LORD ABBETT®

BENEFICIARY DESIGNATION FORM

Use this form to designate or change a beneficiary(ies) on your IRA account(s). To update the beneficiary on a non-IRA, the Transfer on Death Form needs to be used.

☐ New Participant Beneficiary Form ☐ Change in Existing Beneficiary Form

FOR MUTUAL FUND, TRADITIONAL IRA, ROTH IRA, COVERDELL ESA, AND SEP IRA

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. Shareholders are permitted to fax in paperwork provided a Medallion Signature Guarantee is not required.)
Call Lord Abbett for assistance: 888-522-2388 (Monday–Friday between 8:30 a.m. and 6:00 p.m. ET)

FOR SIMPLE IRA, SAR SEP IRA, 457(b), AND 403(b)

Mail completed form to: Lord Abbett Service Center, PO Box 219198, Kansas City, MO 64121-9198
Overnight mail: Lord Abbett Distributor LLC, 330 West 9th Street, Kansas City, MO 64105-1514
Fax: 816-218-0072 (Advisors are permitted to fax in paperwork provided the Medallion Signature Guarantee is legible. Shareholders are permitted to fax in paperwork provided a Medallion Signature Guarantee is not required.)
Call Lord Abbett for assistance: 888-223-0020 (Monday–Friday between 8:30 a.m. and 6:00 p.m. ET)

STEP 1: ACCOUNT REGISTRATION INFORMATION

Owner Name (First Name, MI, Last Name)

Street Address | City | State | Zip Code

Email Address | Daytime Phone Number

STEP 2: ACCOUNT INFORMATION

A. ☐ All my Lord Abbett IRA accounts (traditional, Roth, rollover, SEP, and SIMPLE IRA).

Account Number (Please provide one of your IRA account numbers)

B. ☐ Specific accounts listed below (If you wish to designate different beneficiaries for multiple accounts, please complete one form for each account. Photocopies of this form with an original signature are acceptable.)

	Fund Name	Account Number
1.		
2.		
3.		

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: BENEFICIARY DESIGNATION

If you have any additional primary beneficiaries, or wish to designate any additional contingent beneficiaries, please attach a separate list.

Upon my death, distribute all funds in my retirement account(s) specified in Step 2 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 all primary beneficiaries have predeceased the applicant, 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.)

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): If there is no Primary Beneficiary living at the time of my death, the balance is to be distributed to the Contingent Beneficiaries I designate (see next page), unless I have stipulated a Per Stirpes* Designation within my Primary designation.

	Beneficiary Name (First Name, MI, Last Name) or Name of Trust or Trustee	Share % **(Total Must Equal 100%)**	Social Security or Tax ID Number	Date of Birth (MM/DD/YYYY)	Relationship or Trust	Per Stirpes* Yes or No
1.				/ /		
2.				/ /		
3.				/ /		
4.				/ /		
		Total = 100%				

Contingent Beneficiary(ies)

	Beneficiary Name (First Name, MI, Last Name) or Name of Trust or Trustee	Share % **(Total Must Equal 100%)**	Social Security or Tax ID Number	Date of Birth (MM/DD/YYYY)	Relationship or Trust	Per Stirpes* Yes or No
1.				/ /		
2.				/ /		
3.				/ /		
4.				/ /		
		Total = 100%				

***Per Stirpes.** (Please consult with an estate planning attorney before using Per Stirpes.) If you indicate "yes" on this part of the form, the distribution will be processed as follows. If any primary or contingent beneficiary (as applicable) does not survive me, but leaves descendants who do survive me, then any share otherwise payable to the primary or contingent beneficiary who predeceased me shall instead be paid to such beneficiary's descendants surviving me, by right of representation.

STEP 4: SPOUSAL CONSENT

Important: This section should be reviewed if the shareholder is married and designates a beneficiary other than the spouse. It is the shareholder's responsibility to determine whether this section applies. If the shareholder is married and resides in a community property or marital property state [AZ, CA, ID, LA, NM, NV, TX, WA, or WI], the shareholder may need to obtain his/her spouse's consent if the shareholder has not designated his/her spouse as the primary beneficiary for at least half the account. The shareholder may need to consult with legal counsel. If you are a shareholder in your employer's qualified plan, please talk to your plan administrator. Neither the Custodian nor the plan sponsor is liable for any consequences resulting from a failure of the shareholder to provide proper spousal consent.

I am the spouse of the above-named shareholder. I acknowledge that I have received a full and reasonable disclosure of my spouse's property and financial obligations. Due to any possible consequences of giving up my community property interest in this account, if any, I have been advised to see a tax professional or legal advisor.

I hereby consent to the designation(s) indicated above. I assume full responsibility for any adverse consequence that may result. No tax or legal advice was given to me by the Custodian or plan sponsor.

Signature of Spouse _____ Date ___/___/___

Signature of Witness for Spouse (not shareholder or beneficiary) _____ Date ___/___/___

STEP 5: AUTHORIZED SIGNATURE

I understand that this form revokes all prior beneficiary designations in my Lord Abbett retirement account(s) as referenced above.

Authorized Signature _____ Date ___/___/___