NEUBERGER

IRA Designation of Beneficiary Form

For Use With IRAs, ROTH IRAs SIMPLE IRAs & SEP-IRAs

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

Email
nbfundsCS@sscinc.com

1 ACCOUNT INFORMATION

This form can only be used for IRA Accounts.

Account Number(s)		
Name		
Date of Birth **(Required)**		
Street or P.O. Box		Apt. Number
City	State	Zip Code
Daytime Telephone Number	Evening Telephone Number	
E-Mail		

2 DESIGNATION OF BENEFICIARY

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(s) and any non-minor beneficiaries.

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

*For residents of Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington & Wisconsin: If your spouse is not named as a sole primary beneficiary, your spouse must sign an agreement at the time of distribution instructing UMB Bank, n.a. to pay your IRA assets to your named beneficiary(ies).

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 BENEFICIARY

☐ 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 to receive any interest remaining in my account upon my death.

X Signature	Date