

For Individuals receiving distributions from Employer-Sponsored Qualified Retirement Plans.

Please contact your current employer or plan sponsor to check if the current custodian requires additional documentation.

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.

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 form may be faxed to 816-218-0478. **Please note that we do not accept faxes for forms that require a Medallion Signature Guarantee.**

1 PLAN PARTICIPANT INFORMATION Please Type or Print Clearly in Ink

NAME OF PARTICIPANT

First Name	Middle	Last
Street or P.O. Box		Apt. Number
City	State	Zip Code
Daytime Telephone Number	Cell/Evening Telephone Number	E-Mail
Qualified Retirement Plan Account Number		
Social Security Number		

Please rollover All Assets or \$ (Amount of Direct Rollover)

Fund	<input type="text"/>	\$	<input type="text"/>	or	<input type="text"/>	%
Fund	<input type="text"/>	\$	<input type="text"/>	or	<input type="text"/>	%
Fund	<input type="text"/>	\$	<input type="text"/>	or	<input type="text"/>	%
Fund	<input type="text"/>	\$	<input type="text"/>	or	<input type="text"/>	%

Please read the prospectus for information on funds that are closed to investors.

I have established a Neuberger Berman BD LLC. IRA and authorize a Direct Rollover of my eligible retirement plan distribution.

Signature	Date
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2 DISTRIBUTING EMPLOYER INFORMATION

Distributing Employer		
ATTN:		
Street or P.O. Box		City
State	Zip Code	Telephone Number

3 DISTRIBUTING PLAN/IRA INFORMATION

Distributing Plan Type

(Select One)

- Qualified Plan under IRC.Sec.401(a) (including 401(k) plans)
- 457(b) Deferred Compensation Arrangement
- 403(b) Tax Sheltered Annuity (including custodial 403(b)(7) and 403(a) Arrangements)
- Other:

Note: If you must take a RMD (Required Minimum Distribution), you cannot roll over any part of the distribution that would be considered a RMD from the distributing plan.

Receiving Plan Type

(Select One)

- Traditional IRA
- Roth IRA
- Inherited Traditional IRA
- Inherited Roth IRA

Neuberger Berman BD LLC Account Number (if available):

4 INSTRUCTIONS TO DISTRIBUTING EMPLOYER

The Neuberger Berman BD LLC IRA is an Individual Retirement Account as described in Section 408(a) of the Internal Revenue Code. Your participant named in Section 1 has established an IRA with Neuberger Berman BD LLC. Please complete a Direct Rollover for this participant by following the procedure listed below:

Issue a check payable to: UMB Bank, n.a., Custodian FBO:

Plan Participant's Name (as shown in Section 1)
Neuberger Berman BD LLC IRA Account Number (if available)

Send check to:

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

*Send overnight check to:

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

*Wire funds to:

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

*Fee Might Be Charged from Delivering Custodian

UMB Bank, n.a. will accept this participant's distribution as a Direct Rollover contribution into his or her IRA account.

Signature of UMB Bank, n.a. Representative	Date
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5 ACKNOWLEDGEMENT

By signing this *IRA Direct Rollover Form*, I certify that the information I have provided is true and correct. I understand that I am responsible for ensuring I am eligible to authorize this rollover or transfer and I assume all responsibilities for any consequences that arise as a result of my actions. I have been advised to seek competent legal and tax advice, and have not been provided any such advice from the Trustee/Custodian. I also understand that if I am subject to the minimum distribution requirements, special rules apply; and I assume responsibility for my actions regarding those issues. If rollover option is selected above, I elect to irrevocably designate this deposit as a rollover contribution. I will indemnify and hold the Trustee/Custodian harmless from any consequences related to executing my directions. I authorize the plan administrator to directly roll over/transfer the plan/IRA assets as indicated above and certify the plan is qualified under the appropriate section of the Internal Revenue Code.

Signature of IRA Owner	Date
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By signing below, the IRA Trustee/Custodian agrees to accept this direct rollover/transfer as instructed above.

Signature of IRA Trustee/Custodian Representative	Date
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6 MEDALLION SIGNATURE GUARANTEE

<p>STAMP 2000/MEDALLION SIGNATURE GUARANTEE: (if necessary) NOTE: To complete this transfer, the present Custodian or Trustee of your IRA/ROTH IRA may require a signature guarantee. Please contact your existing Custodian or Trustee for their requirements.</p>
