

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

• 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.

• 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.

PLEASE TYPE OR PRINT CLEARLY IN INK

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 (Cont.)

Primary Contingent (Check one)

b. Pay _____% to:

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

Primary Contingent (Check one)

c. Pay _____% to:

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

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.

A. PRIMARY BENEFICIARY

a. Pay _____% to:

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

ADDITIONAL BENEFICIARIES

Primary Contingent (Check one)

a. Pay _____% to:

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

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

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.

*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).

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
Signature _____

Date _____