



Use this form to establish an Education Savings Account only. Please complete one application per Education Savings Account.

Make check(s) payable to: **Lord Abbett Funds** (Please include student's name and Social Security number.)

- Retain the Custodial Account Agreement and the UMB Bank Privacy Policy for your records.

**Mail completed application to:** Lord Abbett Service Center, PO Box 219336, Kansas City, MO 64121-9336

**Fax:** 816-843-7248

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

**If you have any questions, please call us:** 888-522-2388 (Monday-Friday, between 8:30 a.m. and 6:00 p.m. Eastern Time)

The undersigned, by signing this Adoption Agreement, hereby establishes a Coverdell Education Savings Account (the "Account") for the benefit of the student with UMB Financial Corporation ("UMB Bank") as Custodian. The terms of the Account are contained in the document entitled "UMB Bank Coverdell Education Savings Custodial Account Agreement" (the "Custodial Account Agreement," which is incorporated by reference) and this Adoption Agreement. Capitalized terms shall have the meaning given them herein or, if not defined herein, the meanings given them in the Custodial Account Agreement. The Account will be effective upon acceptance by UMB Bank.

**Important Information about Procedures for Opening a New Account Required by the USA 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—when you open an account, we require your name, address, date of birth, Social Security number or similar number, and we may ask for other information that will allow us to identify you. We also may 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 Section 9.

**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.

**STEP 1: STUDENT INFORMATION**

The student must be under age 18, or a "Special Needs Student," if older (check below), for an Annual Contribution Education Savings Account, or under age 30 for a rollover or transfer from another Education Savings Account.

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

Street Address*	City	State	Zip Code	

Email Address	Daytime Phone Number

Check this box if Social Security number of minor was applied for and not yet received. Please provide Lord Abbett with the Social Security number as soon as received.

Check this box if student is a "Special Needs Student" [see UMB Bank Coverdell Education Savings Account Custodial Agreement, Article X 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: PARENT OR GUARDIAN INFORMATION (only one should be listed)**

Provide the requested information about the Parent or Guardian who will control the Account on behalf of any Student **who has not yet reached the age of majority in his or her state of residence.** (Leave blank if inapplicable.)

Name of Parent or Guardian (First Name, MI, Last Name)  Mother  Father  Guardian Date of Birth (MM/DD/YYYY) / /

Street Address\* City State Zip Code

Email Address Daytime Phone Number Social Security Number

**Note:** The "Parent" is the same individual described as the "Responsible Individual" (RI) in Articles I–X of the Custodial Account Agreement and in the Account registration materials.

\* 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 3: DONOR INFORMATION**

The Donor is the individual making a contribution. The Student or Parent can be the Donor. Once the Donor has made the contribution, the Donor has no further rights or responsibilities unless the Donor is the Student or Parent/Guardian.

Donor Name (First Name, MI, Last Name) (may be a corporation) Donor's Social Security Number or Tax Identification Number

Street Address City State Zip Code

Daytime Phone Number

**STEP 4: TYPE OF EDUCATION SAVINGS ACCOUNT**

**A.**  **Annual contribution** must be made by April 15 following the contribution year, or before Student's 18th birthday (if final year of eligibility), unless student is a "Special Needs Student."

Check enclosed for \$\_\_\_\_\_. For checks sent between January 1 and April 15 of the contribution year, indicate whether check is for  current or  preceding contribution year. This contribution does not exceed the maximum permitted amount as described in the Custodial Account Agreement and Disclosure Statement.

**B.**  **Rollover or Transfer of Existing Education Savings Account**

Transfer of existing Education Savings Account. Complete the separate Coverdell Education Savings Account Transfer Form and return it with this form.

Rollover of distribution from existing Education Savings Account to the Student or Custodian within 60 days after distribution. The requirements for a valid rollover are complex. See the Lord Abbett Coverdell Education Savings Account Disclosure Statement for additional information and consult your tax advisor for help if needed. Check enclosed for \$\_\_\_\_\_.

Also, check the box indicating the Student's relationship (in Section 1) to the person who was the Student for the existing Education Savings Account.

- same person     spouse     child or stepchild     sibling     first cousin
- parent     stepparent     grandparent     child of sibling     other

**STEP 5: YOUR INVESTMENT PROFESSIONAL'S INFORMATION**

**A. Investment Professional**

\_\_\_\_\_  
 Name (First Name, MI, Last Name) Phone Number Identification Number

\_\_\_\_\_  
 Email Address

\_\_\_\_\_  
 Signature

**B. Investment Dealer Firm**

\_\_\_\_\_  
 Name Phone Number *(if different from above)*

\_\_\_\_\_  
 Email Address *(if different from above)* Branch/Agency Branch Number

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

Notice to broker/dealer: Do not process through your order room. Mail application and check to the address provided above.

**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.)**

Upon my death, distribute all funds in my Education Savings Account 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 Student, the assets will be paid to the contingent beneficiary(ies).

I understand that I may add 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.)

**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 % (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%	

**STEP 7: INVESTMENT SELECTIONS (For more information about our funds, visit us at lordabbett.com.)**

Invest proceeds in a new Lord Abbett account. (I have attached a completed Coverdell Education Savings Account Application.)

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. _____	_____	_____
5. _____	_____	_____

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

- If you are transferring or rolling over your account assets and the amount is unknown, or you are using Lord Abbett’s Asset Allocation Service, please indicate the percentage(s) to be allocated to each 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 8: FUNDING YOUR ACCOUNT (Provide the contribution year and choose either A or B.)**

The minimum initial investment is generally \$1,500.00. This contribution is for tax year \_\_\_\_\_. (If no year is indicated, Lord Abbett will assume the contribution is for the year in which it is received.) 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 \$ \_\_\_\_\_

**ACH Banking Instructions:** Enter your bank information (from your personal checking or savings account):

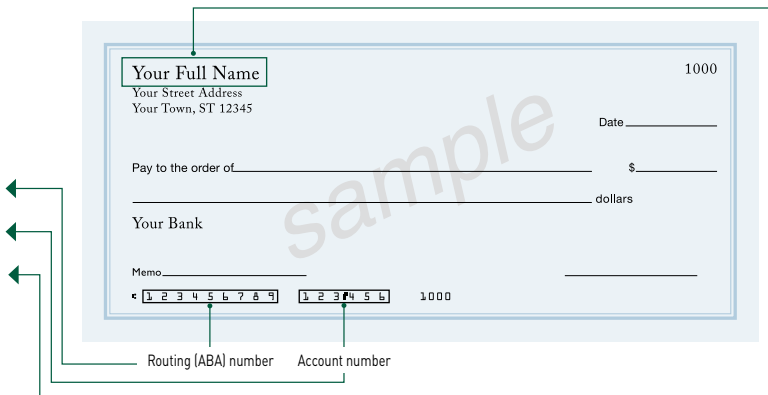
Bank account type:  Checking  Savings

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

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

Bank account registration name: \_\_\_\_\_

\_\_\_\_\_



**STEP 9: INFORMATION AND CERTIFICATION CONCERNING TAX WITHHOLDING**

By signing this form, the undersigned certifies that the Student is 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 makes the related certifications.

The student is a (check one):

**U.S. Person.** The undersigned certifies that the number shown in Section 1 of this Adoption Agreement is the Student’s correct Social Security number (or the Student is waiting to be issued a Social Security number); and

The Student is not subject to backup withholding because: (a) the Student is exempt from backup withholding, or (b) the Student has not been notified by the Internal Revenue Service (“IRS”) that the Student is subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified the Student that the Student is no longer subject to backup withholding. (NOTE: Cross out this sentence if the Student has been notified by the IRS that the Student is currently subject to backup withholding because of failure to report all interest and dividends on the Student’s tax return.)

**Foreign Person.** The undersigned acknowledges 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 at www.IRS.gov).

**STEP 10: CERTIFICATIONS AND SIGNATURES**

If this is a rollover Education Savings Account, the undersigned certifies that any assets transferred in-kind are the same assets received in the distribution being rolled over; that no other rollover from the transferring Education Savings Account has been made within the one-year period immediately preceding this rollover, and further that the assets being rolled over into this Account were not previously rolled over into the transferring Education Savings Account within the one-year period immediately preceding this rollover; that such distribution was received within 60 days of making the rollover to this Account; and that the Student identified in Section 1 is either the person for whose benefit the prior Education Savings Account was maintained or a member of such person's family (within the meaning of Internal Revenue Code Section 529(e)(2)).

If this is an annual contribution Education Savings Account, the undersigned certifies that the Student is less than 18 years old or is a Special Needs Student and that all Contributions made on Student's behalf to this or any other Education Savings Accounts do not exceed \$2,000 in a single tax year. If this is a Transfer or Rollover of an existing Education Savings Account, the undersigned certifies that the Student is less than 30 years old or is a Special Needs Student and that the relationship indicated in Section 4 is correct.

The undersigned acknowledges having received and read the "Lord Abbett Education IRA (Coverdell Education Savings Account) Disclosure Statement" relating to this Account, the Custodial Account Agreement, the "Instructions" pertaining to this Adoption Agreement, and the UMB Bank Privacy Policy.

The undersigned acknowledges receipt of the Custodial Account Agreement and Disclosure Statement at least seven days before the date of signature (as indicated below) and acknowledges that there is no further right of revocation.

If this is a contribution from a corporate entity, the undersigned represents that he/she has the requisite authority to sign this Adoption Agreement on behalf of such entity and that the establishment of the Account and contribution thereto have been duly approved by all requisite corporate actions.

The undersigned acknowledges that adverse income tax consequences (including possible penalties) may apply for providing false or incorrect information and certifies that the information provided above is accurate and correct.

**By signing below, I confirm that the information I have provided 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.**

\_\_\_\_\_/ /  
Signature of Parent/Guardian or Student (if student **has** attained the age of majority in his/her state of residence) Date

\_\_\_\_\_/ /  
Signature of Donor (or Representative of Corporate Entity) Date

**Custodian Acceptance**

UMB Bank will accept appointment as Custodian of the Account. However, this Agreement is not binding upon the Custodian until the Student has received a statement of the transaction. Receipt by the Student 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 the Account.

**UMB BANK, CUSTODIAN**

If Student is a minor under the laws of Student's state of residence, acceptance by the Custodian of the contribution to this Account is expressly conditioned upon the agreement of the Parent/Guardian (identified in Section 2) to be responsible for all requirements of the Student under the documents governing the Account, and to exercise the powers and duties of the Student, with respect to the operation of the Account. Upon reaching the age of majority in the state in which the Student then resides, the Student may advise the Custodian in writing (accompanied by such supporting documentation as the Custodian may require) that he or she is assuming sole responsibility to exercise all powers and duties associated with the administration of the Account. Absent such written notice by Student, Custodian shall have no responsibility to acknowledge Student's exercise of such powers and duties of administration.

SPECIAL COVERDELL EDUCATION SAVINGS ACCOUNT OPTIONS

**STEP 11: OPTIONAL DISCOUNT PRIVILEGES**

**Rights of Accumulation:** I currently have the following Account(s), which may make me eligible for sales charge discounts on purchases of Class A shares through Rights of Accumulation and/or Statement of Intention. I have attached a separate sheet for additional Accounts or a copy of the appropriate brokerage statement if applicable.

Lord Abbett Account Number(s)	Broker/Dealer Account Number(s) <i>(if applicable)</i>	Name of Fund(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Statement of Intention:** I agree to the Statement of Intention. I understand purchases only apply to eligible Class A shares of Lord Abbett Family of Funds. 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 Funds over a 13-month period from the effective date, an aggregate amount (which may include both IRA and non-IRA moneys) at least equal to:

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

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Effective Date *(date of initial purchase)*

**Purchases submitted before the date the Letter of Intention is received by the Fund are not counted toward the sales charge reduction.**

**STEP 12: OPTIONAL SERVICE: INVEST-A-MATIC (dollar-cost averaging)**

**This section will be kept on file as authority to debit your bank account.**

Please enclose an unsigned check for the bank account from which your investment will be made. Write "Void" on the face of the check and attach it to this Form. Your investment will be made in the Fund Account you are establishing with this Application.

\_\_\_\_\_  
Shareholder's Bank

\_\_\_\_\_  
Bank's Phone Number

\_\_\_\_\_  
Bank's Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Please honor debit instructions sent by the fund for purchasing shares of the Lord Abbett sponsored funds. Your authority to do so shall continue until you receive written revocation by me. You may terminate your participation by written notice to the Fund or to me. Your rights, regarding each debit instruction, shall be the same as if the instructions were signed by me; you shall be under no liability for dishonor.

\_\_\_\_\_  
Depositor's Name (First Name, MI, Last Name)

\_\_\_\_\_  
Bank Account Number

\_\_\_\_\_  
Depositor's Signature

\_\_\_\_\_  
Depositor's Social Security Number

**Investments:** Debit bank account on the  5th  20th

**Frequency:**  twice a month  monthly  every other month  quarterly Start in month of \_\_\_\_\_

**Amount of each investment:** (Minimum investment is \$50; maximum annual investment is \$2,000.) \$ \_\_\_\_\_

**IMPORTANT NOTE: Signature guarantee is required for Invest-A-Matic when the shareholder name on the retirement account registration differs from the shareholder name(s) on the bank account registration.** To obtain a signature guarantee, sign this form in the presence of an authorized person at a broker/dealer firm or other financial institution, such as a bank or trust company. A notarization from a notary public does not meet signature guarantee requirements.

\_\_\_\_\_  
Signature Guarantee Stamp and Authorized Signature and Title

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date