

Please return this completed Form to:

Regular Mail

Neuberger Berman Funds
PO Box 219189
Kansas City, MO 64121-9189

Overnight Mail

Neuberger Berman Funds
430 West 7th Street, Suite 219189
Kansas City, MO 64105-1407

Email

nbfundsCS@sscinc.com

Retain a photocopy of the completed Form for your records

PLEASE TYPE OR PRINT CLEARLY IN INK

Use this form to certify that the designated beneficiary (or "Student") for whom the Education Savings Account was established is a "Special Needs Student." A Special Needs Student is defined as a Student who, because of a physical, mental or emotional condition (including a demonstrable learning disability) requires additional time to complete his or her education; any requirements specified in Internal Revenue Service regulations or rulings must also be satisfied.

Complete the Account Information in Part 1 and sign this form in Part 2. If the Student is a minor in the state of the Student's residence (or if the Student has reached the age of majority but has not filed a written notice with the Custodian assuming control of the Education Savings Account), the Parent (Responsible Individual) controlling the administration of the Education Savings Account should sign. If the Student controls the administration of the account, the Student should sign.

1 ACCOUNT INFORMATION

Print Full Name of Student

Address

City

State

Zip

Account Number

Student's Social Security Number

Student's Birth Date

2 SIGNATURE

By signing this form, I certify that the Student named above is a Special Needs Student (as defined above). I understand that adverse income tax consequences (including possible penalties) may apply for providing false or incorrect information.

Signature

Date

Print Name

(Student should sign if Student controls the administration of the Account; otherwise Parent should sign.)