



Please return original Contribution Election Form to the plan's trustee. All sections on this form must be completed. Please print clearly.

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. What this means for you is that when you open an account, we will require your name, address, date of birth, and Social Security number or similar number, and 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 contribution election form. Your money will not be invested until we have obtained all required information. Please be sure to review and sign this form under Step 4.

STEP 1: EMPLOYEE INFORMATION (participating and nonparticipating)

- Initial Contribution Election
- Change of Contribution Election (Please complete all sections, except Investment Options.)

Employee Name (First Name, MI, Last Name) _____ Social Security Number _____

Street Address* _____ City _____ State _____ Zip Code _____

Date of Birth (MM/DD/YYYY) / / Date of Hire (MM/DD/YYYY) / / Company Name _____ Employer Name _____

Note: A change of payroll investment election will affect only future payroll investment amounts. To change existing investments or future allocations, you may call our Voice Response Unit at 800-667-9149 or go to our website at lordabbett.com.

* An individual must provide a residential or business street address, or an Army Post Office (APO) or Fleet Post Office (FPO) box number, if applicable. 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/P.O. Box Address _____ City _____ State _____ Zip Code _____

STEP 2: PAYROLL INVESTMENT ELECTION (check the appropriate option)

I would like to contribute a percentage (%) or a dollar amount (\$) of my pay, every pay period, to the plan, not to exceed the lesser of 100% of pay or \$19,000 (\$25,000, including catch-up, if age 50 or older anytime during the calendar year) in the year 2019. I understand that pretax salary contributions plus employer contributions (if the plan allows) are subject to the maximum contribution limit. Your plan also allows for a special 457(b) catch-up contribution if you are within three years of normal retirement age. You may select pretax, Roth aftertax, or both. Your total annual pretax and/or Roth aftertax contributions are subject to the limits stated above.

Please note: Roth contributions are plan specific. Please consult with your employer to determine whether Roth aftertax contributions are allowable in the plan. If you select Roth aftertax contributions and they are not allowable in the plan, contributions will automatically be purchased in as PRETAX contributions.

- I would like to contribute _____ % or \$ _____ of my pay each pay period to the plan on a PRETAX basis.
- I would like to contribute _____ % or \$ _____ of my pay each pay period to the plan on a ROTH AFTERTAX basis.
- I do not wish to defer salary into the plan at this time. (Please complete all sections in the event that your employer makes a nonelective contribution to your account.)

Important Information:

- This agreement will be effective only with respect to compensation not yet earned by the employee, and not with respect to compensation previously earned, on the date this agreement is signed.
- This 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.
- The employer may impose reasonable limits on the frequency with which the employee may terminate, reinstate, or modify the agreement.
- Either the employee or employer may terminate this agreement at any time with respect to compensation not yet earned by the employee by giving written notice to the other party.
- The employee shall be solely responsible for determining that any payroll investment contributions pursuant to the agreement do not exceed the limits on elective deferrals of Section 457(c) of the Internal Revenue Code.

STEP 3 : INVESTMENT OPTIONS (For more information about our funds, visit us at lordabbett.com.)

You may choose as many or as few of the funds as you wish, but **all numbers must be whole numbers and total 100%. The share class has been preselected by your Plan Sponsor.**

If no investment elections are selected, any contributions will be invested in the Lord Abbett U. S. Government & Government Sponsored Enterprises Money Market Fund.

My investments should initially be allocated as follows:

U.S. EQUITY
_____ % Affiliated Fund
_____ % Alpha Strategy Fund
_____ % Calibrated Dividend Growth Fund
_____ % Developing Growth Fund*
_____ % Focused Growth Fund
_____ % Focused Small Cap Value Fund
_____ % Fundamental Equity Fund
_____ % Growth Leaders Fund
_____ % Growth Opportunities Fund
_____ % Mid Cap Stock Fund
_____ % Small Cap Value Fund
_____ % Value Opportunities Fund
GLOBAL & INTERNATIONAL EQUITY
_____ % Global Bond Fund
_____ % Global Equity Research Fund
_____ % Global Select Equity Fund
_____ % International Equity Fund
_____ % International Opportunities Fund
_____ % International Value Fund

* The Fund is not available to new investors, except as provided in the prospectus.

MULTI-ASSET STRATEGIES
_____ % Multi-Asset Balanced Opportunity Fund
_____ % Multi-Asset Income Fund
TAXABLE FIXED-INCOME
_____ % Bond Debenture Fund
_____ % Convertible Fund
_____ % Core Fixed Income Fund
_____ % Core Plus Bond Fund
_____ % Corporate Bond Fund
_____ % Emerging Markets Bond Fund
_____ % Emerging Markets Corporate Debt Fund
_____ % Floating Rate Fund
_____ % High Yield Fund
_____ % Income Fund
_____ % Inflation Focused Fund
_____ % Short Duration Core Bond Fund
_____ % Short Duration Income Fund
_____ % Total Return Fund
_____ % Ultra Short Bond Fund
_____ % U.S. Government & Government Sponsored Enterprises Money Market Fund
100 % Total must equal 100%

STEP 4: SIGNATURES AND DATES

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.

Employee Name (please print)

Employee Signature

____ / ____ / ____
Date (MM/DD/YYYY)

Plan Trustee or Authorized Representative Name (please print)

Plan Trustee or Authorized Representative Signature

____ / ____ / ____
Date (MM/DD/YYYY)

____ / ____ / ____
Participant Plan Entry Date (MM/DD/YYYY)

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.

Lord Abbett mutual fund shares are distributed by Lord Abbett Distributor LLC. • 90 Hudson Street • Jersey City, New Jersey 07302-3973.



Please return original Contribution Election Form to the plan's trustee. All sections on this form must be completed. Please print clearly.

STEP 1: PARTICIPANT INFORMATION (please print clearly)

Participant Name (First Name, MI, Last Name) _____ Social Security Number _____

Employer Name _____

Regarding any amount payable under the above named plan by reason of my death, I hereby mark the option applicable to my situation and designate the beneficiary listed below.

STEP 2: BENEFICIARY DESIGNATION (check the appropriate option)

- I hereby certify that I am not married, and designate as my beneficiary(ies) the person(s) named below.
- I hereby certify that I am married, and designate as my beneficiary(ies) the person(s) named below.
(If Primary Beneficiary is other than spouse, spousal consent is required below.)

I understand that if I do not designate a beneficiary, distributions upon my death will be governed by the terms of the plan document. I also understand that if the Trustee receives satisfactory proof that a primary beneficiary(ies) predeceases me, the assets will be paid to the contingent beneficiary(ies).

I understand that I may change the beneficiary(ies) at any time after this election is made by filing a new Beneficiary Designation Form with the Trustee. Any such subsequent beneficiary designation will revoke all prior designations. I understand that a spousal consent may also be required to effectuate a change if I am married at that time. **(If you have additional primary beneficiary(ies), or wish to designate additional contingent beneficiary(ies), please attach a separate list.)**

Primary Beneficiary(ies):

Beneficiary Name (First Name, MI, Last Name) or Name of Trust	Social Security or Tax ID Number	Share %	Birth or Trust Date (MM/DD/YYYY)	Relationship or Trust
1. _____	_____	_____	____/____/____	_____
2. _____	_____	_____	____/____/____	_____
3. _____	_____	_____	____/____/____	_____
Total = 100%				

Contingent Beneficiary(ies)

Beneficiary Name (First Name, MI, Last Name) or Name of Trust	Social Security or Tax ID Number	Share %	Birth or Trust Date (MM/DD/YYYY)	Relationship or Trust
1. _____	_____	_____	____/____/____	_____
2. _____	_____	_____	____/____/____	_____
3. _____	_____	_____	____/____/____	_____
Total = 100%				

Participant Signature _____ Date (MM/DD/YYYY) ____/____/____

STEP 3: SPOUSAL CONSENT

I hereby approve of, and consent to, the designation of beneficiary elected by my spouse above. I understand that in approving a beneficiary other than myself I am waiving my right to any benefit under the plan. I further understand that this designation will remain in effect until a subsequent beneficiary designation with my written consent is filed.

Spouse Name (First Name, MI, Last Name) _____

Signature of Spouse _____ Date (MM/DD/YYYY) ____/____/____

NOTARY PUBLIC

State of _____, County of _____, ss. Subscribed and sworn to before me on _____, 20____, by _____
(Affiant's Name)

Notary Public _____ Date (MM/DD/YYYY) ____/____/____

CERTIFICATION

Plan Trustee or Authorized Representative Signature _____ Date (MM/DD/YYYY) ____/____/____