

For Existing Shareholders

Please complete only those sections that are applicable.

To initiate Automated Bank Transaction Services, you must return with a voided, unsigned check.

Please return this application and your voided, unsigned check 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 Shareholder Services at 800.877.9700, Monday–Friday, from 9AM to 5PM Eastern Time.

Please type or print clearly in ink.

1 ACCOUNT INFORMATION

| | | |
|---|--------------------|---------------|
| Owner's First Name | Middle | Last |
| Joint Owner/Custodian/Trustee | | Date of Birth |
| Street or P.O. Box | | Apt. Number |
| City | State | Zip Code |
| Daytime Phone | Cell/Evening Phone | Email |
| Social Security Number or Tax ID Number | | |

2 FUND(S)

Unless otherwise specified, bank will be added to all funds under the following account numbers.

| | |
|----------------|---------|
| Account Number | Fund(s) |
| Account Number | Fund(s) |
| Account Number | Fund(s) |
| Account Number | Fund(s) |

☐ If you check this box, then the prior bank instructions listed on your Neuberger Berman account will remain. Otherwise, they will be removed.

3 AUTOMATIC TRANSACTIONS BETWEEN YOUR BANK AND YOUR NEUBERGER BERMAN FUND ACCOUNTS

You may use your bank account to make purchases of Fund shares. You may also send the proceeds from redemptions or distributions of Fund shares to your bank account. (See note below.) **Please indicate the following information about the bank account you wish to use:**

| | |
|---------------------|--|
| Name of Bank | Bank ABA Number (9-digit routing number) |
| Branch of Bank | Bank Address |
| Name(s) on Account | Account Number |
| Savings or Checking | |

Note: For the purpose of establishing banking transactions, please attach a voided, unsigned check to this application. **(We cannot accept money market fund or starter checks.)** For transactions into a savings bank account, please attach a letter on your financial institution's letterhead with the information listed in Section 3.

The bank account owner must have at least one common owner with the owner of the mutual fund account.

4 DIVIDEND OPTIONS

Select one or more of the following options as applicable. Does not apply if you are reinvesting your distributions.

☐ Send dividend distributions from the accounts below to my bank via electronic transfer. (Please fill in bank instructions in Section 3.)

☐ Send capital gain distributions from the accounts below to my bank via electronic transfer. (Please fill in bank instructions in Section 3.)

| | |
|----------------|---------|
| Account Number | Fund(s) |
| Account Number | Fund(s) |
| Account Number | Fund(s) |
| Account Number | Fund(s) |

5 SIGNATURES

By signing this Application, I certify that:

I have full authority and legal capacity to purchase Fund shares and I believe the Fund investment is suitable for me.

I have received and read a current prospectus of the Fund(s) and agree to be bound by its terms.

The Fund(s) can redeem shares from my account(s) to reimburse the Fund(s) for any loss due to nonpayment or lack of funds.

I ratify any instructions (whether written, telephonic or electronic) given on this account. I agree that neither the Fund(s) nor its agent is responsible for any loss, cost or expense caused by acting upon instructions reasonably believed by it to be genuine and in accordance with the procedures described in the prospectus.

I understand that neither the Fund(s) nor Neuberger Berman BD LLC is a bank, and Fund shares are not backed or insured by the FDIC or guaranteed by any bank.

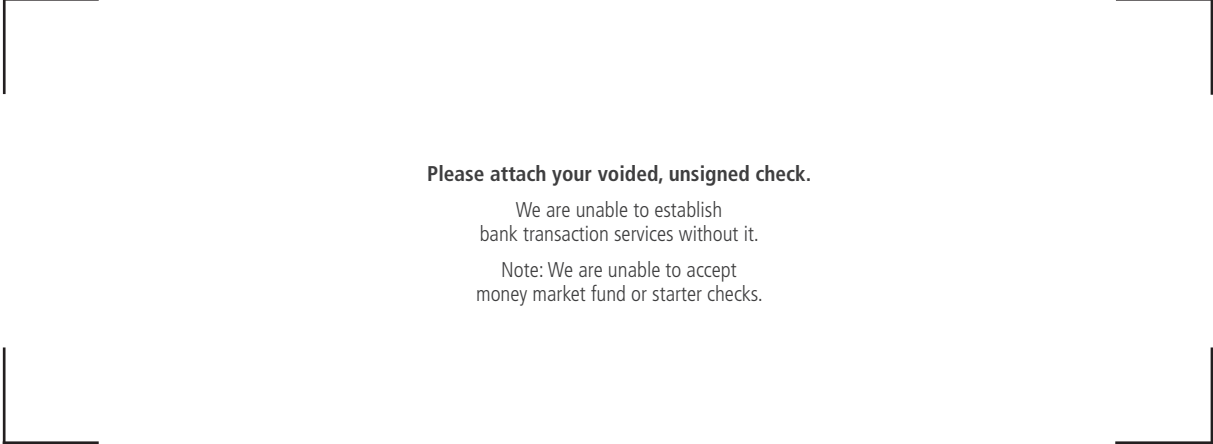
If I selected the option to purchase shares from my bank account, I authorize the bank to make debits/credits from/to that account in the amount indicated. This authority remains in effect until revoked in writing by me and, until the Fund(s) or its agent receives such notice, I agree that the Fund(s) and its agent shall be fully protected in honoring each transaction. I further agree that neither the Fund(s) nor its agent shall be liable if any such transaction is dishonored, regardless of the reason. In the event a draft is dishonored, State Street Bank and Trust Company is authorized to redeem shares from my Fund(s) account to make up any resulting deficiency. The automatic purchase option may be cancelled at any time.

Account Owner(s) (sign below)

In order to protect the security of your account, a Notary and copy of a government-issued photo ID is required.

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

| | | | |
|----------------------------|------|----------------------------|------|
| Signature of Notary Public | Date | Signature of Notary Public | 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.