PART I: EMPLOYEE APPLICATION

Employee should complete this form, retain a copy for records, and return original to employer.

Use this form only to establish a Lord Abbett Savings Incentive Match Plan for Employees (SIMPLE IRA).

Important information about procedures for opening a new account 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 5**.

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

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

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 _____

Company Name _____ Plan Number _____

Company Address _____ City _____ State _____ Zip Code _____

STEP 2: 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.

	Lord Abbett Fund Name(s)	**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.			

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

Please note: Effective November 29, 2013, the Lord Abbett Diversified Income Strategy Fund changed its name to Lord Abbett Multi-Asset Income Fund, the Lord Abbett Balanced Strategy Fund changed its name to Lord Abbett Multi-Asset Balanced Opportunity Fund, the Lord Abbett Growth & Income Strategy Fund changed its name to Lord Abbett Multi-Asset Growth Fund, and the Lord Abbett Global Allocation Fund changed its name to Lord Abbett Multi-Asset Global Opportunity Fund.

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

A prospectus or summary prospectus contains important information about a fund, including investment objectives, risks, charges, and ongoing expenses, which an investor should carefully consider before investing. To obtain a prospectus or summary prospectus on any Lord Abbett mutual fund, please contact your financial advisor or Lord Abbett Distributor LLC at 888-522-2388 or visit our website at lordabbett.com. Read the prospectus carefully before investing.

STEP 3: YOUR FINANCIAL ADVISOR'S INFORMATION (This section to be completed by the broker/dealer.)

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	

STEP 4: 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 4 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 SIMPLE IRA 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.

Primary Beneficiary(ies) If there is no Primary Beneficiary living at the time of my death, the balance is to be distributed to the Contingent Beneficiaries I designate.

Beneficiary Name (First Name, MI, Last Name), Name of Trust or Trustee	Social Security or Tax ID Number	Birth or Trust Date (MM/DD/YYYY)	Share % (whole % only)	Relationship or Trust
		/ /		
		/ /		
		/ /		
			Total = 100%	

Contingent Beneficiary(ies)

Beneficiary Name (First Name, MI, Last Name), Name of Trust or Trustee	Social Security or Tax ID Number	Birth or Trust Date (MM/DD/YYYY)	Share % (whole % only)	Relationship or Trust
		/ /		
		/ /		
		/ /		
			Total = 100%	

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 if this section applies. If you are married and reside in a community property or 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 of the account. You may need to consult with 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 SIMPLE IRA, 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.

No tax or legal advice was given to me by the custodian or plan sponsor.

Signature of Spouse	Date	Signature of Witness	Date
	/ /		/ /

STEP 5: AUTHORIZED SIGNATURE

Important: Please read before signing.

By signing this application, I: (1) establish a SIMPLE Individual Retirement Account pursuant to the Internal Revenue Code of 1986, as amended, and in accordance with all the terms of the Custodial Agreement on Form 5305-SA ("Agreement"), (2) certify that all contributions to the account meet the requirements governing such contributions, (3) appoint State Street Bank and Trust Company ("State Street"), or its successors, as custodian on the account, (4) state that I have read, accept, and specifically incorporate herein the Agreement and SIMPLE IRA Disclosure Statement and Summary Description available at lordabbett.com, or by calling 888-522-2388, (5) agree to promptly give necessary instructions to the custodian to enable the custodian to carry out its duties under the Agreement, (6) agree that I have received and read the prospectus(es) for the investment(s) selected and that this account will be subject to the prospectus(es) as amended from time to time, and (7) agree that I received and read the Notification to Eligible Employees provided by my employer.

I acknowledge that I must provide accurate information in this application, and that I may incur extra taxes and/or penalties if the information is not accurate; accordingly, I certify under penalties of perjury the accuracy of such information. Under penalties of perjury, I certify that the Social Security number shown on this application is my correct Social Security number. I recognize that neither the custodian nor any mutual fund in which my 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.

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 ___/___/___

Custodian Acceptance. State Street Bank and Trust Company accepts appointment as Custodian of the Custodial Account. However, this Agreement is not binding upon the Custodian until the Participant has received a statement of the transaction. Receipt by the Participant of a confirmation of the purchase of the Fund shares indicated above will serve as notification of State Street Bank and Trust Company's acceptance of appointment as Custodian of the Custodial Account.

STATE STREET BANK AND TRUST COMPANY, CUSTODIAN

PART II: PAYROLL AGREEMENT

Use this form to elect your payroll contributions.

STEP 1: PAYROLL INVESTMENT ELECTION

SIMPLE IRA Employee Contribution Limit		
YEAR	UNDER AGE 50	50 OR OLDER
2015	$12,500	$15,500

Subject to the requirements of the SIMPLE IRA plan of _____ (name of employer),

I authorize _____ % or $_____ to be withheld from my pay for each pay period and invested into my SIMPLE IRA as a pretax salary contribution.

STEP 2: DATE PAYROLL INVESTMENT BEGINS

I understand that my payroll investments will start as soon as permitted and as soon as administratively feasible or, if later, ____/____/_____.
(Fill in the date you want payroll investments to begin. The date must be after you sign this agreement.)

Financial Institution

State Street Bank and Trust Company will serve as the custodian of my SIMPLE IRA.

LORD ABBETT DISTRIBUTOR LLC

Financial Institution Name

C/O STATE STREET BANK AND TRUST COMPANY, 330 WEST 9TH STREET, KANSAS CITY, MO 64105-1514

Financial Institution Address

I understand that I must establish a SIMPLE IRA to receive any contributions made on my behalf under this SIMPLE IRA plan. If the information regarding my SIMPLE IRA is incomplete when I first submit my Payroll Investment Agreement, I realize that it must be completed by the date contributions must be made under the SIMPLE IRA plan.

STEP 3: DURATION OF ELECTION

This Payroll Investment Agreement replaces any earlier agreement and will remain in effect as long as I remain an eligible employee under the SIMPLE IRA plan, or until I provide my employer with a request to end my payroll investments, or provide a new Payroll Investment Agreement as permitted under this SIMPLE IRA plan.

_____ ____/____/_____

Employee Signature Date

NOTE: The preceding Payroll Investment Agreement is based on the form promulgated by the Internal Revenue Service in Form 5304-SIMPLE.