

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 return this Application to:

Regular Mail
Neuberger Berman Funds
PO Box 219189
Kansas City, MO 64121-9189

Overnight Mail
Neuberger Berman Funds
801 Pennsylvania Ave, Suite 219189
Kansas City, MO 64105-1307

Email
nbfundsCS@sscinc.com

1 ACCOUNT INFORMATION FOR INHERITED IRA/ROTH IRA OWNER

Name: First	Middle	Last
Date of Birth (Required)		
Name of Trust or Estate or Guardian (if Beneficiary is a minor)		
Relationship to Deceased Account Owner:		
Spouse	Non-Spouse	Trust Estate Other
Street or P.O. Box*		Apt. Number

If the above address is a P.O. Box you must also provide a street address.*

City	State	Zip Code
Daytime Telephone Number		Cell/Evening Telephone Number
E-mail		

* We are required by various federal rules to obtain your street address.

2 SOCIAL SECURITY NUMBER or TAX ID

Social Security Number/Tax ID	Tax Identification Number of Estate or Trust (if applicable)
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(Any Application without a Social Security Number or Tax ID will be returned.)

I am a citizen of U.S. Other (Please Specify)

Foreign Identification Number

Required documents for non-U.S. citizens: For identification information, foreign shareholders must provide a copy of a government-issued document that includes a government-issued identification number and the country of issuance, such as a passport, an alien identification card, or other government-issued photo identification.

3 DECEASED ACCOUNT OWNER INFORMATION

Name of Decedent:	First	Middle	Last
Date of Birth	Date of Death		
Social Security Number			
Account Number			

Before completing this section it is important that you read *General Information for IRA and Roth IRA Beneficiaries* on page 7.

4 TYPE OF ACCOUNT

Please check ONE box only. Applications with more than one box checked in this section will be rejected.

A. FOR SPOUSAL INHERITORS ONLY.

New IRA

New ROTH IRA

Inherited IRA

Existing IRA

Existing ROTH IRA

Inherited Roth IRA

Existing IRA or Roth IRA Account Number

B. FOR NON-SPOUSAL INHERITORS.

Inherited IRA

Inherited ROTH IRA

5 REQUIRED MINIMUM DISTRIBUTION NOTICE

If the deceased account owner was over age 73 and the year of death Required Minimum Distribution (RMD) has not been withdrawn, you must withdraw the RMD by December 31 of the year of the deceased account owner's death. The amount to be distributed that is necessary to satisfy the RMD is based on the deceased account owner's RMD payout schedule but must be reported under the beneficiary's Social Security Number.

In order to comply with IRS regulations I request that any remaining RMD be distributed from Fund: _____ and reported under my Social Security Number.

REQUIRED MINIMUM DISTRIBUTION PAYMENT INSTRUCTIONS:

Please send a check for the RMD to me at the address shown in Section 1 of this application.

Please send RMD via ACH to the bank in section 10.

Please deposit the RMD into a non-retirement account in the Neuberger Berman Funds (provide account number below).

Account Number

Fund Name

6 BENEFICIARY'S ELECTION FOR DISTRIBUTIONS

Please review attached "General Distribution Information for Beneficiaries" and select a distribution option below. Special rules may apply for Trusts or Estates. Consult a tax advisor for assistance.

Total Distribution. If you elect this option, the account will be liquidated in full.

Partial Distribution (One Time) \$ _____

Payments within 10 years following the death of the account owner. Annual withdrawals may be required each year if the account owner died after the required beginning date. Please consult a tax advisor for assistance. To schedule payments, complete payment instructions below:

Life expectancy payments (For Spousal or Eligible Designated Beneficiaries)

Payments within 5 years (For Non-Person Beneficiary). To schedule payments, complete payment instructions below:

Scheduled Payment Instructions

Starting Month/Day:

Year:

(i.e. March 1, 20xx)

Monthly Payments of \$ _____

Quarterly Payments of \$ _____

Semi-Annual Payments of \$ _____

Annual Payments of \$ _____

6 BENEFICIARY'S ELECTION FOR DISTRIBUTIONS (CONTINUED)

Federal Income Tax

Your withholding rate is determined by the payment you will receive. For nonperiodic payments, the default withholding rate is 10%. If you would like to elect an amount other than 10%, a copy of the attached IRS Form W-4R must be submitted with this request form. Generally, you can not choose less than 10% for payments to be delivered outside the United States and its possessions.

Please select one:

Withhold 10%

Withhold _____ % (Select a percentage between 0% and 100%) from this distribution. If you elect this option, please review and complete the information on the attached Form W-4R and return with this request form.

If you fail to make an election on the Form W-4R, the IRA custodian is required to withhold the default rate of 10%.

A W-4R Form may also be found online at irs.gov/pub/irs-pdf/fw4r.pdf

State Income Tax

If you reside in a state that requires withholding, the IRA custodian is required to withhold state income taxes from your distribution regardless of your election. The following states require state income tax withholding from IRA distributions:

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

*Note: For CT and MI, state withholding is mandatory regardless whether federal applies unless a CT-W4P or MI-W-4P is submitted to waive state withholding. For MN, state withholding is mandatory unless a W-4MNP is submitted.

Please consult your tax or financial advisor for the state income tax withholding requirements for your specific situation. Income and Filing status may affect the required withholding.

If state withholding applies, it will be calculated based on your state's applicable minimum withholding requirements. Select one.

Withhold _____ %

Withhold \$ _____

Do Not Withhold State Income Tax unless required

7 INVESTMENT SELECTION

Please read the prospectus for information on funds that are closed to investors. Please read the prospectus for information on funds that are subject to a redemption fee on the sale or exchange of shares.

Fund _____	\$ _____	or	_____ %
Fund _____	\$ _____	or	_____ %
Fund _____	\$ _____	or	_____ %
Fund _____	\$ _____	or	_____ %
		or	100%

8 TELEPHONE EXCHANGE

Telephone/Online Exchange lets you redeem shares by telephone and apply the proceeds to purchase shares in another **identically registered** Neuberger Berman Fund account. The minimum exchange amount is \$1,000.

Please refer to the prospectus for additional details and conditions. You will automatically have this service.

If you do not want the Telephone/Online Exchange service, please check below:

I do not want the Telephone/Online Exchange service

By checking the above you agree to notify UMB Bank, n.a. ("UMB") or the Fund in writing if you want to exchange shares.

9 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%

A. PRIMARY BENEFICIARY

a. Pay % to:

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

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	
Address & Phone Number	

Primary Contingent (check one)

b. Pay % to:

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

Primary Contingent (check one)

c. Pay % to:

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

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 Application.

Spousal Consent

*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).

10 AUTOMATIC TRANSACTIONS BETWEEN YOUR BANK AND NEUBERGER BERMAN FUND ACCOUNTS

This section is optional. You may 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 (Available from your Bank)	
Address and Branch of Bank	
Name(s) on Account	
Account Number	Type of Account (Savings or Checking)

Note: For the purpose of establishing bank transactions, please attach a voided, unsigned check to this Application. (We cannot accept money market fund or starter checks.)

For transactions to a savings bank account, please attach a letter on your financial institution's letterhead with the information.

Note: A Medallion Signature Guarantee Stamp is required for all Neuberger Berman account owners and any bank account owners that differ in any way from the Neuberger Berman account owners.

11 ADDITIONAL INFORMATION TO HELP US PROCESS YOUR REQUEST

12 SIGNATURES

Please read and sign below:

I hereby establish an Inherited Individual Retirement Account and appoint UMB Bank, n.a. to serve as Custodian of the Inherited IRA under the terms of the related Custodial Agreement and effective upon Neuberger Berman BD LLC's acceptance. I have received and read the prospectus(es), the Disclosure Statement, and have reviewed the fees associated with the maintenance of this Inherited IRA. I have considered my decision for at least seven days and I agree to be bound by the terms of these documents.

I ratify any instructions (whether written, telephonic or electronic) given on this account. I agree that neither the Fund 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.

By requesting an exchange into another Neuberger Berman Fund, I acknowledge that I have received and read the current prospectus of that Fund and agree to be bound by its terms and conditions. I understand that all information provided in this Application (except for investment instruction), including the certifications in this Section 12, shall apply to any Fund into which my shares may be exchanged.

I agree that Neuberger Berman BD LLC may send only one copy of prospectus and financial report for all account-holders that share the address above. This will save the funds mailing costs, which benefits all shareholders. I understand that I can begin receiving my own copies of these documents within 30 days by calling or writing Neuberger Berman BD LLC, or immediately by checking the box below. Please note that this policy applies only to regulatory documents and not to account statements.

I **do not** want my prospectuses and financial reports to be householded.

IMPORTANT INFORMATION ABOUT NEW ACCOUNTS:

To help the U.S. government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

When you open an account, we will require your name, address, date of birth, and Social Security Number. We may also require other identifying documents. If we cannot verify the information you supply to us or if it is incomplete, we may be required to return your funds or redeem your account.

Under penalty of perjury, I also certify that:

The number shown on this Application is the correct Social Security Number or other identifying number.

Account Owner(s) (Sign Below)

In order to protect the security of your account, a Medallion Signature Guarantee is required.

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

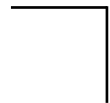
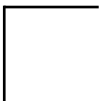
You can obtain a Stamp 2000/Medallion Signature Guarantee from most banks, stockbrokers and dealers, credit unions and other financial institutions. The level of coverage provided by the Medallion Signature Guarantee must cover the dollar amount of the transaction or it may be rejected.

STAMP 2000/MEDALLION SIGNATURE GUARANTEE: (Required)

Bank Account Owner(s) (Sign Below)

All owners of the bank account in Section 10 who are not owners in Section 1 must sign below.

Bank Account Owner	Date
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.



The information provided below gives some general information as it pertains to beneficiaries of IRAs and Roth IRAs. This information is not intended to provide specific recommendations in your particular situation. On December 20, 2019, Congress enacted the SECURE (Setting Every Community Up For Retirement Enhancement) Act.

The majority of the Act provisions took effect in 2020 although some took effect the day the Act was signed and some provisions have a retroactive effect.

Of major importance to our IRA and Roth IRA shareholders is the elimination of the "stretch-out" IRA. Before the SECURE Act, if an IRA owner died after Required Minimum Distributions (RMDs) had begun, distributions had to continue as least as rapidly as before death. If death occurred before RMDs had begun, the entire account had to be distributed by the end of the 5th year following the year of death unless paid to a "designated beneficiary" in which case the payments could be "stretched out" over the life expectancy of the beneficiary.

Under SECURE, the entire account must be paid out within 10 years following the year of death regardless of whether or not RMDs have begun. Non-designated beneficiaries are still subject to the 5-year rule.

SECURE introduces a new term: The Eligible Designated Beneficiary and adds a new rule that applies only to an Eligible Designated Beneficiary. An Eligible Designated Beneficiary is defined as:

- A surviving spouse.
- A minor child of the deceased – but only until that child reaches the age of majority.
- A person who is disabled or chronically ill.
- An individual who is not more than 10 years younger than the deceased.

For these beneficiaries, payments may be made over the beneficiary's life expectancy if payments commence within 1 year of death. Upon the death of the Eligible Designated Beneficiary, all remaining amounts must be distributed within 10 years of the death of the Eligible Designated Beneficiary.

There are special rules that apply when the beneficiary is a Trust or the Estate of the deceased.

The above is a brief summary of the new rules under the SECURE Act. We strongly urge you to seek appropriate counsel before taking any action regarding your distribution options as the beneficiary of a Neuberger Berman IRA/Roth IRA.

Please return this application 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

Email

nbfundsCS@sscinc.com

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.

By my signature below, I/We authorize Neuberger Berman Investment Adviser LLC and its affiliates (“Neuberger Berman”) to share my/our nonpublic personal information* held at Neuberger Berman to the named Trusted Contact Person(s) identified below.

I/We authorize this information to be shared with the Trusted Contact Person(s) in the discretion of Neuberger Berman. This authorization includes, but is not limited to, any of the undersigned client’s information regarding investments in financial products or services offered by or through Neuberger Berman or any financial information the undersigned may have provided to Neuberger Berman.

I/We understand that Neuberger Berman may contact the named Trusted Contact Person(s) if there are questions/concerns about my current contact information or health status (i.e., if Neuberger Berman becomes concerned that I might no longer be able to handle my financial affairs) or in the event that Neuberger Berman becomes concerned that I may be a victim of fraud or exploitation.

Neuberger Berman suggests that the named Trusted Contact Person(s) not be someone authorized to transact business on the account, or who is already otherwise able to receive the information described above. Multiple contact persons may be designated by completing additional copies of this form. Note that the Trusted Contact Person(s) is not authorized to make investments decisions or make distributions from your account.

Name of Contact Person		Relationship
Daytime Phone	Cell/Evening Phone	Email
Mailing Address	City, State	Zip

Check here if this Contact Authorization supersedes a previous Contact Authorization

Name of Contact Person		Relationship
Daytime Phone	Cell/Evening Phone	Email
Mailing Address	City, State	Zip

Check here if this Contact Authorization supersedes a previous Contact Authorization

I certify that my Trusted Contact Person(s) is 18 years or older. I understand that there is no requirement that Neuberger Berman reach out to my Trusted Contact Person(s) and that I may withdraw this Contact Authorization at any time by notifying Neuberger Berman in writing at the address shown on my account statement. By signing below, I and my heirs indemnify and hold harmless Neuberger Berman, its officers, directors, employees, agents, affiliates, shareholders, successors, assigns and representatives from any liability in connection with either acting, or failing to act, on your stated preferences based upon your own best judgment.

Client Signature
Printed Name
Date

Client Signature
Printed Name
Date

*“Nonpublic personal information” includes but is not limited to: financial account information and balances, and as defined in Neuberger Berman’s Privacy Policy and under the Securities and Exchange Commission Regulation S-P privacy rules promulgated under Title V of the Gramm-Leach-Bliley Act, or as defined by any other federal or state law, personally identifiable financial information: (i) provided by a client to Neuberger Berman; (ii) resulting from any services that Neuberger Berman performed for you; or (iii) otherwise obtained by Neuberger Berman.

FACTS

WHAT DOES NEUBERGER BERMAN DO WITH YOUR PERSONAL INFORMATION?

Why?	Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.
What?	<p>The types of personal information we collect and share depend on the product or service you have with us. This information can include:</p> <ul style="list-style-type: none"> ■ Social Security number and account balances ■ income and transaction history ■ credit history and credit scores <p>When you are <i>no longer</i> our customer, we continue to share your information as described in this notice.</p>
How?	All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons Neuberger Berman chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does Neuberger Berman share?	Can you limit this sharing?
For our everyday business purposes— such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
For our marketing purposes— to offer our products and services to you	Yes	No
For joint marketing with other financial companies	No	We don't share
For our affiliates' everyday business purposes— information about your transactions and experiences	Yes	No
For our affiliates' everyday business purposes— information about your creditworthiness	No	We don't share
For nonaffiliates to market to you	No	We don't share

Questions?

Call 800.223.6448

Who we are

Who is providing this notice?

Entities within the Neuberger Berman family of companies, mutual funds, and private investment funds.

What we do

How does Neuberger Berman protect my personal information?

To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.

We restrict access to customer information to those employees who need to know such information in order to perform their job responsibilities.

How does Neuberger Berman collect my personal information?

We collect your personal information, for example, when you

- open an account or provide account information
- seek advice about your investments or give us your income information
- give us your contact information

We also collect your personal information from others, such as credit bureaus, affiliates, or other companies.

Why can't I limit all sharing?

Federal law gives you the right to limit only

- sharing for affiliates' everyday business purposes—information about your creditworthiness
- affiliates from using your information to market to you
- sharing for nonaffiliates to market to you

State laws and individual companies may give you additional rights to limit sharing.

Definitions

Affiliates

Companies related by common ownership or control. They can be financial and nonfinancial companies.

- *Our affiliates include companies with a Neuberger Berman name; financial companies, such as investment advisers, broker dealers; mutual funds, and private investment funds.*

Nonaffiliates

Companies not related by common ownership or control. They can be financial and nonfinancial companies.

- *Nonaffiliates we share with can include companies that perform administrative services on our behalf (such as vendors that provide data processing, transaction processing, and printing services) or other companies such as brokers, dealers, or counterparties in connection with servicing your account.*

Joint marketing

A formal agreement between nonaffiliated financial companies that together market financial products or services to you.

- *Neuberger Berman doesn't jointly market.*



FACTS

WHAT DOES UMB BANK, N.A. ("UMB") DO WITH YOUR PERSONAL INFORMATION?

Why?	Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.	
What?	<p>The types of personal information we collect and share depend on the product or service you have with us. This information can include:</p> <ul style="list-style-type: none"> ▪ Social Security number ▪ Account balances and account transactions ▪ Payment history and transaction history ▪ Retirement assets <p>When you are <i>no longer</i> our customer, we continue to share your information as described in this notice.</p>	
How?	All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information, the reasons UMB chooses to share and whether you can limit this sharing.	
Reasons we can share your personal information	Does UMB share?	Can you limit this sharing?
For our everyday business purposes – such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
For our marketing purposes – to offer our products and services to you	No	We don't share
For joint marketing with other financial companies	No	We don't share
For our affiliates' everyday business purposes – information about your transactions and experiences	No	We don't share
For our affiliates' everyday business purposes – information about your creditworthiness	No	We don't share
For our affiliates to market to you	No	We don't share
For nonaffiliates to market to you	No	We don't share
Questions?	Call toll-free 800.441.9535 (or if in Kansas City, call 816.860.5780).	

Who we are

Who is providing this notice?	UMB Bank, n.a.
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What we do

How does UMB protect my personal information?	To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings.
How does UMB collect my personal information?	We collect your personal information, for example, when you: <ul style="list-style-type: none"> ▪ Open an account or provide account information ▪ Make deposits or take withdrawals from your account ▪ Tell us about your investment or retirement portfolio
Why can't I limit all sharing?	Federal law gives you the right to limit only: <ul style="list-style-type: none"> ▪ Sharing for affiliates' everyday business purposes – information about your creditworthiness ▪ Affiliates from using your information to market to you ▪ Sharing for nonaffiliates to market to you State laws and individual companies may give you additional rights to limit sharing. See below for more on your rights under state law.

Definitions

Affiliates	Companies related by common ownership or control. They can be financial and nonfinancial companies. <ul style="list-style-type: none"> ▪ <i>UMB does not share with affiliates.</i>
Nonaffiliates	Companies not related by common ownership or control. They can be financial and nonfinancial companies. <ul style="list-style-type: none"> ▪ <i>UMB does not share with nonaffiliates so they can market to you.</i>
Joint Marketing	A formal agreement between nonaffiliated financial companies that together market financial products or services to you. <ul style="list-style-type: none"> ▪ <i>UMB doesn't jointly market.</i>

Other Important Information

You may have other privacy protections under applicable state laws. To the extent these state laws apply, we will comply with them when we share information about you. *For California residents:* We will not share information we collect about you with nonaffiliates, except as permitted by California law, including, for example to process your transactions or to maintain your account. *For Vermont residents:* We will not share information we collect about you with nonaffiliates, except as permitted by Vermont law, including, for example to process your transactions or to maintain your account.

Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions

Department of the Treasury
Internal Revenue Service

Give Form W-4R to the payer of your retirement payments.

2026

1a First name and middle initial	Last name	1b Social security number
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Address _____

City or town, state, and ZIP code _____

Your withholding rate is determined by the type of payment you will receive.

- For nonperiodic payments, the default withholding rate is 10%. You can choose to have a different rate by entering a rate between 0% and 100% on line 2. Generally, you can't choose less than 10% for payments to be delivered outside the United States and its territories.
- For an eligible rollover distribution, the default withholding rate is 20%. You can choose a rate greater than 20% by entering the rate on line 2. You may not choose a rate less than 20%.

See page 2 for more information.

2 Complete this line if you would like a rate of withholding that is different from the default withholding rate. See the instructions on page 2 and the Marginal Rate Tables below for additional information. Enter the rate as a whole number (no decimals)	2	%
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Sign Here	Your signature (This form is not valid unless you sign it.) _____	Date _____
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about any future developments related to Form W-4R, such as legislation enacted after it was published, go to www.irs.gov/FormW4R.

Purpose of form. Complete Form W-4R to have payers withhold the correct amount of federal income tax from your nonperiodic payment or eligible rollover distribution from an employer retirement plan, annuity (including a commercial annuity), or individual retirement arrangement (IRA). See page 2 for the rules and options that are available for each type of payment. Don't use Form W-4R for periodic

payments (payments made in installments at regular intervals over a period of more than 1 year) from these plans or arrangements. Instead, use Form W-4P, Withholding Certificate for Periodic Pension or Annuity Payments. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. Your withholding choice (or an election not to have withholding on a nonperiodic payment) will generally apply to any future payment from the same plan or IRA. Submit a new Form W-4R if you want to change your election.

2026 Marginal Rate Tables

You may use these tables to help you select the appropriate withholding rate for this payment or distribution. Add your income from all sources and use the column that matches your filing status to find the corresponding rate of withholding. See page 2 for more information on how to use this table.

Single or Married filing separately		Married filing jointly or Qualifying surviving spouse		Head of household	
<i>Total income over—</i>	Tax rate for every dollar more	<i>Total income over—</i>	Tax rate for every dollar more	<i>Total income over—</i>	Tax rate for every dollar more
\$0	0%	\$0	0%	\$0	0%
16,100	10%	32,200	10%	24,150	10%
28,500	12%	57,000	12%	41,850	12%
66,500	22%	133,000	22%	91,600	22%
121,800	24%	243,600	24%	129,850	24%
217,875	32%	435,750	32%	225,900	32%
272,325	35%	544,650	35%	280,350	35%
656,700*	37%	800,900	37%	664,750	37%

* If married filing separately, use \$400,450 instead for this 37% rate.

General Instructions (continued)

Nonperiodic payments—10% withholding. Your payer must withhold at a default 10% rate from the taxable amount of nonperiodic payments **unless** you enter a different rate on line 2. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. Note that the default rate of withholding may not be appropriate for your tax situation. You may choose to have no federal income tax withheld by entering “-0-” on line 2. See the specific instructions below for more information. Generally, you are not permitted to elect to have federal income tax withheld at a rate of less than 10% (including “-0-”) on any payments to be delivered outside the United States and its territories.

Note: If you don't give Form W-4R to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer must withhold 10% of the payment for federal income tax and can't honor requests to have a lower (or no) amount withheld. Generally, for payments that began before 2026, your current withholding election (or your default rate) remains in effect unless you submit a Form W-4R.

Eligible rollover distributions—20% withholding. Distributions you receive from qualified retirement plans (for example, 401(k) plans and section 457(b) plans maintained by a governmental employer) or tax-sheltered annuities that are eligible to be rolled over to an IRA or qualified plan are subject to a 20% default rate of withholding on the taxable amount of the distribution. You can't choose withholding at a rate of less than 20% (including “-0-”). Note that the default rate of withholding may be too low for your tax situation. You may choose to enter a rate higher than 20% on line 2. Don't give Form W-4R to your payer unless you want more than 20% withheld.

Note that the following payments are **not** eligible rollover distributions for purposes of these withholding rules:

- Qualifying “hardship” distributions;
- Distributions required by federal law, such as required minimum distributions;
- Distributions from a pension-linked emergency savings account;
- Eligible distributions to a domestic abuse victim;
- Qualified disaster recovery distributions;
- Qualified birth or adoption distributions;
- Qualified long-term care distributions; and
- Emergency personal expense distributions.

See Pub. 505 for details. See also *Nonperiodic payments—10% withholding* above.

Payments to nonresident aliens and foreign estates. Do not use Form W-4R. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, enter “-0-” on line 2. See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

Line 1b

For an estate, enter the estate's employer identification number (EIN) in the area reserved for “Social security number.”

Line 2

More withholding. If you want more than the default rate withheld from your payment, you may enter a higher rate on line 2.

Less withholding (nonperiodic payments only). If permitted, you may enter a lower rate on line 2 (including “-0-”) if you want less than the 10% default rate withheld from your payment. If you have already paid, or plan to pay, your tax on this payment through other withholding or estimated tax payments, you may want to enter “-0-”.

Suggestion for determining withholding. Consider using the Marginal Rate Tables on page 1 to help you select the appropriate withholding rate for this payment or distribution. The tables are most accurate if the appropriate amount of tax on all other sources of income, deductions, and credits has been paid through other withholding or estimated tax payments. If the appropriate amount of tax on those sources of income has not been paid through other withholding or estimated tax payments, you can pay that tax through withholding on this payment by entering a rate that is greater than the rate in the Marginal Rate Tables.

The marginal tax rate is the rate of tax on each additional dollar of income you receive above a particular amount of income. You can use the table for your filing status as a guide to find a rate of withholding for amounts above the total income level in the table.

To determine the appropriate rate of withholding from the table, do the following. Step 1: Find the rate that corresponds with your total income not including the payment. Step 2: Add your total income and the taxable amount of the payment and find the corresponding rate.

If these two rates are the same, enter that rate on line 2. (See *Example 1* below.)

If the two rates differ, multiply (a) the amount in the lower rate bracket by the rate for that bracket, and (b) the amount in the higher rate bracket by the rate for that bracket. Add these two numbers; this is the expected tax for this payment. To get the rate to have withheld, divide this amount by the taxable amount of the payment. Round up to the next whole number and enter that rate on line 2. (See *Example 2* below.)

If you prefer a simpler approach (but one that may lead to overwithholding), find the rate that corresponds to your total income including the payment and enter that rate on line 2.

Examples. Assume the following facts for *Examples 1* and *2*. Your filing status is single. You expect the taxable amount of your payment to be \$20,000. Appropriate amounts have been withheld for all other sources of income and any deductions or credits.

Example 1. You expect your total income to be \$70,000 without the payment. Step 1: Because your total income without the payment, \$70,000, is greater than \$66,500 but less than \$121,800, the corresponding rate is 22%. Step 2: Because your total income with the payment, \$90,000, is greater than \$66,500 but less than \$121,800, the corresponding rate is 22%. Because these two rates are the same, enter “22” on line 2.

Example 2. You expect your total income to be \$60,000 without the payment. Step 1: Because your total income without the payment, \$60,000, is greater than \$28,500 but less than \$66,500, the corresponding rate is 12%. Step 2: Because your total income with the payment, \$80,000, is greater than \$66,500 but less than \$121,800, the

corresponding rate is 22%. The two rates differ. \$6,500 of the \$20,000 payment is in the lower bracket (\$66,500 less your total income of \$60,000 without the payment), and \$13,500 is in the higher bracket (\$20,000 less the \$6,500 that is in the lower bracket). Multiply \$6,500 by 12% to get \$780. Multiply \$13,500 by 22% to get \$2,970. The sum of these two amounts is \$3,750. This is the estimated tax on your payment. This amount corresponds to 19% of the \$20,000 payment (\$3,750 divided by \$20,000). Enter "19" on line 2.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request additional federal income tax withholding from your nonperiodic payment(s) or eligible rollover distribution(s); (b) choose not to have federal income tax withheld from your nonperiodic payment(s), when permitted; or (c) change a previous Form W-4R (or a previous Form W-4P that you completed with respect to your nonperiodic payments or eligible rollover distributions). To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s).

Failure to provide a properly completed form will result in your payment(s) being subject to the default rate; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.