



Use this form to transfer the registration of a mutual fund account, except in cases due to death. Please use our Distribution Due to Death Form in cases due to death.

**Important information about procedures for opening a new account required by the U.S.A. PATRIOT ACT:** To help the federal 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.

**Mail completed form to:** Lord Abbett Service Center, PO Box 219336, Kansas City, MO 64121-9336  
**Overnight mail:** Lord Abbett Distributor LLC, 330 West 9th Street, Kansas City, MO 64105-1514  
**Fax:** 816-843-7248 (Advisors are permitted to fax in paperwork provided the Medallion Signature Guarantee is legible.)  
**Call Lord Abbett for assistance:** 888-522-2388 (Monday-Friday between 8:30 a.m. and 6:00 p.m. Eastern Time)

**STEP 1: ACCOUNT REGISTRATION INFORMATION**

Owner Name (First Name, MI, Last Name) \_\_\_\_\_ Joint Owner Name (First Name, MI, Last Name) (if applicable) \_\_\_\_\_

Owner Tax Identification Number \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_

**STEP 2: REGISTRATION TRANSFER REQUEST**

Fund Name	Account Number	All or Partial Shares	Number of Shares
1. _____	_____	<input type="checkbox"/> All Shares <input type="checkbox"/> Partial Shares	_____
2. _____	_____	<input type="checkbox"/> All Shares <input type="checkbox"/> Partial Shares	_____
3. _____	_____	<input type="checkbox"/> All Shares <input type="checkbox"/> Partial Shares	_____

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.

**STEP 3: COST-BASIS INFORMATION FOR PARTIAL TRANSFERS ONLY (optional)**

This step is **not** necessary to complete if you are:

- transferring all shares from the account listed in Step 2 (Registration Transfer Request), or
- transferring shares purchased before January 1, 2012.

Your current cost-basis method will be used to deplete shares for partial transfers, **unless** you specify below the shares to be transferred.

**Please note exceptions:**

If you specify below the shares to be transferred and the share amount(s) do **not** equal the total number of shares indicated in Step 2 (Registration Transfer Request), your current cost-basis method will be used to deplete shares for this transfer.

If your current method is average cost, then shares will be depleted using First-In, First-Out (FIFO).

Date of Purchase (MM/DD/YYYY)	Number of Shares
____ / ____ / ____	_____
____ / ____ / ____	_____
____ / ____ / ____	_____

**STEP 4: REASON FOR REGISTRATION TRANSFER (Choose either option A or B.)**

The Emergency Economic Stabilization Act, HR1424, includes provisions from the Energy Improvement and Extension Act of 2008, requiring mutual funds to provide cost-basis reporting to their customers and the IRS.

To ensure accurate cost-basis reporting, indicate the type of transfer requested and provide transfer details where applicable.

**Important note:** If a reason is not provided below, this transfer will be defaulted to item B, Gift.

Reason for registration transfer:

**A.**  **Reregistration** (name change, divorce/separation, individual to trust, etc.)

Reregistration transfers will proportionately deplete gains and losses unless alternate instructions are provided in Step 3 (Cost-Basis Information for Partial Transfers Only (Optional)).

**B.**  **Gift**

Date of gift:     /    /      
(MM/DD/YYYY)

**Fair Market Value Acceptance—New Account Owner Signature:**

If the new account owner selects the average-cost accounting method in Step 8 (Cost-Basis Method and Dividend Distribution Options), the new account owner must sign below indicating acceptance of the shares valued at fair market value (or an accurate valuation of the gift's worth) on the date of gift or settlement if the shares should be transferred at a loss.

If the new account owner does not accept by signing below, a new account will be established for these shares.

\_\_\_\_\_  
Fair Market Value Acceptance—New Account Owner Signature

**STEP 5: NEW ACCOUNT REGISTRATION INFORMATION**

**Please choose account registration type:**

**New account.** A new shareholder is responsible to complete steps 5 through 12, and for Step 11 (Authorized Signature(s)), section A.

**Current account.** A current shareholder must provide his/her current account number and is only responsible to complete Step 11 (Authorized Signature(s)), section B and Step 12 (Medallion Signature Guarantee or Signature Guarantee). If applicable, a current shareholder may want to complete Step 10 (Electronic Delivery).

Current account number: \_\_\_\_\_

**Please complete ONE registration type (Choose A, B, or C.):**

**A. General Mutual Fund—Individual, Joint Tenants, Tenants in Common, or Non-Profit Organizations (Charitable & Welfare Organizations)**

- Individual       Joint Tenants with Rights of Survivorship       Tenants in Common
- Non-Profit Organizations (Charitable & Welfare Organizations)

Owner Name (First Name, MI, Last Name)	Social Security Number	Date of Birth (MM/DD/YYYY)
Joint Owner Name (First Name, MI, Last Name)	Social Security Number	Date of Birth (MM/DD/YYYY)

To list more tenants, please attach a separate page with full name, Social Security number, and date of birth for each.

**STEP 5: NEW ACCOUNT REGISTRATION INFORMATION (continued)**

**OPTIONAL: ADD TRANSFER ON DEATH (TOD) BENEFICIARY TO ABOVE ACCOUNTS.**

- Add transfer on death (TOD) to this account. (This applies only to Individual or Joint Tenants with Rights of Survivorship accounts.)
- If you reside in a state that has adopted the Uniform Transfer on Death Registration Act, you may designate a beneficiary who will automatically own the account assets upon your death, outside of probate or other court proceedings. The beneficiary has no rights to the account until after your death.
- If there is no Primary Beneficiary living at the time of death, the balance is to be distributed to the Contingent Beneficiaries.
- If your beneficiary allocation totals at least 99%, but less than 100% (e.g., three named beneficiaries are each assigned a 33.33% interest in the account), Lord Abbett will assign the unallocated remainder to the first beneficiary.

**Primary 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 %
_____	_____	/ /	_____
_____	_____	/ /	_____
_____	_____	/ /	_____
			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 %
_____	_____	/ /	_____
_____	_____	/ /	_____
_____	_____	/ /	_____
			Total = 100%

To list more TOD beneficiaries, attach a separate page with full name, Social Security number, date of birth, and percentage of shares for each.

**B. Uniform Gifts or Transfers to Minors (UGMA/UTMA)**

_____	_____	/ /
Adult Custodian Name (First Name, MI, Last Name)	Social Security Number	Date of Birth (MM/DD/YYYY)
_____	_____	/ /
Minor Name (First Name, MI, Last Name)	Social Security Number	Date of Birth (MM/DD/YYYY)

If the Social Security number or tax identification number has been applied for, please provide copy of the application.

**C. Corporation, Partnership, Trust, Estate, or Qualified Plan**

- Corporation (Attach a copy of certified articles of incorporation or business license.)  S Corporation  C Corporation  LLP
- LLC—Please indicate if taxed as a partnership:  Yes  No
- Partnership (A copy of the partnership agreement must be attached.)
- Trust (Please include the first and last page(s) of the trust documents.)
- Estate
- Qualified Plan. Indicate whether this is a:  401(k) Profit-Sharing Plan  Money Purchase Pension Plan  Defined Benefit Plan
- Other (specify) \_\_\_\_\_. For more information, please call Lord Abbett at 800-821-5129.

_____	_____	/ /
Corporation, Partnership, Trust, Estate, or Qualified Plan Name	Tax ID Number	Date of Trust Agreement (MM/DD/YYYY)
_____	_____	/ /
Trustee Name/Authorized Signer (First Name, MI, Last Name)	Social Security Number	Date of Birth (MM/DD/YYYY)
_____	_____	/ /
Co-Trustee Name/Authorized Signer (First Name, MI, Last Name)	Social Security Number	Date of Birth (MM/DD/YYYY)

To list more trustees or authorizing signatures, please attach a separate page with full name, SSN, and date of birth for each.

**STEP 6: REGISTRATION MAILING ADDRESS (Army Post Office and Fleet Office will be accepted.)**

Permanent Address **(P.O. boxes not accepted)** \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_

Check which applies:  U.S. Citizen     Resident Alien     Nonresident Alien

Country of Tax Residency \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

**Important:** If you are not a U.S. citizen, please provide your passport number and country of issuance and attach copies of this information with your passport photograph.

Joint Owner Permanent Address **(P.O. boxes not accepted)** \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_

Check which applies:  U.S. Citizen     Resident Alien     Nonresident Alien

Country of Tax Residency \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

**Important:** If you are not a U.S. citizen, please provide your passport number and country of issuance and attach copies of this information with your passport photograph.

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.

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

**STEP 7: YOUR FINANCIAL ADVISOR'S INFORMATION (optional)**

If this step is not completed, the current broker of record will remain.

Advisor Name (First Name, MI, Last Name) \_\_\_\_\_ Representative ID Number \_\_\_\_\_ Branch ID Number \_\_\_\_\_

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

Dealer Firm Name \_\_\_\_\_ Email Address \_\_\_\_\_

## STEP 8: COST-BASIS METHOD AND DIVIDEND DISTRIBUTION OPTIONS

**Cost-Basis Method Selection:** Please **select one** of the following six cost-basis method options.

- Average Cost       Last-In, First-Out       Low Cost  
 First-In, First-Out       High Cost       Loss/Gain Utilization

To view definitions for any of the above options, please see our Q&A cost-basis document on our Tax Center page at lordabbett.com. **If you do not choose a method listed above, the fund's default method of average cost will be used.**

**Dividend Distributions:** Check one box. If you do not check a box, dividends will be reinvested in additional fund shares.

- Reinvest dividends and capital gains in my account.       "Div-Move" to another Lord Abbett fund.  
 (See "Services for Fund Investors" in the prospectus.)  
 Electronically transmit all dividends directly to my bank and reinvest all capital gains distributions. (You must complete Step 9, Funding Your Account.)       Pay all dividends to me by check at the address I have indicated in Step 6 (Registration Mailing Address) and reinvest all capital gains distributions.  
 Electronically transmit all dividends and capital gains to my bank account. (You must complete Step 9, Funding Your Account.)       Pay all dividends and capital gains distributions to me by check at the address I have indicated in Step 6 (Registration Mailing Address).

Reinvest dividends from: \_\_\_\_\_ to \_\_\_\_\_  
 Lord Abbett Fund      Lord Abbett Fund/Owner's Account Number

## STEP 9: FUNDING YOUR ACCOUNT

### ACH Banking Instructions:

Enter your bank information from your personal checking or savings account):

Bank account type:  Checking  Savings

Nine-digit routing (ABA) number: \_\_\_\_\_

Bank account number: \_\_\_\_\_

Bank account registration name (include all registration names):  
 \_\_\_\_\_  
 \_\_\_\_\_

The image shows a sample check form with the following fields and annotations:

- Your Full Name:** [Your Full Name] (Annotation: points to the routing number field)
- Your Street Address:** [Your Street Address]
- Your Town, ST 12345:** [Your Town, ST 12345]
- 1000:** [1000] (Amount)
- Date:** [Date]
- Pay to the order of:** [Pay to the order of]
- \$:** [ \$ ] (Amount)
- dollars:** [dollars]
- Your Bank:** [Your Bank]
- Memo:** [Memo]
- Routing (ABA) number:** [ 3 2 3 4 5 6 7 8 9 ] (Annotation: points to the routing number field)
- Account number:** [ 1 2 3 4 5 6 ] (Annotation: points to the account number field)
- 1000:** [1000] (Amount)

## STEP 10: ELECTRONIC DELIVERY

Lord Abbett is pleased to offer electronic delivery of fund documents. If you consent, an email will be sent notifying you when your fund materials are available for viewing online. Instructions for accessing your materials will be provided in the email. Please note that no confidential information will be sent via email. You may revoke e-delivery consent at any time, allowing you to receive printed materials.

I elect to receive notification of the following checked fund documents electronically to the email address provided below:

- Account Statements       Prospectuses, Annuals, Semiannuals       Tax Forms       Trade Confirmations

\_\_\_\_\_  
 Email Address (if different from Step 6)

**STEP 11: AUTHORIZED SIGNATURE(s) (Sign either A or B.)**

By signing below, I acknowledge that I have received and read the prospectus(es) of the fund(s) selected and agree to the terms within, and, in particular, that I understand that there are ways to reduce the applicable front-end sales charge as described in the prospectus under "Sales Charge Reductions and Waivers." In the event that I am not now eligible for a reduced sales charge, but will become eligible in the future, I understand and acknowledge that it is my responsibility to bring my changed circumstances to the attention of my investment professional or Lord Abbett Distributor LLC as soon as possible. (Signatures for all registered owners must be included.)

**Tax certification:** Under penalties of perjury, I certify that: (1) the Social Security or tax identification number (TIN) shown on this application is correct (or I am waiting for a number to be issued to me); (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the Internal Revenue Service (IRS) has notified me that I am no longer subject to backup withholding; and (3) I am a U.S. person (including a U.S. resident alien).

**Note:** The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Under penalty of perjury, I swear that there are no known disputes as to the persons entitled to a distribution under the nonprobate transfer or the amounts to be distributed to each person, and no known claims that would affect the distribution requested.

By signing below, I confirm that the information I have provided to the Lord Abbett funds 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.

**A. New Registration Authorized Signature:**

\_\_\_\_\_/ /  
Authorized Signature (legal capacity, if needed; for example, trustee, executor) Date

\_\_\_\_\_/ /  
Authorized Signature (joint tenant[s]) Date

**B. Current Registration Authorized Signature:**

**Important note:** Current registration authorized signature must be Medallion Signature Guaranteed or Signature Guaranteed.

\_\_\_\_\_/ /  
Authorized Signature (legal capacity, if needed; for example, trustee, executor) Date

\_\_\_\_\_/ /  
Authorized Signature (joint tenant[s]) Date

**STEP 12: MEDALLION SIGNATURE GUARANTEE (or Signature Guarantee)**

A Medallion Signature Guarantee or Signature Guarantee is required for current registration authorized signature.

Medallion Signature Guarantees must cover the amount of the requested transaction. There are several different guarantee amounts, so it is important to acquire a guarantee amount equal to or greater than the amount of the transaction(s).

To obtain a Medallion Signature Guarantee or Signature Guarantee, sign this form in the presence of an authorized person at a broker/dealer firm or at another financial institution, such as a bank or trust company. A notarization from a notary public does not meet Medallion Signature Guarantee or Signature Guarantee requirements.

**Please place Medallion Signature Guarantee here.**