

If you have any questions about completing this application, please call Neuberger Berman Shareholder Services at 800.877.9700, Monday-Friday, from 9AM to 5PM Eastern Time.

Complete all sections of this form and sign where indicated.

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

This application can be faxed to 816.218.0478.

Please type or print clearly in ink.

1 ACCOUNT INFORMATION

This form can only be used for Non-Retirement Accounts.

Account Number
Account Number
Account Number

Owner's First Name	Middle	Last
Joint Owner's First Name (if applicable)	Middle	Last
Street		Suite/Apt. Number
City	State	Zip Code
Daytime Phone	Cell/Evening Phone	Email

2 BENEFICIARY DESIGNATION

All primary and/or contingent beneficiary designations must add up to 100%. If you have beneficiary designations that do not fit in this box, please attach an extra sheet of paper with all required information. Please note that beneficiaries cannot be added to a custodial account.

If you wish to add a minor as either a primary or contingent beneficiary, you must appoint a guardian. The guardian must be a different person than the account owner or any non-minor beneficiaries.

PRIMARY BENEFICIARY

Pay % to:

Name	Relationship
Social Security Number	Date of Birth
Name of guardian, if beneficiary is a minor	

2 BENEFICIARY DESIGNATION (CONTINUED)

ADDITIONAL BENEFICIARIES

Check one

Primary Contingent

Pay % to:

Name	Relationship
Social Security Number	Date of Birth
Name of guardian, if beneficiary is a minor	

Check one

Primary Contingent

Pay % to:

Name	Relationship
Social Security Number	Date of Birth
Name of guardian, if beneficiary is a minor	

Check one

Primary Contingent

Pay % to:

Name	Relationship
Social Security Number	Date of Birth
Name of guardian, if beneficiary is a minor	

All primary and/or contingent beneficiary designations must add up to 100%.

ALTERNATIVE BENEFICIARY DESIGNATION INSTRUCTION

If you wish to designate beneficiaries in a manner not covered here, please attach your instructions to this form.

3 SIGNATURES

I hereby revoke any prior designations and designate the person or persons named to receive any interest remaining in my account upon my death.

Signature	Date
Signature	Date