

For Qualified Retirement Plan Shareholders

- 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.
- 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
430 West 7th Street, Suite 219189
Kansas City, MO 64105-1407

- This form can be faxed to 816-218-0478. **Please note that we do not accept faxes for forms that require a Medallion Signature Guarantee.**

PLEASE TYPE OR PRINT CLEARLY IN INK

1 HOW TO USE THE SYSTEMATIC WITHDRAWAL PLAN

1. A Systematic Withdrawal Plan may be established when you wish to begin taking withdrawals from your 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 Retirement Plan holder who has reached age 70½ and must take required minimum distributions.
2. To determine your life expectancy, either call Neuberger Berman Retail Services at **800.877.9700**, or refer to IRS Publication 590 (Individual Retirement Arrangements).
3. 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.
4. If you own more than one Neuberger Berman Fund, required minimum distributions will be redeemed for each fund unless you specify otherwise.

2 FUND(S) DESIGNATED FOR SYSTEMATIC WITHDRAWALS

Please distribute from:

Account Number _____

Registered exactly as shown below:

Name: First _____ Middle _____ Last _____

Date of Birth (Required) _____

Street or P.O. Box _____ Apt. Number _____

City _____ State _____ Zip Code _____

() _____ () _____
Daytime Telephone Number Evening Telephone Number

E-Mail _____

3 DISTRIBUTION INSTRUCTIONS

Fund _____	\$ _____	or _____ %
Fund _____	\$ _____	or _____ %
Fund _____	\$ _____	or _____ %
Fund _____	\$ _____	or _____ %

4 METHOD OF DISTRIBUTION

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

Complete One Section Only

<input type="checkbox"/> Calculate my Required Minimum Distribution based on the Uniform Life Expectancy Table.
<input type="checkbox"/> 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: _____
<input type="checkbox"/> Regular payments to deplete my account over a fixed number of years: _____ Yrs. **
<input type="checkbox"/> 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).

FREQUENCY OF DISTRIBUTIONS. PLEASE SELECT ONE ONLY.

- Monthly Quarterly
 Semi-Annually Annually

Starting Month/Day: _____ Year: _____
(i.e. March 1, 20XX) Please choose a date that has not already passed.

5 | PAYMENT INSTRUCTIONS

A medallion signature guarantee is required (a) if a single withdrawal will exceed \$100,000, (b) if checks are to be sent to a name and address other than the name and address of record, or (c) 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)

Account Number (if applicable):

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

If this is an existing account (in your name only), please enter account number:

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 _____

Branch Address _____

ABA Routing Number (9 Digit Routing Number) _____

Account Number _____

Name(s) on Account _____

This is a CHECKING ACCOUNT SAVINGS ACCOUNT

Note:

For the purpose of establishing bank transactions, in addition to your investment check, 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 listed in Box 5.

6 | NOTICE OF FEDERAL AND STATE WITHHOLDING ON DISTRIBUTION

Federal Income Tax

In general, distributions from Qualified Retirement Plans and 403(b) Plans are subject to **mandatory** withholding of 20% for federal income taxes. **A payee may not elect out of this withholding.**

There are exceptions to this requirement. The most common are:

- Any series of substantially equal distributions paid at least annually and based on:
 - Your life expectancy.
 - The joint life expectancy of you and your beneficiary, or
 - A period of 10 years or more.
- A required minimum distribution once you reach age 70 ½.
- A hardship distribution.

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.

For tax planning purposes, if you wish to have Federal income taxes withheld from distributions that would otherwise be exempt from the withholding requirement, please so indicate below:

- I elect **not** to have Federal income taxes withheld from my distribution (The distribution qualifies for one of the exceptions to the withholding requirement.)
- I elect to have _____% (Select a percentage between 20% and 100%) withheld for Federal income taxes.

State Income Tax

The following states require state income tax withholding from Qualified Retirement Plans distributions.

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

The specific withholding requirements vary by state and may change from time to time. Shown below are the **GENERAL INCOME TAX WITHHOLDING REQUIREMENTS** by state. NOTE: If you are a resident

of one of the states shown above (except for CA, DE and NC) **and** you elect to have federal taxes withheld, we **must**, as a minimum, withhold state income tax in the amount shown below for your state. If you elect not to have federal income tax withheld, we cannot withhold state income tax.

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

State Minimum Withholding %

AR	5% of redemption amount for ERDs (above \$200.00)
CA	10% of the federal withholding amount
CT	6.99% of redemption amount
DC	8.95% of the redemption amount*
DE	5% of the redemption amount
IA	5% of the redemption amount
KS	4.5% of the redemption amount (above \$200.00)
MA	5.15% of the redemption amount
MD	7.75% of the redemption amount when Federal Withholding is applied to ERDs (QRP)
ME	5% of the redemption amount
MI	4.25% of the redemption amount whether or not federal applies
MS	5% of the redemption amount, 3% if any early distribution is taken
NC	4% of the redemption amount (above \$200.00)
NE	5% of the redemption amount
OK	5% of the redemption amount
OR	8% of the redemption amount
VA	4% of the redemption amount
VT	2.4% of the redemption amount 4.8% of the redemption amount for ERDs (above \$200.00)

* Applies to Lump Sum Distributions Only

ERD: Eligible Rollover Distribution

QRP: Qualified Retirement Plan

I am a resident of CA, CT, DE, NC or MI and wish to opt out of state income tax withholding.

If state withholding applies, it will be calculated based on your state's applicable minimum withholding requirements as shown above.

You may also optionally elect a specific dollar amount in addition to your state's minimum requirement \$_____.

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.

X

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

X

Signature (Joint Owner, 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. We cannot accept guarantees from a notary public or non-Medallion signature guarantees. 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)**

If you need more space, please use an additional blank sheet of paper.

Bank Account Owner(s) (Sign Below)

All owners of the bank account in Section 6 who are not owners in Section 1 must sign below.

X

Bank Account Owner Date

X

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.

