IRA Certification of Rollover Assets Form



RESTRICTION ON INDIRECT (60-DAY) ROLLOVERS

date that I received the distribution..

An IRA participant is allowed only one rollover from one IRA to another (or the same IRA) across all IRAs (Traditional, Rollover, Roth, SEP, SARSEP and SIMPLE) in aggregate that a taxpayer owns in any 12-month or 365-day period. As an alternative, a participant can make an unlimited number of trustee-to-trustee transfers where the proceeds are delivered.

FOR TRADITIONAL IRA, ROTH IRA, AND SEP IRA ROLLOVERS SEND THIS COMPLETED FORM WITH A CHECK PAYABLE TO "LORD ABBETT FUNDS" TO:

Mail completed form to: Lord Abbett Funds Service Center, P.O. Box 534489, Pittsburgh, PA 15253-4489 Overnight mail: Lord Abbett Funds Service Center, Attention: 534489, 500 Ross Street, 154-0520, Pittsburgh, PA 15262 Call Lord Abbett for assistance: 888-522-2388 [Monday – Friday between 8:00 a.m. and 5:30 p.m. ET]

STEP 1: ACCOU	NT OWNER INFORMATION				
Owner Name (First Name, MI, Last Name)		Mobile Number	Mobile Number Alternate Pho		
Date of Birth	Street Address	City	State	Zip Code	
Account Number		Social Security Number	Social Security Number		
STEP 2: TRADIT	TIONAL ROLLOVER				
	calendar days. I certify that 365 days hav	er is a distribution of all or part of my account ba passed since I last received a distribution from t			
	3-Year Rollover - I certify that this rollov llowing the date that I received (indicate	er is a distribution from another IRA, and that this one below):	s distribution is being ı	rolled over within	
☐ Emergency	y Personal Expense Distribution(s) of up	5,000 in compliance with Section 72(t)[2](H) of the to \$1000 per calendar year in compliance with Se 10,000 in compliance with Section 72(t)[2) of the I	ection 72(t)(2) of the Int	ernal Revenue Code.	
of my account balar days of the date tha "eligible distribution	nce, other than the portion of any distrib It I received the distribution. (Your emplo n".) I certify that no portion of this rollove t plan or from any amount required to be	ver is a non-periodic distribution from my emplo tion which is nontaxable, and that this distributio er's plan administrator should be able to tell you r is from any portion of a Designated Roth Contri distributed under Internal Revenue Code Section	on is being rolled over a what portion of your of bution Account under	within 60 calendar distribution is an my employer's	
STEP 3: ROTH F	ROLLOVER				
distribution is being		distribution of all or part of my account balance fee date that I received the distribution. I certify that of this or another IRA.			
	Rollover – I certify that this rollover is a llowing the date that I received (indicate	distribution from another Roth IRA, and that this one below):	distribution is being ro	olled over within	
	·	5,000 in compliance with Section 72(t)[2](H) of the o \$1000 per calendar year in compliance with Se			
☐ A Distribut	ion as a domestic abuse victim of up to \$	10,000 in compliance with Section 72(t)(2) of the I	Internal Revenue code	-	
		IRA from a 401(k), 403(b), 457 Plan or other Quarect rollover contribution (conversion) into a Roth		hat this rollover is a	
	n Contribution Account - I certify that thi employer's qualified retirement plan.	rollover is a \square direct rollover or a \square 60-day rol	llover from my Designa	ated Roth Contribution	
☐ Military Death G received the distrib		ver contribution is less than \$100,000 and is being	g made within 365 day	s of the date that I	
☐ Servicemember	's Group Life Insurance (SGLI) - I certify	that this rollover contribution is less than \$400,0	00 and is being made	within 365 days of the	

STEP 3: OWNER'S SIGNATURE AND CERTIFICATION

I certify that the contribution described above is an eligible IRA rollover contribution. I certify that this contribution is being rolled over within 60 calendar days of the date that I received the distribution, or is being rolled directly from my employer's plan or current custodian, and meets the tax rollover requirements described above. I certify that the rollover is not part of a series of payments over my life expectancy, or over a period of 10 years or more. I certify that the rollover does not include any required minimum distribution, hardship distribution, corrective distribution, or deemed distribution from the employer's qualified retirement plan. I understand that this rollover contribution is irrevocable and involves important tax considerations. Specifically, I understand that a rollover contribution from a pre-tax qualified retirement plan will no longer be eligible for the special averaging, capital gains and separate tax treatment that may be available under my employer's plan. I agree that I am solely responsible for all tax consequences. I also agree that neither the Custodian nor Lord Abbett shall have responsibility for any such tax consequences or any consequences resulting from this amount being ineligible for rollover. (Rules regarding rollovers, and their tax implications, are complex. Please refer to IRS Publication 590-A or a professional tax advisor for more information.)

advisor for more information.]	rofessional tax
I have read this form and understand and agree to be legally bound by the terms of this form. I also understand that the Custodian w instructions within this form when accepting my rollover contribution.	ill rely on my
Owner's Signature	Date