

**For Use With IRAs, ROTH IRAs SIMPLE IRAs & SEP-IRAs**

**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.**

Complete all sections of this Form and sign where indicated.

**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**.

## 1 ACCOUNT INFORMATION

This form can only be used for IRA Accounts.

Account Number(s)			
Name			
Date of Birth (Required)			
Street or P.O. Box			Apt. Number
City	State		Zip Code
Daytime Telephone Number		Evening Telephone Number	
E-Mail			

## 2 DESIGNATION OF BENEFICIARY

If you wish to add a minor as either a Primary or Contingent beneficiary, you must appoint a Guardian. The guardian must be a different person than the account owner(s) and any non-minor beneficiaries.

**All primary and/or contingent beneficiary designations must add up to 100%.**

\*For residents of Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington & Wisconsin: If your spouse is not named as a sole primary beneficiary, your spouse must sign an agreement at the time of distribution instructing UMB Bank, n.a. to pay your IRA assets to your named beneficiary(ies).

**A. PRIMARY BENEFICIARY**

a. Pay  % to:

Name	Relationship
Social Security Number	Date of Birth
Name of guardian, if beneficiary is a minor	

## 2 DESIGNATION OF BENEFICIARY (CONTINUED)

### ADDITIONAL BENEFICIARY

☐ Primary ☐ Contingent (check one)

a. Pay  % to:

Name	Relationship
Social Security Number	Date of Birth
Name of guardian, if beneficiary is a minor	

☐ Primary ☐ Contingent (check one)

b. Pay  % to:

Name	Relationship
Social Security Number	Date of Birth
Name of guardian, if beneficiary is a minor	

☐ Primary ☐ Contingent (check one)

c. Pay  % to:

Name	Relationship
Social Security Number	Date of Birth
Name of guardian, if beneficiary is a minor	

### B. ALTERNATIVE BENEFICIARY DESIGNATION INSTRUCTIONS

If you wish to designate beneficiaries in a manner not covered in Section A, please attach your instructions to this Form.

## 3 SIGNATURE

I hereby revoke any prior designations and designate the person or persons named to receive any interest remaining in my account upon my death.

X	Date
Signature	