complete this form if you are the executor or administrator of a deceased account holder's estate and do not intend to apply for Grant of Probate or Letter of Confirmation. Executors and administrators are the persons who are legally entitled to administer a deceased's estate. Please note that we may refuse to accept your instructions in respect of the estate without having been provided with Grant of Probate or Letter of Confirmation.

If you need any help completing this form, please contact our Client Engagement Hub on 0345 279 1001 or our Fundzone Team on 0345 279 2002. (Call charges will vary). Please note that we cannot provide any legal, financial or tax advice. If you are in any doubt whether to complete this form, we recommend contacting a professional adviser.

Where we refer to 'abrdn' or 'we' in this form, we mean Standard Life Savings Limited (SLSL) which is a member of the abrdn group. SLSL is the provider of the Fundzone and the wrap platform.

## How do I fill out this form?



**01**

Account details



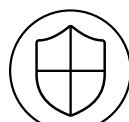
**02**

Executor(s)/  
Administrator(s)



**03**

Debts



**04**

Data Protection  
Notice



**05**

Money Laundering



**06**

Signatures

☐

Fill out all parts.

☐

Once the form is filled out send it back to us or ask your financial adviser to upload it to the platform.

## How do I return the form?

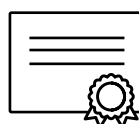
This form can be returned to us electronically or via post.

See what documents require certification and who can certify them [here](#).



### Upload to the document library

Advisers can upload to the document library on the platform but must email [platforms\\_deceasedaccounts@abrdn.com](mailto:platforms_deceasedaccounts@abrdn.com) to notify us. Please ensure that any uploaded documents have been correctly certified where required and be aware that we do not accept signatures generated using any electronic signature tools.



### By post

abrdn Client Servicing,  
Sunderland, SR43 4EE



### By email

[platforms\\_deceasedaccounts@abrdn.com](mailto:platforms_deceasedaccounts@abrdn.com)

If you choose to send documents back to us by email, it's very important you use a secure method to protect the information such as encryption or a separate password protected document.

Please remember that some documents will require certification.



### Part 1 – Account details

Full name of account holder

Account number

### Part 2 – Executor(s)/Administrator(s)

Title  
(Mr/Mrs/Miss/Ms/  
Other e.g Dr/Rev)

Date of birth  
(DD/MM/YYYY)

Surname

First name(s)  
(In full)

Relationship to  
deceased

#### Address

House number  
or name

Street

City/Town

Postcode

Phone number

Email address

If there are more Executor(s)/Administrator(s) please provide details on a separate page.

## Part 2 – Executor(s)/Administrator(s) – continued

Title

(Mr/Mrs/Miss/Ms/  
Other e.g Dr/Rev)

--	--	--	--	--	--	--

Date of birth

(DD/MM/YYYY)

--	--	--	--	--	--	--	--

Surname

First name(s)

(In full)

Relationship to deceased

## Address

House number  
or name

Street

City/Town

Postcode

\_\_\_\_\_

Phone number

[illegible]

Email address

If there are more Executor(s)/Administrator(s) please provide details on a separate page.

## Part 2 – Executor(s)/Administrator(s) – continued

Title

(Mr/Mrs/Miss/Ms/  
Other e.g Dr/Rev)

--	--	--	--	--	--	--

Date of birth

(DD/MM/YYYY)

--	--	--	--	--	--	--	--

Surname

First name(s)

(In full)

Relationship to deceased

## Address

House number  
or name

Street

City/Town

Postcode

\_\_\_\_\_

Phone number

[illegible]

Email address

If there are more Executor(s)/Administrator(s) please provide details on a separate page.

## Part 2 – Executor(s)/Administrator(s) - continued

Title

(Mr/Mrs/Miss/Ms/  
Other e.g Dr/Rev)

Date of birth

(DD/MM/YYYY)

Surname

First name(s)

(In full)

Relationship to  
deceased

### Address

House number  
or name

Street

City/Town

Postcode

Phone number

Email address

## Part 3 – Debts

Do the debts and liabilities of the account holder's estate exceed the assets of the estate?

☐

Yes

☐

No

Did the account holder leave a Will?

☐

Yes

☐

No

If a will was left, please provide the original or a certified copy of the Will (every page needs to be certified).  
We will return originals to you. Certified copies can be returned upon request.

## Part 4 – Data Protection Notice

We will collect and use personal information about you and any other named individual in this form, such as your name and date of birth.

For more information on how we process your personal information and what your rights are, please read our Privacy Notice at [abrdn.com/wrap-customer/privacy-notice](http://abrdn.com/wrap-customer/privacy-notice) or write to the Data Protection Officer at abrdn, 1 George Street, Edinburgh, EH2 2LL or email [DPOffice@abrdn.com](mailto:DPOffice@abrdn.com)



All parties named on this form have a right to know that abrdn holds personal data about them and what purposes it will be used for. Please give them an opportunity to read this notice.

#### Part 5 - Money Laundering

To comply with the money laundering regulations, we may 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. We regret that we cannot offer an alternative unless the online check does not confirm your identity, in which case we will carry out a manual check.

#### Part 6 - Declaration to be signed by all Executor(s)/Administrator(s)

By signing the form below, we/I confirm that

- we are/I am the executor(s)/administrator(s) of the account holder's estate and confirm that we are/I am not aware of any other person entitled to administer the estate;
- we/I have not applied for Grant of Probate/Letter of Administration/Confirmation and are not aware of anyone else applying for one;
- we/I understand that abrdn has agreed to accept our/my instructions in respect of the account holder's account without having been provided with Grant of Probate/Letter of Administration/Confirmation;
- we/I understand that we/I will be responsible for any losses abrdn incurs up to the value of the account holder's account as a result of acting on our/my instructions or any details provided or confirmed in this form being incorrect.

Date  
(DD/MM/YYYY)

Signed by the  
said Executor/  
Administrator  
(Full name)

Signature



Signature(s) required

in the presence of:  
Witness  
(Full name)

Witness signature



Signature(s) required

#### Witness Address

House number  
or name

Street

City/Town

Postcode

Part 6 – Declaration to be signed by all Executor(s)/Administrator(s) - continued

Signed by the  
said Executor/  
Administrator  
(Full name)

Signature



Signature(s) required

in the presence of:  
Witness  
(Full name)

Witness signature



Signature(s) required

**Witness Address**

House number  
or name

Street

City/Town

Postcode

Signed by the  
said Executor/  
Administrator  
(Full name)

Signature



Signature(s) required

in the presence of:  
Witness  
(Full name)

Witness signature



Signature(s) required

**Witness Address**

House number  
or name

Street

City/Town

Postcode

Part 6 – Declaration to be signed by all Executor(s)/ Administrator(s) – continued

Signed by the  
said Executor/  
Administrator  
(Full name)

Signature



Signature(s) required

in the presence of:  
Witness  
(Full name)

Witness signature



Signature(s) required

**Witness Address**

House number  
or name

Street

City/Town

Postcode

For more information visit [abrdn.com](https://abrdn.com)

Issued by a member of abrdn group, which comprises abrdn plc and its subsidiaries.

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