

For Qualified Retirement Plan Shareholders

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.

Make sure that you have signed and dated this Systematic Withdrawal Form

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 HOW TO USE THE SYSTEMATIC WITHDRAWAL PLAN

A Systematic Withdrawal Plan may be established when you wish to begin taking withdrawals from your Qualified Retirement Plan in the Neuberger Berman Funds. Simply complete this Form indicating your withdrawal instructions and the Fund(s) from which periodic payments will be made. The program is particularly convenient for a Qualified Retirement Plan holder who has reached age 73 and must take Required Minimum Distributions.

To determine your life expectancy, either call Neuberger Berman Retail Services at **800.877.9700**, or refer to IRS Publication 590(b) (Individual Retirement Arrangements).

In order to make payments, the Fund's Transfer Agent will liquidate Fund shares from your account on or about the 10th day of the month. If you want to change your withdrawal instructions, or make an additional withdrawal at any time, please call our toll-free number or write to us at the above address.

If you own more than one Neuberger Berman Fund, required minimum distributions will be redeemed for each fund unless you specify otherwise.

2 ACCOUNT INFORMATION

Account Number

Registered exactly as shown below:

First Name	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

3 METHOD OF DISTRIBUTION

Please make distributions from my Qualified Retirement Plan Account as follows:

Complete One Section Only

Calculate my Required Minimum Distribution based on the Uniform Life Expectancy Table.

My spouse is my sole primary beneficiary and is more than ten years younger than I am. Calculate my Required Minimum Distribution based on the Joint Life Expectancy Table. Spouse's Date of Birth:

Regular payments to deplete my account over a fixed number of years: Yrs. **

Fixed dollar amount: \$. **

**** Note: If you select the fixed number of years option or the fixed dollar amount option, please be aware that the distributions made from your account may not satisfy minimum distribution requirements.**

Please note that it is you, the account holder, who is solely responsible for making sure that the IRS minimum distribution requirements are met — not the Fund, the Custodian/Trustee (UMB Bank, n.a.) or the Distributor (Neuberger Berman BD LLC).

3 METHOD OF DISTRIBUTION (CONTINUED)

Frequency of Distributions. Please select one only.

Quarterly

Annually

Year:

Note: If no date is selected, the Systematic Withdrawal will occur on or about the tenth day of every month.

4 DISTRIBUTION INSTRUCTIONS

This section is to designate which Fund(s) and amounts the requested distribution will be processed from.

Fund	\$	or	%
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Fund	\$	or	%
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Fund	\$	or	%
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Fund	\$	or	%
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5 PAYMENT INSTRUCTIONS

A medallion signature guarantee is required if checks are to be sent to a name and address other than the name and address of record, or if payments are to be invested in a Fund account for other than the name and address of record.

Check One

Please send checks directly to the name and address of record on this account.

Please send checks to the following name and address: **(Medallion Signature Guarantee required)**

Alternate Payee		
Address		
City	State	Zip Code

Please invest the withdrawals in a non-retirement account in the following Neuberger Berman Fund(s)

If this is an existing account, please enter account number:

Fund Name
Account Number

If you would like to open a non-retirement account, please contact a Retail Services Representative at 800.877.9700.

Please transfer the proceeds of the withdrawals to the Bank instructions already on file or as shown below (A medallion signature is required for all bank account owners when adding a bank):

Name of Bank	Account Number
Branch Address	Name(s) on Account
ABA Routing Number (9 Digit Routing Number)	

CHECKING ACCOUNT

SAVINGS ACCOUNT

Note: For the purpose of establishing bank transactions, please attach a voided, unsigned check to this Form. **(We cannot accept money market fund or starter checks.)** For transactions to and from a savings bank account, please attach a letter on your financial institution's letterhead with the information.

6 NOTICE OF FEDERAL AND STATE WITHHOLDING ON DISTRIBUTION

Federal Income Tax

Please review the entirety of this section before submitting an election. You may only select **one** of the four below available options. If this section is incomplete, the default withholding amount will apply to the distribution.

In general, eligible rollover distributions from Qualified Retirement Plans and 403(b) Plans are subject to withholding of 20% for federal income taxes. **A payee may not elect out of this withholding.** To request an amount of withholding more than 20%, select the option below.

I elect to have the default withholding 20%

I elect to have _____ % (Select a percentage between 20% and 100%) withheld for Federal income taxes. If you elect this option, please review and complete the information on the attached Form W-4R and return with this request form.

If you fail to make an election on Form W-4R, the Qualified Plan custodian is required to withhold 20%

There are exceptions to this requirement. If a distribution is NOT considered an eligible rollover distribution it is subject to withholding. You may elect a rate between 0% and 100% if the distribution is one of the following below. Generally, you can not choose less than 10% for payments to be delivered outside the United States and its possessions.

1. Any series of substantially equal distributions paid at least annually and based on:

- (a) Your life expectancy.
- (b) The joint life expectancy of you and your beneficiary, or
- (c) A period of 10 years or more.

2. A Required Minimum Distribution once you reach age 73.

3. A hardship distribution.

4. Generally, distributions from a pension-linked emergency savings account

5. Eligible distributions to a domestic abuse victim

6. Qualified disaster recovery distributions

7. Qualified birth or adoption distributions

8. Emergency personal expense distributions

To request federal income taxes are withheld from a distribution that qualifies for an exception to the withholding requirement in an amount other than the 10% default rate. Please select the option below:

I elect to have the default withholding of 10%

I elect to have _____ % (Select a percentage between 0 - 100 %). If you elect this option, please review and complete the information on the attached Form W-4R and return with this request form.

If you fail to make an election on Form W-4R, the Qualified Plan custodian is required to withhold the default rate of 10%

A W-4R Form may also be found online at irs.gov/pub/irs-pdf/fw4r.pdf

Federal income tax withholding will not apply to any distribution from a Qualified Retirement Plan or 403(b) Plan that is transferred to an IRA, Roth IRA or Qualified Receiving Plan via a Direct Rollover.

State Income Tax

If you reside in a state that requires withholding, the custodian is required to withhold state income taxes from your distribution regardless of your election. The following states require state income tax withholding from a distribution:

AR, CA, CT*, DE, DC, IA, KS, ME, MD, MA, MI*, MN*, MS, NE, NC, OK, OR, VT and VA

*Note: For CT and MI, state withholding is mandatory regardless whether federal applies unless a CT-W4P or MI-W-4P is submitted to waive state withholding. For MN, state withholding is mandatory unless a W-4MNP is submitted.

Please consult your tax or financial advisor for the state income tax withholding requirements for your specific situation. Income and filing status may affect the required withholding.

If state withholding applies, it will be calculated based on your state's applicable minimum withholding requirements. Select one.

Withhold _____ %

Withhold \$ _____

Do Not Withhold State Income Tax unless required.

Account Owner(s) (Sign Below)

In order to protect the security of your account, a Medallion Signature Guarantee is required in order to add banking instructions. All bank account owners of the bank account added need to obtain a Medallion Signature Guarantee.

Signature (Owner, Trustee, Custodian, etc. exactly as it appears in Section 1)	Date
Signature (Trustee, POA, etc. exactly as it appears in Section 1)	Date

You can obtain a Stamp 2000/Medallion Signature Guarantee from most banks, stockbrokers and dealers, credit unions and other financial institutions. The level of coverage provided by the Medallion Signature Guarantee must cover the dollar amount of the transaction or it may be rejected.

STAMP 2000/MEDALLION SIGNATURE GUARANTEE: (if necessary)

Bank Account Owner(s) (Sign Below)

All owners of the bank account must sign below and obtain a Medallion Signature Guarantee Stamp.

Bank Account Owner	Date
Bank Account Owner	Date

Please attach your voided unsigned check.

We are unable to establish
Bank Transaction Services without it.

Note: We are unable to accept
money market fund or starter checks.