

Use this form to request a distribution from your IRA/Roth IRA Account
If you have any questions about completing this Application, please call Neuberger Berman Shareholder Services at 800.877.9700, Monday-Friday, from 9AM to 6PM Eastern Time.
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
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This request can be faxed to 816-218-0478. **Please note that we do not accept faxes for distributions that require a Medallion Signature Guarantee.**

PLEASE TYPE OR PRINT CLEARLY IN INK

1 | ACCOUNT REGISTRATION

Name _____

Account Number (omit lead zeros) _____

Address _____

City _____ State _____ Zip Code _____

Date of Birth* _____

Day time Telephone Number (Required) _____

***Your distribution will NOT be processed without this information.**

Type of Account:

IRA Roth IRA SEP-IRA SIMPLE Retirement Plan

2 | REASON FOR DISTRIBUTION

Please indicate the reason for your distribution. If no reason is provided, **your distribution will not be processed.**

Normal Distribution. Age 59½ or older.

Premature Distribution. Under age 59½ other than disability or substantially equal periodic payments.

Disability. Under age 59½.

Substantially Equal Periodic Payments. Under age 59½.

Death Distribution. **For Inherited IRAs/Roth IRAs only.**

Rollover to Employer-Sponsored Retirement Plan.

Recharacterization or Removal of Excess
If selected, please complete Section 3

Distribution to a charity (Signature Medallion Guarantee required) (Available to IRA owners and beneficiaries age 70 1/2 as of Dec. 31, 2019 or who reach 72 after this date.)

3 | REMOVAL OF EXCESS OR RECHARACTERIZATION

This section only applies if you selected "Recharacterization or Removal of Excess" in Section 2.

REMOVAL OF EXCESS
Please note that any earnings, if applicable, will be removed.

Excess Amount	Tax Year of Contribution
\$ _____	_____
\$ _____	_____

Please remove the excess and redesignate as a _____ contribution within this same IRA Account.

Please remove the excess and deposit into Neuberger Berman account # _____.

Please remove the excess and send the full amount as per instructions in Section 6.

RECHARACTERIZATIONS

I would like to recharacterize a contribution.

Date of Contribution For Tax Year Amount

Please recharacterize into IRA account number _____.

4 | DISTRIBUTION INSTRUCTIONS

Total Distribution. Please liquidate my entire account.

Partial Distribution. Please distribute \$ _____.

Fund	\$ Amount/% or	# of shares
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5 NOTICE OF FEDERAL AND STATE WITHHOLDING ON DISTRIBUTIONS

Federal Income Tax

Federal law requires you to make a withholding tax election on any distributions made from your IRA. If you fail to make such an election, your IRA custodian is required to withhold Federal income tax equal to 10% of your total distribution. This amount will be sent to the IRS and reported under your Social Security Number.

Select One:

- I do not want Federal income tax withheld from this distribution
- Please withhold _____% (Select a percentage between 10% and 100%) from this distribution

State Income Tax

The following states require state income tax withholding from IRA distributions.

AR, CA, CT, DC, DE, IA, KS, MA, ME, MI, NC, OK, OR 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	3% of the distribution
CA	10% of federal withholding amount
CT	6.99% of redemption amount whether or not federal applies a Form CT-W4P is required to waive State withholding
DC	8.95% of redemption amount*
DE	5% of redemption amount
IA	5% of redemption amount
KS	4.5% of redemption amount (above \$200.00)
MA	5.15% of redemption amount
MD	7.75% of the redemption amount required when federal withholding is applied to ERDs (QRPs)**
ME	5% of the redemption amount
MI	4.25% of the redemption amount whether or not federal applies a Form Mi W4-P is required to waive State withholding
MS	5% of the redemption amount if an early distribution is taken 3%
NC	4% of the redemption amount** (above \$200.00)
NE	5% of the redemption amount (QRPs)**
OK	5% of the redemption amount
OR	8% of the redemption amount
VA	4% of the redemption amount (QRPs)**
VT	2.4% of the redemption amount

*Applies to Lump Sum Distributions Only.

** IRA, SEP exempt
ERD: Eligible Rollover Distributions
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 \$_____

6 METHOD OF PAYMENT

Please indicate how you wish to receive your distribution.

- By check to my address of record. By check to a different address or Payee. **Medallion Signature Guarantee Required.**

Payee (If different from account owner)

Address

City

State

Zip Code

- ACH to my bank. (Note: A **Medallion Signature Guarantee is Required** if you have not previously provided us with bank information. Please attach a voided check or a deposit ticket to this Form. For a savings account, please attach a letter on your financial institution's letterhead with the information listed in Box 5.)

- Wire* (\$8.00 Fee) Fee to be taken from account balance

- Fee to be taken from proceeds

Type of Account: Checking Savings

Bank Name

Name(s) on Bank Account

Bank ABA Number (9 Digit Routing Number)

Account Number

- Direct Rollover to an Employer-Sponsored Retirement Plan or another IRA. **Medallion Signature Guarantee Required.**

Plan Name

c/o Plan Administrator or Trustee Name

Address

City

State

Zip Code

7 | SIGNATURE _____

Please read the following carefully. Sign and date where indicated.

I hereby authorize and request the IRA/Roth IRA Custodian, UMB Bank, n.a. to make the above distribution. If I am under age 59½ and have indicated that I am taking Substantially Equal Periodic Payments, I accept full responsibility for complying with the IRS requirements under §72(t)(2)(A)(iv) of the Internal Revenue Code (the Code) as amended. If I am age 70½ or older, I accept full responsibility for withdrawing the minimum distribution required by §408(d)(6) and §401(a)(9) of the Code. I hereby certify that the number shown on this form is my correct Social Security or Taxpayer Identification Number.

X

Signature

Date

8 | SIGNATURE GUARANTEE _____

STAMP 2000/MEDALLION SIGNATURE GUARANTEE (if necessary)

If your distribution requires a medallion signature guarantee, you may obtain a medallion signature guarantee from most banks, stockbrokers and dealers, credit unions and other financial institutions, but not from a notary public. Please ensure that you obtain the stamp with a sufficient surety limit.