



**PART I: EMPLOYEE APPLICATION**

Use this form to establish a Lord Abbett 403(b) plan for employees of nonprofit and tax-exempt organizations.

**Important information required by the U.S.A. PATRIOT ACT:** To help the government fight the funding of terrorism and money-laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

**Escheatment:** Your property may be transferred to the appropriate state (i.e., escheated) if no activity occurs in the account within the time period specified by state law. For more details, consult your state’s website or call your state government’s escheatment customer service number.

**OPENING AN ACCOUNT**

**When you open an account, we will require:**

- Name
- Social Security number or tax identification number
- Date of birth
- Address

We may ask for other information that will allow us to identify you. We may also ask for copies of documents. If we are unable to obtain your required information, we will return your application. Your moneys will not be invested until we have obtained all required information. Please be sure to review and sign this application under Step 8.

**Mail completed form to:** Lord Abbett Service Center, PO Box 219198, Kansas City, MO 64121-9198

**Overnight mail:** Lord Abbett Distributor LLC, 330 West 9th Street, Kansas City, MO 64105-1514

**Fax:** 816-218-0072 ▪ **Email:** laretirementservices@dstsystems.com

**Call Lord Abbett for assistance:** 888-223-0020 (Monday–Friday between 8:30 a.m. and 6:00 p.m. Eastern Time)

**STEP 1: PARTICIPANT REGISTRATION INFORMATION (Military Post Office or Fleet Post Office will be accepted)**

Please provide existing plan information: Plan ID: \_\_\_\_\_

_____	_____	____/____/____
Participant Name (First Name, MI, Last Name)	Social Security Number	Date of Birth (MM/DD/YYYY)
_____	_____	_____
Street Address (P.O. boxes not accepted)	City	State Zip Code
_____	_____	_____
Email Address	Daytime Phone Number	

If you would like account statements and other materials mailed to a different address (such as a P.O. box), please provide that address below.

_____	_____	_____	_____
Street Address	City	State	Zip Code

**STEP 2: COMPANY INFORMATION**

Company type (please check one):  Public School  Church  Nonprofit 501(c)(3) organization

_____	_____	_____
Company Name	Plan Number	Tax Identification Number
_____	_____	_____
Plan Sponsor Name (First Name, MI, Last Name)	Plan Sponsor Title	Phone Number
_____	_____	_____
Street Address	City	State Zip Code

Check this box if you want Lord Abbett to set up electronic deposits of contributions.

**STEP 3: INVESTMENT TYPE**

Please indicate the type(s) of 403(b) contributions that will be made.

- Employee Pretax Payroll Investment
- Employer Match
- Employer Nonmatching
- Employee Roth Aftertax Payroll Investment

**STEP 4: YOUR FINANCIAL ADVISOR'S INFORMATION**

Advisor Name (First Name, MI, Last Name)	Representative ID Number	Branch ID Number	
Street Address	City	State	Zip Code
Dealer Firm Name	Email Address	Phone Number	

Please note should this section remain blank the account will be defaulted to the Lord Abbett dealer.

**STEP 5: INVESTMENT SELECTIONS (For more information about our funds, visit us at lordabbett.com.)**

Please indicate the fund name, share class, and dollar amount or percentage to be allocated to each fund.

Fund Name	Share Class (A or C) (If a share class is not selected, Class A shares will be purchased.)	Dollar Amount or Whole Percentage (Total must equal 100%.)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

I have selected more than five investments and have attached additional investment instructions.

UMB Bank (UMB Bank), as custodian of your 403(b), charges an annual custodial fee of \$10 per participant. The custodial fee is subject to change.  
 Select this box if you have enclosed a separate check for the initial custodial fee.

All distributions will be reinvested. Exchange privilege is offered within the same class of shares.

**STEP 6: BENEFICIARY DESIGNATION**

If you have an additional primary beneficiary(ies), or wish to designate an additional contingent beneficiary(ies), please attach a separate list. If you cannot accomplish your estate planning objectives by using Step 6 to designate your beneficiary(ies), you may submit another form of written beneficiary designation to the custodian.

Upon my death, distribute all funds in my 403(b) as listed below. I revoke all prior beneficiary designations, if any, made by me for these assets.

**I understand that if I do not designate a beneficiary, assets will be paid to my estate.** If the custodian receives satisfactory proof that a primary beneficiary(ies) has predeceased the applicant, the assets will be paid to the contingent beneficiary(ies).

I understand that I may add to or change the beneficiary(ies) designated below at any time after the account is established by filing a new beneficiary designation with the custodian. Any such subsequent beneficiary designation will revoke all prior designations. (If no percentage is specified, the account balance will be shared equally among all designated beneficiaries.) All forms must be acceptable to the custodian and signed by me.

**If your beneficiary allocation totals at least 99% but less than 100% (e.g., three named beneficiaries are each assigned a 33% interest in the account), Lord Abbett will assign the unallocated remainder to the first named beneficiary.**

**Primary Beneficiary(ies)**

Beneficiary Name (First Name, MI, Last Name), Name of Trust	Social Security or Tax ID Number (required)	Share % (Total Must Equal 100%)	Relationship or Trust
_____	_____	_____	_____
_____	_____	_____	_____
Total = 100%			

**Contingent Beneficiary(ies)**

Beneficiary Name (First Name, MI, Last Name), Name of Trust	Social Security or Tax ID Number (required)	Share % (Total Must Equal 100%)	Relationship or Trust
_____	_____	_____	_____
_____	_____	_____	_____
Total = 100%			

**STEP 6: BENEFICIARY DESIGNATION (continued)**

**Spousal Consent**

This section should be reviewed if you are married and designate a beneficiary other than your spouse. It is your responsibility to determine whether this section applies. If you are married and reside in a community property or a marital property state (AZ, CA, ID, LA, NM, NV, TX, WA, or WI), you must obtain your spouse’s consent if you have not designated your spouse as the primary beneficiary for at least half the account. You may need to consult with a legal counsel. Neither the custodian nor the plan sponsor is liable for any consequences resulting from your failure to provide proper spousal consent.

I am the spouse of the above-named participant. I acknowledge that I have received a full and reasonable disclosure of my spouse’s property and financial obligations. Due to any possible consequences of giving up my community property or marital property interest in this 403(b), I have been advised to see a tax professional or legal advisor.

I hereby consent to the beneficiary designation(s) indicated above. I assume full responsibility for any adverse consequence that may result.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Spouse Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Witness Date

**STEP 7: WITHHOLDING CERTIFICATION**

U.S. tax regulations require the completion of this section in order to prevent the imposition of penalty withholding tax on distributions from the account. As required by IRS regulations, I certify that I am either a U.S. person (a U.S. citizen or a resident alien) or a foreign person (a nonresident alien), as indicated by checking the appropriate box below, and I make the related certifications.

**A U.S. person.** I certify that the number shown above in this Adoption Agreement is my correct Social Security number (or that I am waiting to be issued a Social Security number); and I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding. (NOTE: Cross out this sentence if you have been notified by the IRS that you are currently subject to backup withholding because of failure to report all interest and dividends on your tax return.)

**A foreign person.** I understand that the IRS does not require consent to any provisions of this document other than the Form W-8BEN certification required to avoid backup withholding and qualify for a tax treaty rate of withholding (see IRS Publication 515).

**STEP 8: DISCOUNT PRIVILEGES (Optional)**

**Rights of Accumulation** (If the employer is making contributions, individual Lord Abbett accounts cannot be included.)

I currently have the following Lord Abbett account(s), which make me eligible for sales charge discounts through Rights of Accumulation and/or Statement of Intention. (Attach a separate sheet for additional accounts, if necessary.)

**Lord Abbett Account Number(s)**

**Lord Abbett Fund Name(s)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Statement of Intention**

I agree to the Statement of Intention. I understand purchases of Lord Abbett U.S. Government & Government Sponsored Enterprises Money Market Fund and Lord Abbett Series Fund do not apply. I understand that there is no obligation, but it is my intent to invest in Lord Abbett Class A shares, over a 13-month period from the effective date, an aggregate amount at least equal to:

- \$50,000     \$100,000     \$250,000     \$500,000     \$1,000,000

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Letter of Intent Number (if available) Effective Date (date of initial purchase)

\_\_\_\_\_  
Plan Sponsor or Employee Signature

**STEP 9: ACCEPTANCE AND CERTIFICATION**

**Participant Acceptance**

I have received, have read, and hereby agree to the terms and conditions of my Lord Abbett 403(b) Custodial Agreement (which is incorporated herein by reference) and the current Lord Abbett prospectus, and certify, under pains and penalties of perjury, that my Social Security number listed on this application is correct. I recognize that neither UMB Bank nor any mutual fund in which my 403(b) account may be invested is a bank and that mutual fund shares are not backed or guaranteed by any bank or insured by the FDIC. I understand I may designate a beneficiary for my plan assets.

By signing below, I represent and warrant that I have consulted with my financial advisor or other non-Lord Abbett fiduciary about my purchase of any mutual fund interests. I also represent and warrant that information that I may have accessed or will access through Lord Abbett’s website, fact sheets, or other materials, including, without limitation, investment tools, investment ideas, products or services, are general and/or educational in nature and are not directed to my personal circumstances. I also acknowledge that none of Lord Abbett nor its affiliates have undertaken or will undertake to provide impartial investment advice, act as an impartial adviser, or give advice in a fiduciary capacity or otherwise provide individualized recommendations to me with respect to my retirement account’s purchase or holding of any Lord Abbett fund shares or any other Lord Abbett product.

In connection with the operation of my account, I make the following specific representations and agreements:

Section 5.2 of the 403(b) Custodial Account Agreement provides for withdrawals in the event of financial hardship. If I request a hardship withdrawal, I agree that I am certifying that I have a financial hardship as specified in Section 5.2 of the 403(b) Custodial Account Agreement and that the amount requested satisfies the limits specified in such section. In addition, I acknowledge that there are restrictions on payroll investment contributions following a hardship withdrawal which are specified in Section 5.2, and I agree to abide by such restrictions.

I acknowledge that it is my responsibility to report all withdrawals from the account correctly on my tax returns, and to keep necessary records of all 403(b) accounts (including any that may be held by another custodian or insurer) for tax purposes. All forms must be acceptable to the custodian and dated and signed by the proper person.

By signing below, I confirm that the information I have provided to the fund is true and correct and understand that my identity may be verified through the use of a database maintained by a third party or through other means.

\_\_\_\_\_  
Participant Signature \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

**Plan Sponsor Acceptance**

I certify that we are an educational institution or tax-exempt organization described in Section 403(b)(1)(A) of the Internal Revenue Code. The undersigned authorized individual of the plan sponsor acknowledges that investments offered by Lord Abbett Distributor LLC have been made available in our written 403(b) plan adopted on or before December 31, 2009, and effective as of January 1, 2009. If this participant should request a loan, hardship, transfer, or termination distribution, we, or a party we authorize, will advise Lord Abbett Distributor LLC in writing whether to process the transaction at that time. If this is a church plan under Internal Revenue Code (IRC) Section 414(e) and 3121(w) unless it is also a Retirement Income Account under IRC Section 403(b)(9), Lord Abbett Distributor LLC recognizes that a written plan is not required.

\_\_\_\_\_  
Plan Sponsor Signature \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Tax Identification Number Tax Identification Number

**Plan Administration**

Please indicate who serves as plan administrator and will authorize transactions.

Plan Sponsor     Third-Party Administrator (TPA) \_\_\_\_\_     Other \_\_\_\_\_

\_\_\_\_\_  
Company Name \_\_\_\_\_  
Company Contact (First Name, MI, Last Name)

\_\_\_\_\_  
Contact Email Address \_\_\_\_\_  
Contact Phone Number \_\_\_\_\_  
Contact Fax Number

\_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Zip Code

**Custodian Acceptance**

UMB Bank will accept appointment as custodian of the 403(b) Custodial Account. However, this acceptance is not binding upon the custodian until you have received a statement confirming the initial transaction for the account. Receipt by you of a confirmation of the purchase of the fund shares indicated above will serve as notification of UMB Bank’s acceptance of appointment as custodian of your account.

**UMB BANK, CUSTODIAN**

**PART II: PAYROLL AGREEMENT**

INSTRUCTIONS: This form is provided for use only where no similar form is available from the employer. Copies of this form should be retained by the employee and the employer. (Please do not send this form to Lord Abbett.)

\_\_\_\_\_  
Name of Employee (First Name, MI, Last Name) \_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Zip Code

**Payroll Investment Agreement**

403(B) PLAN EMPLOYEE CONTRIBUTION LIMIT		
Year	Under Age 50	50 or Older
2018	\$18,500	\$24,500 (\$18,500 + \$6,000 catch up)

- (i) The employee identified above hereby irrevocably agrees to reduce his or her (check one)  pretax or  Roth aftertax compensation from the employer by \$ \_\_\_\_\_, or by \_\_\_\_\_%, for each regular pay period beginning \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (month/date/year), for purposes of having such amounts contributed by the employer as payroll investment contributions to the Lord Abbett 403(b) Custodial Account established on behalf of the employee.
- (ii) All such payroll investment contributions shall be forwarded by the employer to: Lord Abbett Service Center, P.O. Box 219604, Kansas City, MO 64121-9604. Each contribution should be identified with the employee's name and Social Security number.
- (iii) This Payroll Investment Agreement shall be automatically renewed as of January 1 of each calendar year hereafter, unless prior thereto the employee and employer agree in writing to amend this agreement. This Payroll Investment Agreement will be effective only with respect to compensation not yet earned by the employee, and not with respect to compensation already earned by the employee, on the date this Payroll Investment Agreement is signed.
- (iv) This Payroll Agreement may be terminated at any time by either the employee or the employer with respect to compensation not yet earned by the employee by giving written notice to the other party. Notwithstanding the preceding, the employer may impose reasonable limits on the frequency with which the employee may terminate, reinstate, or modify a Payroll Investment Agreement. Any termination, reinstatement, or modification will relate only to compensation not yet earned, and not to compensation already earned, by the employee as of the effective date of such termination, reinstatement, or modification.
- (v) The employee and employer shall be jointly responsible for determining that any payroll investment contributions pursuant to this agreement do not exceed the limits on elective deferrals of Section 402(g) of the Internal Revenue Code (the "Code"), annual additions limitation of Section 415(c) of the Code.

**Acceptance**

\_\_\_\_\_  
Employee Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Employer Authorized Signature \_\_\_\_\_  
Date

\_\_\_\_\_  
Title