

# NON-RETIREMENT ACCOUNT REQUEST FOR DISTRIBUTION

NEUBERGER BERMAN

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  
430 West 7th Street, Suite 219189  
Kansas City, MO 64105-1407

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.

This may be faxed to 816-218-0478. Please note that we do not accept faxes for forms that require a Medallion Signature Guarantee.

PLEASE TYPE OR PRINT CLEARLY IN INK

## 1 ACCOUNT REGISTRATION

Name \_\_\_\_\_

Social Security Number\* \_\_\_\_\_

Joint owner (if applicable) \_\_\_\_\_

Account Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

( ) ( ) \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_ Evening Telephone Number \_\_\_\_\_

E-mail \_\_\_\_\_

## 2 DISTRIBUTION INSTRUCTIONS/ METHOD OF PAYMENT

**A Medallion Signature Guarantee is required if the distribution amount exceeds \$100,000 per fund.**

Total Distribution. Please liquidate my entire account.

Fund _____	\$ _____
Fund _____	\$ _____
Fund _____	\$ _____
Fund _____	\$ _____
Fund _____	\$ _____

Please indicate how you wish to receive your distribution.

By check to my address of record.

By check to a different address.

**Medallion Signature Guarantee Required.**

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

## 2 DISTRIBUTION INSTRUCTIONS/ METHOD OF PAYMENT (cont'd)

Note: A **Medallion Signature Guarantee** is required if you have not previously provided us with bank information. Please attach a voided check or a deposit ticket to this Form.

Wire.  
Fee will be taken from the proceeds (\$8.00)

ACH to my bank.

**Type of Account:**  Checking  Savings

Bank Name \_\_\_\_\_

Name(s) on Bank Account \_\_\_\_\_

ABA Number (9-digit Routing Number) \_\_\_\_\_

Account Number \_\_\_\_\_

## 3 SIGNATURE

All account owners must sign and date below.

**X**

Signature \_\_\_\_\_

**X**

Signature \_\_\_\_\_

Date \_\_\_\_\_

## 4 SIGNATURE GUARANTEE

**STAMP 2000/MEDALLION SIGNATURE GUARANTEE: (if necessary)**

You can obtain a Stamp 2000/Medallion Guarantee from most banks, stockbrokers and dealers, credit unions, and other financial institutions, but not from a notary public. Please ensure that you obtain the stamp with a sufficient surety limit.