

Complete Section 1, either Section 2 or Section 3, and Section 4. Your signature(s) must be medallion guaranteed.

If you are establishing a new account, please complete a New Account Application.

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 cannot be used for any IRA or Qualified Retirement Plan (Keogh, Profit Sharing or Pension Plan).

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

Please type or print clearly in ink.

1 CURRENT ACCOUNT REGISTRATION

Account Number		Fund(s)	
Or <input type="checkbox"/> All Funds			
Owner's First Name		Middle	Last
Social Security Number or Tax ID Number			Date of Birth
Joint Owner's First Name		Middle	Last
Joint Owner's Social Security Number			Date of Birth
Street or P.O. Box			Apt. Number
City	State	Zip Code	Email
Daytime Phone		Cell/Evening Phone	

If you transfer all shares from your existing account, it will be closed. Account options will not be transferred to your new account registration. Please verify your Social Security or Tax Identification Number and all account options for your new account registration on the enclosed New Account Application.

2 TRANSFERRING SHARES TO A NEW ACCOUNT REGISTRATION

Please transfer shares or \$ from the account indicated in Section 1 to a new account registration in the same Fund(s).

An application for a new account must be completed.

3 TRANSFERRING SHARES TO AN EXISTING ACCOUNT REGISTRATION

Please transfer shares or \$ from the account indicated in Section 1 to:

Account Number		Fund(s)	
Owner's First Name		Middle	Last
Social Security Number or Tax ID Number			Date of Birth
Joint Owner/Custodian/Trustee First Name		Middle	Last

4 PLEASE DETAIL YOUR REQUEST IN THE SPACE BELOW:

CHOOSE ONE

- Please liquidate upon transfer of registration Please establish new account

Send check payable to:

Mail to:

5 TYPE OF TRANSFER

Indicate the type of transfer requested and provide transfer details where applicable. Note: if transfer type is not indicated, the transaction will be processed as a gift.

A. Type of Transfer

Change of Ownership/Registration (Divorce/Trust/UTMA)

Gift*

Date of Gift

Fair Market Value (FMV)
Acceptance

Signature of Gift Recipient

Death/Inheritance (Complete Section 5-B for joint accounts)

Name of Executor/Beneficiary

Date of Death (Required)

Alternate Date (Optional)

Alternate Value (Optional)

B. Details of Transfer Due to Death (Required for joint accounts only)

Surviving joint owner is surviving spouse (Cost basis will be adjusted per IRS regulations for inherited assets.)

Surviving joint owner is not the surviving spouse. To properly adjust the cost basis, provide the percentage of assets invested by each owner:

Joint owners invested an equal percentage of assets

Joint owners invested different amounts (complete the information below)

Deceased Shareowner's Name	% Invested
Surviving Joint Owner's Name**	% Invested

**If there are additional surviving joint owners, please attach the appropriate information. This attachment must be signed and dated to be considered in good order.

*If the gift recipient's existing or new account is coded for Average Cost as a cost basis calculation method, then the recipient's signature above indicates acceptance of the shares valued at FMV as of the date of the gift or settlement date. If acceptance of FMV is not provided with the request, the shares will be transferred into a separate account and the First-In First-Out cost basis method will be applied unless an alternate cost basis method is provided.

6 SIGNATURES

Signature	Date
Capacity (e.g., Executor, Successor Trustee, Owner, Custodian)	

You can obtain a Stamp 2000/Medallion Guarantee from most banks, stockbrokers and dealers, credit unions, and other financial institutions.

STAMP 2000/MEDALLION SIGNATURE GUARANTEE: (Required)
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Signature	Date
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STAMP 2000/MEDALLION SIGNATURE GUARANTEE: (Required)
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