

Use this form to request a distribution from your Non-Retirement Account. Please return your completed and signed form 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

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 REGISTRATION

First Name	Middle	Last
Social Security Number		Account Number
Joint Owner's First Name (if applicable)	Middle	Last
Street	Check this box if the address below will replace the current address on the account	Suite/Apt. Number
City	State	Zip Code
Daytime Phone	Cell/Evening Phone	Email

2 DISTRIBUTION INSTRUCTIONS/METHOD OF PAYMENT

Total Distribution. Please liquidate my entire account.

Fund	Amount (\$)
Fund	Amount (\$)
Fund	Amount (\$)
Fund	Amount (\$)
Fund	Amount (\$)

Please indicate how you wish to receive your distribution.

By check to my address of record.

By check to a different payee and/or different address. **Medallion Signature Guarantee required.**

Alternate Payee		
Street	Suite/Apt. Number	
City	State	Zip Code
Check Memo/Donor Name		

If you need more space, please use an additional blank sheet of paper.

