

To be completed by participants of a qualified retirement for which Neuberger Berman is the prototype document sponsor.

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.

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
801 Pennsylvania Ave, Suite 219189
Kansas City, MO 64105-1307

Email

nbfundsCS@sscinc.com

1 PARTICIPANT INFORMATION

This Form is being submitted in reference to my (check one):

Profit Sharing Plan Account

Money Purchase Pension Plan Account

401(k)

Account Number(s)		
Name: First	Middle	Last
Date of Birth (Required)		
Street or P.O. Box		Apt. Number
City	State	Zip Code
Daytime Telephone Number		Cell/Evening Telephone Number
E-Mail		

This election will be made for all funds unless you indicate otherwise.

2 DESIGNATION OF BENEFICIARY

Important Notice: If you are married at the time of your death, and you have not named your spouse as your sole primary beneficiary, your beneficiary designation will be ignored and your entire account will be paid to your spouse unless your spouse has signed the consent at the end of this form and his/her signature has been witnessed by a Notary Public.

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

A. PRIMARY BENEFICIARY

a. Pay % to:

Name	Relationship
Social Security Number	Date of Birth
Name of Guardian, if beneficiary is a minor	
Address & Phone Number	

2 DESIGNATION OF BENEFICIARY (CONTINUED)

ADDITIONAL BENEFICIARIES

☐ Primary ☐ Contingent (check one)

a. Pay % to:

Name	Relationship
Social Security Number	Date of Birth
Name of Guardian, if beneficiary is a minor	
Address & Phone Number	

☐ Primary ☐ Contingent (check one)

b. Pay % to:

Name	Relationship
Social Security Number	Date of Birth
Name of Guardian, if beneficiary is a minor	
Address & Phone Number	

☐ Primary ☐ Contingent (check one)

c. Pay % to:

Name	Relationship
Social Security Number	Date of Birth
Name of Guardian, if beneficiary is a minor	
Address & Phone Number	

B. ALTERNATIVE BENEFICIARY DESIGNATION INSTRUCTIONS

If you wish to designate beneficiaries in a manner not covered in Section A, please attach your instructions to this Form.

3 SIGNATURE

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

X	Date
Participant's Signature	

4 **CONSENT BY SPOUSE OF MARRIED PARTICIPANT (IF APPLICABLE)**

I have reviewed the designation made by my spouse regarding how his/her account under a Neuberger Berman Simplified Retirement Plan will be distributed if he/she dies. I understand that this designation reduces or eliminates the benefit I would otherwise receive. If my spouse dies before me, I hereby consent to my spouse's designation.

X	Date
Spouse's Signature	
Signature of Notary Public	

Notary Seal