

TRUSTED CONTACT AUTHORIZATION FORM

• Please return this Application 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

- If you have any questions about completing this Application, please call Neuberger Berman Retail Services at 800.877.9700, Monday-Friday, from 9AM to 6PM Eastern Time.
- This application can be faxed to 816-218-0478.

By my signature below, I/We authorize Neuberger Berman Investment Adviser LLC and its affiliates ("Neuberger Berman") to share my/our nonpublic personal information* held at Neuberger Berman to the named Trusted Contact Person(s) identified below.

I/We authorize this information to be shared with the Trusted Contact Person(s) in the discretion of Neuberger Berman. This authorization includes, but is not limited to, any of the undersigned client's information regarding investments in financial products or services offered by or through Neuberger Berman or any financial information the undersigned may have provided to Neuberger Berman.

I/We understand that Neuberger Berman may contact the named Trusted Contact Person(s) if there are questions/concerns about my current contact information or health status (i.e., if Neuberger Berman becomes concerned that I might no longer be able to handle my financial affairs) or in the event that Neuberger Berman becomes concerned that I may be a victim of fraud or exploitation.

Neuberger Berman suggests that the named Trusted Contact Person(s) not be someone authorized to transact business on the account, or who is already otherwise able to receive the information described above. Multiple contact persons may be designated by completing additional copies of this form. Note that the Trusted Contact Person(s) is not authorized to make investments decisions or make distributions from your account.

Name of Contact Person		Relationship
Daytime Phone	Evening Phone	Email
Mailing Address		City, State & Zip

Check here if this Contact Authorization supersedes a previous Contact Authorization:

Name of Contact Person		Relationship
Daytime Phone	Evening Phone	Email
Mailing Address		City, State & Zip

Check here if this Contact Authorization supersedes a previous Contact Authorization:

I certify that my Trusted Contact Person(s) is 18 years or older. I understand that there is no requirement that Neuberger Berman reach out to my Trusted Contact Person(s) and that I may withdraw this Contact Authorization at any time by notifying Neuberger Berman in writing at the address shown on my account statement. By signing below, I and my heirs indemnify and hold harmless Neuberger Berman, its officers, directors, employees, agents, affiliates, shareholders, successors, assigns and representatives from any liability in connection with either acting, or failing to act, on your stated preferences based upon your own best judgment.

Client Signature

Client Signature

Printed Name

Printed Name

Date

Date

*"Nonpublic personal information" includes but is not limited to: financial account information and balances, and as defined in Neuberger Berman's Privacy Policy and under the Securities and Exchange Commission Regulation S-P privacy rules promulgated under Title V of the Gramm-Leach-Bliley Act, or as defined by any other federal or state law, personally identifiable financial information: (i) provided by a client to Neuberger Berman; (ii) resulting from any services that Neuberger Berman performed for you; or (iii) otherwise obtained by Neuberger Berman.