NEUBERGER BERMAN

Please call Neuberger Berman Shareholder Services at 800.877.9700 if you have any questions about completing this Form. Monday through Friday 9:00AM to 5:00PM Eastern Time

Please return this 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

1 NAME, ADDRESS AND CONSENT OF PERSON WHO CONTROLS THE ACCOUNT BEING TRANSFERRED					
Name:					
Address					
City	St	rate		Zip Code	
Mother	Father		Guardian*	Student	
*If "guardian," submit proof of	guardianship.				
Select "Student" if you have rea	ached the age of majority in	your state and control the	administration of the Acco	unt	
Social Security Number					
_	-				
Daytime Telephone Number					
By signing below, I authorize and	direct the current custodian	n or trustee to make the tra	ansfer specified on this forn	n.	
Signature	Signature		Date		
Name of Bank or Dealer Firm					
Signature of Officer and Title			Date		
2 NAME OF STUDENT					
Insert the name of the Student be Education Savings Account Applic	enefiting under the Neuberg cation.)	ger Berman Coverdell Educa	ation Savings Account, (as	specified in Section 1 of the Neuberger Berman Coverdell	
Name:					
Address					
City	St	rate		Zip Code	
Daytime Telephone Number					
Social Security Number					

INSTRUCTIONS TO CURRENT EDUCATION SAVINGS ACCOUNT CUSTODIAN OR TRUSTEE					
Current Account Number					
Name of Custodian/Trustee					
Attn					
Address					
City	State		Zip Code		
Please liquidate and transfer asset	s from the above account to Neuberger Berma	an Investment Advisers LLC. Trar	 nsfer should be in cash according to the following instructions		
Transfer the total amount i	n this Account.				
Transfer \$	Transfer \$ and retain the balance.				
Make check payable to "Neuberge	er Berman Funds"				
Check one box and complete if n Invest the transferred amo	unt in accordance with the investment instruct		Neuberger Berman Coverdell Education Savings Account.		
If such an Account is already open	, give account number:				
Invest the transferred amo	unt as follows:				
Fund		%			
Fund		%			
Fund		%			
Please read the prospectus fo to a redemption fee on the sa	r information on funds that are closed to le or exchange of shares.	o investors. Please read the	e prospectus for information on funds that are subject		
The undersigned acknowledges hat the prospectus(es) of the Fund(s)		stment choices and having recei	ived a current prospectus for each Fund selected. Please read		

The undersigned understands that the requirements for a valid transfer between Education Savings Accounts are complex and acknowledges having responsibility for complying with all requirements and for the tax results of any such transfer

5 SIGNATURE OF STUDENT, PARENT OR GUARDIAN

Stud	dent/Parent/Guardian	Date

Special Note: If Student has reached age of majority under the law of Student's state of residence, the Student must sign this Transfer of Education Savings Account Form.

6 ACCEPTANCE BY NEW CUSTODIAN

UMB Bank agrees to accept transfer of the above amount for deposit to the Neuberger Berman Coverdell Education Savings Account, and requests the liquidation and transfer of assets as indicated above.

Ву	Date

STAMP 2000/MEDALLION SIGNATURE GUARANTEE (if necessary)

To complete this transfer, the present Custodian or Trustee of your CESA **may** require a signature guarantee. Please contact your existing Custodian or Trustee for their requirements.

*Wire funds to:

State Street Bank/Boston ABA #011-000028 Attention: NB Deposit Account DDA: 9904-199-8 Name of Fund(s) in CAPS CESA Owner's Name CESA Account Number

*Fee Might be Charged from Delivering Custodian