



Use this form to make a contribution to your 403(b) Employer-Sponsored Plan.

Mail completed form to: Lord Abbett Service Center, PO Box 219604, Kansas City, MO 64121-9604
Overnight mail: Lord Abbett Distributor LLC, 330 West 9th Street, Kansas City, MO 64105-1514
Call Lord Abbett for assistance: 888-223-0020 (Monday–Friday between 8:30 a.m. and 6:00 p.m. Eastern time.)

403(b) PLAN INFORMATION

Plan Name _____ Plan Number _____ Payroll Date ____/____/____

EMPLOYEE NAME	SOCIAL SECURITY NUMBER	EMPLOYEE DEFERRAL AMOUNT	ROTH ELECTIVE DEFERRAL AMOUNT	EMPLOYER MATCH AMOUNT
TOTALS				