



Use this form to establish one of the following accounts with Lord Abbett:

- General Mutual Fund—Individual, Joint Tenants, or Tenants in Common
- Trust, Estate, or Corporation/Partnership
- Uniform Gifts or Transfers to Minors (UGMA/UTMA)
- Transfer on Death (TOD)
- Self-directed Qualified Plan

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.

OPENING AN ACCOUNT

When you open an account, we will require:

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

Please include a copy of your driver's license if you are under the age of 25. Including a copy of your driver's license would allow us to verify your identity without additional follow-up. 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**.

Note: You should be aware that if no activity occurs in your account within the time period specified by state law, your account may be transferred to the appropriate state.

Mail completed application 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

Call Lord Abbett for assistance: 888-522-2388 (Monday—Thursday between 8:30 a.m.–6:00 p.m. ET and Friday between 8:30 a.m.–4:00 p.m. ET)

OPENING AN ACCOUNT WITH AUTOMATED CLEARING HOUSE (ACH) FUNDING—SAME-DAY SERVICE

Fax: 816-843-7248 • Email: lawork@dtsystems.com

To open an account on the same day, choose ACH in Step 6. An application must be received by Lord Abbett before the New York Stock Exchange closes (generally 4:00 p.m. ET) in order to receive that day's asset value and must be in good order.

STEP 1: REGISTRATION: PLEASE COMPLETE ONE REGISTRATION TYPE. (Choose either A, B, or C.)

A. General Mutual Fund—Individual, Joint Tenants, or Tenants in Common, 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, SSN, and date of birth for each.

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

- Add transfer on death (TOD) to this account. (Only applies 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 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.
- If there is no Primary Beneficiary living at the time of death, the balance is to be distributed to the Contingent Beneficiaries.

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

- If a minor is listed, please also provide a custodian/guardian along with custodian/guardian Social Security number and date of birth.

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

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

STEP 1: REGISTRATION: PLEASE COMPLETE ONE REGISTRATION TYPE. (Choose either A, B, or C.) (continued)

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 applied for, provide copy of application for SSN or TIN.

Please note: Once the UTMA is established, the UTMA reporting state cannot be changed.

C. Corporation, Partnership, Trust, Estate, or Qualified Plan (For all Corporations, LLCs, LLPs, Partnerships, and Statutory Trusts, please complete the Certification Regarding Beneficial Owners of Legal Customers form attached at the end of this application)

- 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
 Statutory Trust (The first and last pages of the Statutory Trust document must be provided.)
 Partnership (A copy of the partnership agreement must be attached.)
 Trust (The first and last pages of the trust document must be provided.)
 Estate
 Non-Profit Organizations (Charitable & Welfare Organizations)
 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, Non-Profit Organizations (Charitable & Welfare Organizations)	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 2: REGISTRATION MAILING ADDRESS (Army Post Office and Fleet Post Office will be accepted.)

_____	_____	_____	_____
Permanent Address (P.O. boxes not accepted)	City	State	Zip Code

_____	_____
Email Address	Daytime Phone Number

Are you a: U.S. Citizen Resident Alien Nonresident Alien

Important: If you are a nonresident alien, 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

Are you a: U.S. Citizen Resident Alien Nonresident Alien

Important: If you are a nonresident alien, 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.

_____	_____	_____	_____
Street Address	City	State	Zip Code

STEP 3: 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 2) **(required to set up electronic delivery)**

STEP 4: YOUR FINANCIAL ADVISOR'S INFORMATION

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

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

Please be advised of the new rep of notice regulation effective 9/1/2017 for the state of Texas regarding unclaimed property and for the Trusted Contact Notification; FINRA Rule - Financial Exploitation of seniors effective February 2018.

Trusted Individual (Optional)

You authorize Lord Abbett to contact the person listed below and to disclose information about you in order to confirm the specifics of your current contact information, health status or the identity of any legal guardian executor, trustee or holder of a power of attorney.

Please note: The trusted individual has no authority over the Mutual Fund account and cannot process transactions on the account.

(First Name, MI, Last Name) Relationship to Account Owner E-mail Address

Home or Mobile Street Address City State Zip Code
Number

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.

Please note that each fund minimum is generally \$1,500 per fund.

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

A 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 on any Lord Abbett mutual fund, please contact your financial advisor or Lord Abbett Distributor LLC at 888-522-2388 or visit us at lordabbett.com. Read the prospectus carefully before investing.

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.**

STEP 5: INVESTMENT SELECTIONS (Continued)

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

- Reinvest dividends in my account and reinvest all capital gains distributions to my account.
- Electronically transmit all dividends directly to my bank and reinvest all capital gains distributions. (You must complete Step 6, Funding Your Account.)
- Electronically transmit all dividends and capital gains to my bank account. (You must complete Step 6, Funding Your Account.)
- "Div-Move" to another Lord Abbett fund. (See "Services for Fund Investors" in the prospectus.)
- Pay all dividends to me by check at the address I have indicated in Step 2 (Registration Mailing Address) and reinvest all capital gains distributions.
- Pay all dividends and capital gains distributions to me by check at the address I have indicated in Step 2 (Registration Mailing Address).

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

STEP 6: INITIAL FUNDING FOR YOUR ACCOUNT (Choose either A, B or C.)

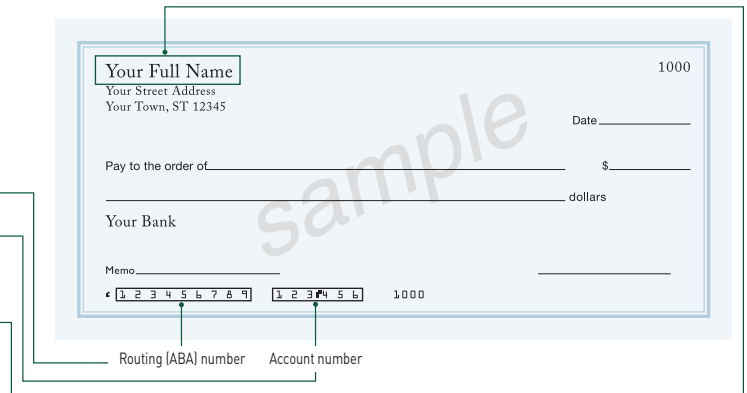
Please note that "Initial Funding" suggests an immediate or one time purchase. Our fund minimums are generally \$1,500.00 or \$50 per fund when establishing a Systematic Purchase. For specific fund minimums, please go to lordabbett.com/investor to obtain fund information.

A. Purchase by Check (Make check payable to Lord Abbett Funds.) \$ _____ Initial Investment Amount

B. Purchase by ACH \$ _____
 Initiate a one-time investment from your bank account via Automated Clearing House (ACH). Please complete the ACH banking instructions section directly below.

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: _____
 Name(s) listed on bank account: _____



C. Systematic Purchase – Initial investment by systematic purchase plan (Please complete step 7). When establishing an account with a systematic purchase, the minimum initial investment is \$50 per fund.

STEP 7: OPTIONAL ACCOUNT PRIVILEGES

Only complete this section should you like your account to be funded by establishing an on-going automatic investment plan. Funding Options (When establishing an account with an ongoing systematic purchase, the minimum initial investment is \$50 per fund.)

A. Systematic Purchases (ACH):

Please purchase \$ _____ (\$50 per fund minimum) from the bank account shown in Step 6 (Funding Your Account), and invest in the Lord Abbett _____

Frequency of Purchases:

If you select systematic purchase and do not specify the deposit date, your investment will automatically be processed on the 15th of the current month. If you select a date that falls on a weekend or a holiday your investment will be made on the next business day. We must receive this form 7 calendar days prior to the day you wish your investment to begin. Otherwise, it will be processed the following month.

- Twice a month (5th and 20th)
- Monthly (day of month: _____)
- Every other month
- Quarterly
- Custom Date

Start Date: ____ / ____ / ____ (If you have more than one fund, please provide information on a separate sheet of paper.)
 (MM/DD/YYYY)

For custom date(s) option, please indicate it here _____

B. Sales Charge Reductions and Waivers: Please be sure to complete all information requested below if you qualify. In the event you qualify subsequent to your completing this account application, please discuss your eligibility with your financial advisor or Lord Abbett Distributor LLC as soon as possible.

1. Letter of Intention: If you, the purchaser,¹ intend to buy additional Class A and C shares of any Eligible Fund within a 13-month investment period, you may be eligible for a reduced sales charge on your Class A purchases. The 13-month Letter of Intention period commences on the day that the Letter of Intention is received by the Fund. Please indicate below the aggregate amount of the planned investment.

- \$50,000²
- \$100,000
- \$250,000
- \$500,000
- \$1,000,000

2. Rights of Accumulation (ROA):³ Whenever you buy Class A shares of any eligible fund, you may combine the value of those shares with the value of any Class A, C, F, or P shares of any Eligible Fund that you already own. (Attach document with accounts for purposes of ROA.)

If a spouse, or a child under the age of 21, is also setting up an account that should be linked to the LOI or for ROA please indicate it here _____

STEP 7: OPTIONAL ACCOUNT PRIVILEGES (continued)

3. Class A Share Purchases without a Front-End Sales Charge: If you so qualify, please indicate under which exemption you qualify:⁴

¹ See "Purchaser" and other relevant definitions and information in the prospectus under "Your Investment—Reducing Your Class A Share Front-End Sales Charges."

² This amount is applicable only to certain funds.

³ Value of shares determined using current public offering prices.

⁴ See the prospectus under "Your Investment—Class A Share Purchases without a Front-End Sales Charge."

- C.** I would like to add banking instructions to my account. (Please complete the ACH banking instructions.)
 Please use banking information from attached check.

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): _____

Please Note: If one name on the bank account registration above does not match the registration of the Lord Abbett Mutual Fund account, a Medallion Signature Guarantee is required.

Redemption/Exchange Options

- A. Telephone Exchanges and Redemptions:** Call 800-821-5129 to exchange shares of the same class from one Lord Abbett fund to another.

If you do not check below, the convenience of our telephone exchange and redemption privilege will be added to your account. If you would like to make redemptions to a bank, please complete Step 6, Funding Your Account.

- I do not want the telephone exchange or redemption privilege added to my fund account.

- B. Check writing: Check writing available only for Money Market Fund Class A shares.**

- Check here if you want to be able to write checks for \$500 or more against your account.
 Check here if only one signature is required on checks for a joint account. If box is not checked, all joint tenants must sign redemption checks. The undersigned agree that neither the Fund nor the shareholder's servicing agent will be held liable for honoring checks signed by only one joint tenant. We agree that this authorization will continue in effect until it is revoked in writing by one joint tenant and such revocation is received and acknowledged by the Fund.

STEP 8: AUTHORIZED SIGNATURE(S)

By signing below I am acknowledging 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 indicated under Step 7 and described in the prospectus under "Your Investment—Purchases." In the event that I am not now eligible for a reduced sales charge, but 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.)

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.

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); and (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.

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

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

_____/_____/_____
Authorized Signature (Joint tenant[s]) Date

CONTINUED ON NEXT PAGE

STEP 9: MEDALLION SIGNATURE GUARANTEE (or Signature Guarantee) (if required)

A Medallion Signature Guarantee is required on the New Account application if the bank account registration does not match at least one of the authorized signatures. When new banking instructions are added or previous ones changed, Lord Abbett places a 15-day hold on redemptions. Funds will be available immediately for redemption if this form has a Medallion Signature Guarantee.

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, 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 requirements.

Please place Medallion Signature Guarantee here.



PLEASE NOTE

All Corporations, LLCs, LLPs, Partnerships, and Statutory Trusts
MUST complete the following certification,
regarding beneficial owners of legal customers.



GENERAL INSTRUCTIONS

What is this form?

To help the government fight financial crime, Federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. Legal entities can be used to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

Who has to complete this form?

This form must be completed by the person opening a new account on behalf of a legal entity with any of the following U.S. financial institutions: (i) a bank or credit union; (ii) a broker or dealer in securities; (iii) a mutual fund; (iv) a futures commission merchant; or (v) an introducing broker in commodities.

For the purposes of this form, a legal entity includes a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country. For the purposes of this form, a legal entity does not include a sole proprietorship, unincorporated association, or natural person opening an account on its own behalf.

STEP 1: CERTIFICATION OF BENEFICIAL OWNER(S)

Persons opening an account or maintaining a business relationship on behalf of a legal entity must provide the following information:

Name of natural person opening account Title

Name of legal entity for which the account is being opened

Address of legal entity City State Zip Code

The following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity interests of the legal entity listed above.

If no individual meets this definition, please check the box and skip this section. [] Not Applicable

BENEFICIAL OWNER 1 INFORMATION

% of Ownership

Individual Name Date of Birth [] SSN [] TIN TIN Type Number

Primary ID Type Primary ID Description Primary ID Street / Country / Province

Street Address Address Line 2 Address Line 3

City State Country Zip / Postal Code

BENEFICIAL OWNER 2 INFORMATION

% of Ownership

Individual Name Date of Birth [] SSN [] TIN TIN Type Number

Primary ID Type Primary ID Description Primary ID Street / Country / Province

Street Address Address Line 2 Address Line 3

City State Country Zip / Postal Code

BENEFICIAL OWNER 3 INFORMATION

_____ % of Ownership

_____		_____	<input type="checkbox"/> SSN <input type="checkbox"/> TIN	_____
Individual Name		Date of Birth	TIN Type	Number
_____	_____	_____		
Primary ID Type	Primary ID Description	Primary ID Street / Country / Province		
_____	_____	_____		
Street Address	Address Line 2	Address Line 3		
_____	_____	_____		
City	State	Country	Zip / Postal Code	

BENEFICIAL OWNER 4 INFORMATION

_____ % of Ownership

_____		_____	<input type="checkbox"/> SSN <input type="checkbox"/> TIN	_____
Individual Name		Date of Birth	TIN Type	Number
_____	_____	_____		
Primary ID Type	Primary ID Description	Primary ID Street / Country / Province		
_____	_____	_____		
Street Address	Address Line 2	Address Line 3		
_____	_____	_____		
City	State	Country	Zip / Postal Code	

In lieu of a passport number, foreign persons may also provide an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

The following information for one individual with significant responsibility for managing the legal entity listed above, such as:

An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or any other individual who regularly performs similar functions. (If appropriate, an individual listed under section (c) above may also be listed in this section (d)).

STEP 2: INDIVIDUAL WITH CONTROL INFORMATION

_____		_____	<input type="checkbox"/> SSN <input type="checkbox"/> TIN	_____
Individual Name and Title		Date of Birth	TIN Type	Number
_____	_____	_____		
Primary ID Type	Primary ID Description	Primary ID Street / Country / Province		
_____	_____	_____		
Street Address	Address Line 2	Address Line 3		
_____	_____	_____		
City	State	Country	Zip / Postal Code	

STEP 3: CERTIFIED / AGREED TO

I _____, hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

_____	_____ / _____ / _____
Authorized Signature	Date