

Please read and follow all instructions carefully. Incomplete paperwork may cause delays or prevent your request from being processed.

Critical information to consider:

- The Automatic Rollover IRA Instruction Form and Mandatory IRA Rollover Application contained in this document are generic. Paperwork is not specific to your plan.
- The Automatic Rollover IRA Instruction Form should be used only if the terminated participant's vested account balance is between \$1,000 and \$5,000; and the participant does not return distribution paperwork after 30 days.
- A plan trustee must complete all blank spaces on the forms and ensure the required steps are satisfied prior to submitting paperwork. Forms should be mailed to Prime Plan Solutions.

Regular Mail

Prime Plan Solutions
P. O. Box 219162
Kansas City, MO 64121-9162

Overnight Mail

Prime Plan Solutions
330 W 9th St
Kansas City, MO 64105

- The plan trustee must instruct Prime Plan Solutions to roll over the vested balance to an IRA **after** all employer contributions to which the participant is entitled are deposited to the plan;
- Prime Plan Solutions will process a rollover for the indicated amount and provide the participant with information regarding the new IRA account.
- Please contact your Third Party Administrator with questions regarding distributions. If you need help completing the forms, then contact Prime Plan Solutions at 888-445-0031, Monday through Friday from 8:30 AM to 6:00 PM Eastern Time or send an e-mail to primeplansolutions@dstersystems.com.

Automatic Rollover IRA Instructions Form

This form should be used to liquidate participant assets when all of the following conditions apply:

- Participant terminated services and is no longer an employee of the company;
- All employer contributions owed to the participant have been deposited;
- Participant Distribution Election Form and a copy of the Special Tax Notice were provided to the participant upon termination;
- Participant failed to respond to termination paperwork within 30 days of receipt;
- **Participant's vested account balance is between \$1,000 and \$5,000.**

Plan Name: _____ Plan Number: _____

Participant: _____ Date Employment Terminated (*Required*): _____

Last 4 digits of SSN#: _____ Date of Birth: _____ Vested Percent (*Required*): _____

Participant's last known address: _____ (Street)
_____ (City, State, Zip)

Please process an automatic rollover for the above named participant. I certify that the participant was properly notified of his/her distribution rights under the plan and has failed to provide written instructions to distribute the vested balance. Further, I certify the participant's vested balance including rollovers is between \$1,000 and \$5,000 and all employer contributions to which the participant is entitled have been deposited to the plan.

1. **Rollover of plan distribution.** Fiduciary, by a direct rollover from the Plan, will distribute to Provider the interest of the participant in the Plan under the automatic rollover provisions of section 401(a)(31)(B) of the Internal Revenue Code.
2. **Establishment of IRA.** Provider will establish with State Street Bank & Trust ("Custodian") a rollover individual retirement account ("IRA") to hold such amounts in the name of the participant.
3. **Investment of funds.** Provider will invest the rollover IRA in an investment product designed to preserve principal and to provide a reasonable rate of return. The goal of the investment product shall be to maintain, over the term of the investment, the dollar value equal to the amount invested by the rollover IRA.
4. **Regulated financial institution.** Custodian certifies that the amount transferred to the IRA will initially be invested in a money market fund meeting the requirements of 29 C.F.R. § 2550.404a-2(c)(3)(i), (ii) and (iii).
5. **Comparable fees and expenses.** All fees and expenses with respect to the IRA (e.g., establishment charges, maintenance fees, investment expenses, termination costs, and surrender charges) shall not exceed the fees and expenses Provider or Custodian charges for comparable IRAs established for reasons other than the receipt of an automatic rollover distribution.
6. **Enforceability by Participant.** Participant shall have the right to enforce the terms of this Agreement against Provider with regard to the account balance that is the subject of this Agreement.

Trustee Signature

Print Name

Date

**MANDATORY IRA ROLLOVER APPLICATION**

Use this form to establish a Lord Abbett Mandatory Rollover IRA. Plan Sponsor should complete one Mandatory IRA Rollover Application per terminated employee who has not requested a distribution or rollover form from the plan on his/her own.

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

Mail completed and signed Mandatory IRA Rollover Application Form to

Regular Mail:

Lord Abbett Service Center
P.O. Box 219336
Kansas City, MO 64121-9336

Overnight Mail:

Lord Abbett Service Center
330 West 9th Street
Kansas City, MO 64105

Please call us at 800-842-0828 if you have any questions.
(Monday-Friday between 8:30 a.m. and 6:00 p.m. EST)

1 Participant Information (please print)

___Mr. ___Mrs. ___Ms.

Participant Name _____ Social Security Number _____

Street Address _____ Date of Birth (month, day, year) _____

City State Zip Code _____ Daytime Phone Number _____

Date of Termination from Employer _____ Evening Phone Number _____

___Please check if retirement plan is currently with Prime Plan Solutions. Please do not complete section 3.

2 Transferring Plan Information

Transferring Plan Name _____

Transferring Plan Contact Name _____

Street Address _____ Phone Number _____

City State Zip Code _____

3 Investment Professional's Information (This section to be completed by the Broker/Dealer.) This section is **not** necessary if retirement plan is currently with Prime Plan Solutions.**A-Investment Professional**

Name _____

Telephone Number _____ E-mail Address _____

Identification Number _____ Signature _____

B-Investment Dealer Firm

Name _____

Telephone Number or E-mail Address (if different from above) _____

Branch/Agency _____ Branch Number _____

Branch Address _____

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

4**Investment Instructions****A-Prime Plan Solutions sponsored retirement plans**

_____ I instruct you to transfer the participant's total account balance from the retirement plan named in section 1 to the Fund listed in section 5D.

B-All other retirement plans

_____ I have enclosed a check for \$_____ (**the minimum investment is \$1,000, the maximum investment is \$5,000**), which will be invested in the Fund named in section 5D.

The Prospectus contains important information about a Fund, including a Fund's investment objectives, risks, charges and ongoing expenses that an investor should carefully consider before investing. To obtain a Prospectus on any Lord Abbett Mutual Fund, please contact your Investment Professional or Lord Abbett Distributor LLC at 800-874-3733 or visit www.LordAbbett.com. Read the Prospectus carefully before investing.

5**Information, Certifications, Signature and Acknowledgement**

The undersigned trustee or sponsor ("Fiduciary") of the above-named plan instructs Lord Abbett Distributor LLC ("Provider") and Prime Plan Solutions to process an automatic rollover for the above-named participant. I/We certify that the participant was properly notified of his/her distribution rights under the plan and has failed to provide written instructions to distribute the vested balance. Further, I/We certify the participant's vested balance, excluding rollovers, is between \$1,000 and \$5,000 and that all employer contributions to which the participant is entitled have been deposited to the plan and that Social Security number shown in section 1 of this Application is the participant's correct Social Security number to the best of my knowledge.

A-Rollover of plan distribution. Fiduciary, by a direct rollover from the Plan, will distribute to Provider the interest of the Participant in the Plan under the automatic rollover provisions of section 401(a)(31)(B) of the Internal Revenue Code.

B-Establishment of IRA. Provider will establish with State Street Bank & Trust ("Custodian") a rollover individual retirement account ("IRA") to hold such amounts in the name of Participant.

C-Investment of funds. Provider will invest the rollover IRA in an investment product designed to preserve principal and to provide a reason-able rate of return. The goal of the investment product shall be to maintain, over the term of the investment, the dollar value equal to the amount invested by the rollover IRA.

D-Regulated financial institution. Custodian certifies that the amount transferred to the IRA will initially be invested by the Lord Abbett U.S. Government & Government Sponsored Enterprises Money Market Fund meeting the requirements of 29 C.F.R. § 2550.404a-2(c)(3)(i), (ii) and (iii).

E-Comparable fees and expenses. All fees and expenses with respect to the IRA (e.g., establishment charges, maintenance fees, investment expenses, termination costs and surrender charges) shall not exceed the fees and expenses Provider or Custodian charges for comparable IRAs established for reasons other than the receipt of an automatic rollover distribution.

F-Enforceability by Participant. Participant shall have the right to enforce the terms of this Agreement against Provider with regard to the account balance that is the subject of this Agreement.

By signing below, I confirm that the information I have provided to the Fund is true and correct.

Signature of Plan Sponsor or Trustee _____ Date _____

Custodian Acceptance: State Street Bank and Trust Company will accept appointment as Custodian of the participant's account. However, this Agreement is not binding upon the Custodian until the participant has been sent a statement of the transaction. Notifying the participant of a purchase of the Lord Abbett U.S. Government and Government Sponsored Enterprise Money Market Fund and will also serve as notification of State Street Bank and Trust Company's acceptance of appointment as Custodian of the participant's account.

State Street Bank and Trust Company, Custodian

MANIRAPP (6/05)