

**Beneficiary Designation Form  
Rehabilitation Programs Inc. Union Retirement Plan**

**PARTICIPANT INFORMATION** (Please Print Information Clearly)

Participant Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Regarding any amount payable under the above named plan by reason of my death, I hereby mark the option applicable to my situation and designate the beneficiary listed below.

**BENEFICIARY DESIGNATION** (check the appropriate option)

- I hereby certify that I am not married, and designate as my beneficiary(ies) the person(s) named below.  
 I hereby certify that I am married, and designate as my beneficiary(ies) the person(s) named below.  
 (If primary beneficiary is other than spouse, spousal consent is required below.)

I understand that if I do not designate a beneficiary, distributions upon my death will be governed by the terms of the plan document. If the trustee receives satisfactory proof that a primary beneficiary(ies) predeceases the participant, the assets will be paid to the contingent beneficiary(ies).

I understand that I may change the beneficiary(ies) at any time after this election is made by filing a new Beneficiary Designation form with the trustee. Any such subsequent beneficiary designation will revoke all prior designations. I understand that a spousal consent may also be required to effectuate a change if I am married at that time, or if I am married at any time after my initial or subsequent beneficiary designation. (If you have additional primary beneficiary(ies), or wish to designate additional contingent beneficiary(ies), please attach a separate list.)

**Primary Beneficiary(ies)**

<i>First Name/Middle Initial/Last Name or Name of Trust and Trustee</i>	<i>Social Security Number or Tax ID Number</i>	<i>Share %</i>	<i>Date of Birth or Date of Trust (mm-dd-yy)</i>	<i>Relationship or Trust</i>
1.				
2.				
3.				
		Total = 100%		

**Contingent Beneficiary(ies)**

<i>First Name/Middle Initial/Last Name or Name of Trust and Trustee</i>	<i>Social Security Number or Tax ID Number</i>	<i>Share %</i>	<i>Date of Birth or Date of Trust (mm-dd-yy)</i>	<i>Relationship or Trust</i>
1.				
2.				
3.				
		Total = 100%		

Signature: Participant \_\_\_\_\_ Date \_\_\_\_\_

**SPOUSAL CONSENT**

I hereby approve of, and consent to, the above designation of beneficiary elected by my spouse. I understand that in consenting to a beneficiary other than myself, I am waiving my right to any benefit under the plan. I further understand that this designation will remain in effect until a subsequent beneficiary designation with my written consent is filed.

Print Name: Spouse \_\_\_\_\_ Signature: Spouse \_\_\_\_\_ Date \_\_\_\_\_

**NOTARY PUBLIC**

State of \_\_\_\_\_, County of \_\_\_\_\_, ss.

Subscribed and sworn to before me on \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_,  
(Affiant's Name)

Notary Public \_\_\_\_\_ Date \_\_\_\_\_

**CERTIFICATION**

Print Name: Plan Trustee or Authorized Representative \_\_\_\_\_ Signature: Plan Trustee or Authorized Representative \_\_\_\_\_ Date \_\_\_\_\_

**Contribution Election Form**  
**Rehabilitation Programs Inc. Union Retirement Plan**

Please return original Contribution Election form to the plan's trustee. All sections on this form must be completed.

**I. EMPLOYEE INFORMATION (Participating and Nonparticipating)**

**Initial Election**

Employee Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date of Hire: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Do you have any ownership in this company? Yes \_\_\_\_ No If Yes, what percentage? \_\_\_\_ %

**NOTE:** A change of payroll investment election will only affect future payroll investment amounts. To change existing investments or future allocations, you may call our voice response unit or go to our Website [www.lordabbett.com](http://www.lordabbett.com). For complete instructions, please refer to the Lord Abbett 24-Hour Access page within your enrollment guide.

**II. PAYROLL INVESTMENT ELECTION**

I would like to contribute a percentage (%) or a dollar amount (\$) of my pay, every pay period, to the plan not to exceed the lesser of 75% of pay or \$15,500 (\$20,500 if I am age 50 or older anytime during the calendar year) in the year 2008.

- I would like to contribute \_\_\_\_ % or \$ \_\_\_\_ of my pay each pay period to the plan on a **PRETAX** basis.
- I do not wish to make payroll contributions into the plan at this time. (Please complete all sections in the event your employer makes a non-elective contribution to your account.)

I understand that adjustments may be necessary to ensure the plan's compliance with the Internal Revenue Code.

**III. INVESTMENT OPTIONS**

You may choose as many or as few of the funds as you wish, but all numbers must be whole numbers and total 100%. Investments should initially be allocated as follows:

Growth Funds		Growth & Income Funds	
Lord Abbett Developing Growth Fund Class A : 14	%	Lord Abbett Affiliated Fund Class A : 11	%
Lord Abbett Growth Opportunities Fund Class A : 260	%	<b>Income Funds</b>	
Lord Abbett International Opportunities Fund Class A : 263	%	Lord Abbett Bond Debenture Fund Class A : 13	%
		<b>Cash &amp; Cash Equivalents</b>	
		Lord Abbett U.S. Government & Government Sponsored Enterprises Money Market Fund Class A : 15	%

If no investment elections are selected, any contributions will be invested in the Lord Abbett U.S. Government & Government Sponsored Enterprises Money Market Fund (Class A : 15).

A prospectus contains important information about a fund, including its investment objectives, risks, charges, and ongoing expenses, which 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 our Website at [www.lordabbett.com](http://www.lordabbett.com). Read the prospectus carefully before investing. Lord Abbett mutual fund shares are distributed by Lord Abbett Distributor LLC. 90 Hudson Street Jersey City, New Jersey 07302-3973

**IV. SIGNATURES AND DATES**

Signature: Employee \_\_\_\_\_ Date \_\_\_\_\_

Print Name: Plan Trustee or Authorized Representative \_\_\_\_\_ Signature: Plan Trustee or Authorized Representative \_\_\_\_\_ Date \_\_\_\_\_

Participant Plan Entry Date (plan trustee must complete)

The above election will be processed by payroll at the next entry/election change date. If you are not sure of the entry/election change dates for your plan, please refer to your Summary Plan Description.