



Use this form to authorize check-writing privileges for your Lord Abbett U.S. Government and Government Sponsored Enterprises Money Market Fund.

**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  
**Call Lord Abbett for assistance:** 888-522-2388 (Monday–Friday between 8:30 a.m. and 6:00 p.m. Eastern Time.)

**Redemption Instructions**

The Fund referred to throughout this document means Lord Abbett U.S. Government and Government Sponsored Enterprises Money Market Fund and its agents.

When a check drawn on the account is presented to the Fund for payment, a sufficient number of full and fractional shares will be redeemed to cover the amount of the check, subject to the following conditions:

1. This authorization must be completed and received by the Fund before redemptions by check will be honored.
2. Checks may not be drawn on the account for less than \$500 or for more than \$5 million.
3. The Fund will not honor a check for an amount exceeding the value of shares in the account held in noncertificate form at the time the check is presented for payment. Only checks drawn on the printed form supplied by the Fund will be honored.
4. Shares (full and fractional) in an account of a different class than those in the account on which the check is drawn will not be redeemed to cover such check.
5. Shares purchased by check and held in the account for 15 days or less cannot be redeemed by check, and any redemption checks presented for payments with respect to such shares will be returned.
6. The redemption-by-check privilege is subject to all applicable rules and regulations (including those adopted by regulatory authorities) governing such accounts.
7. The undersigned shareholder(s) and/or person(s) signing on behalf of the shareholder(s) represent and warrant that he(they) is(are) duly authorized to execute this form; It is further agreed that the Fund and/or its agents will not be liable for any loss, expenses, or cost arising from redemptions by checks or any unpaid check(s).
8. The Fund reserves the right to modify or end the service at any time.
9. Any amendment or modification of the information contained herein or (with respect to institutional accounts) any modification, or termination of, the resolutions adopted or agreements executed in connection with this check-writing privilege will require a new authorization form to be completed and submitted to the Fund. The certifications, authorizations, and appointments in this document will continue until the Fund receives written notice of any change.
10. The check-writing privilege is not available for retirement accounts for which State Street Bank and Trust Company serves as custodian.

**STEP 1: ACCOUNT REGISTRATION INFORMATION**

This authorization is only valid for the account specified below (as it appears on statement).

**Lord Abbett U.S. Government and Government Sponsored Enterprises Money Market Fund (Share Class A)**

Fund \_\_\_\_\_

Owner Name (First Name, MI, Last Name) \_\_\_\_\_

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

**STEP 2: AUTHORIZED SIGNATURE(S) AND AGREEMENT**

Check here if only one signature is required on checks for a joint account. If box is not checked, all tenants must sign redemption checks. The undersigned agree that neither the Fund nor the shareholder 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 revoked in writing by one joint tenant and such revocation is received and acknowledged by the Fund.

Certification: By execution of this authorization I(we) represent and warrant that I(we) have read, understand, and agree to the provisions and conditions of this service. The certifications, authorizations, and appointments will continue until the Fund receives written notice of any change.

With respect to nonindividual accounts, I(we) further certify that each of the persons executing this authorization has been duly elected, designated, and qualified and is now legally holding the office set opposite his or her name, and that the organization is duly organized and existing, is in good standing, and has the power to take the action called for by this authorization.

Authorized Name and Title \_\_\_\_\_ Authorized Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Authorized Name and Title \_\_\_\_\_ Authorized Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**STEP 3: INSTITUTIONAL ACCOUNTS ONLY—TRUST, ESTATE, OR CORPORATION/PARTNERSHIP**

- Corporation (Attach a copy of certified articles of incorporation or business license.)
- Partnership (A copy of the partnership agreement must be attached.)
- Trust (A certified copy of the articles of incorporation and business license, or partnership agreement, or similar document in the case of entities must be attached.)
- Estate

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

**STEP 4: INSTITUTIONAL ACCOUNTS ONLY—AUTHORIZED SIGNATURE(S)**

All institutional accounts must enter name, title, and signature for each person authorized to make withdrawals from the account.

_____	_____	____/____/____
Authorized Name and Title	Authorized Signature	Date
_____	_____	____/____/____
Authorized Name and Title	Authorized Signature	Date