

**For Existing Shareholders**

- Please complete only those sections that are applicable.
- **Please return this Application and your voided unsigned check to:**  

|   |   |
|---|---|
| <b>Regular Mail:</b><br>Neuberger Berman Funds<br>PO Box 219189<br>Kansas City, MO 64121-9189 | <b>Overnight Mail:</b><br>Neuberger Berman Funds<br>430 West 7th Street, Suite 219189<br>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 form can 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 INFORMATION**

|                               |  |  |        |                          |  |               |  |  |
|-------------------------------|--|--|--------|--------------------------|--|---------------|--|--|
| Owner's Name: First           |  |  | Middle |                          |  | Last          |  |  |
| Joint Owner/Custodian/Trustee |  |  |        |                          |  |               |  |  |
| Street or P.O. Box            |  |  |        |                          |  | Apt. Number   |  |  |
| City                          |  |  | State  |                          |  | Zip Code      |  |  |
| ( )                           |  |  | ( )    |                          |  |               |  |  |
| Daytime Telephone Number      |  |  |        | Evening Telephone Number |  |               |  |  |
| Social Security Number        |  |  | or     |                          |  | Tax ID Number |  |  |
| E-mail                        |  |  |        |                          |  |               |  |  |

**2 | AUTOMATIC PURCHASE**

Please withdraw \$\_\_\_\_\_ (minimum \$100 per Fund) from my bank account shown in Section 3 on or about the \_\_\_\_\_ day of every month and invest it in the Fund(s) indicated below:

**Note:** If no date is selected, your Automatic Investment will occur on or about the tenth day of every month.

|                |         |    |
|----------------|---------|----|
| Account Number | Fund(s) | \$ |
| Account Number | Fund(s) | \$ |
| Account Number | Fund(s) | \$ |

**If these purchases are being made into a retirement account, please be aware of the contribution limits for your plan. We suggest that you consult a tax advisor before establishing an automatic purchase into one of these accounts.**

**3 | SYSTEMATIC WITHDRAWAL (Do not use for an IRA)**

Please withdraw \$\_\_\_\_\_ (minimum \$100 per Fund) from the Fund(s) listed below on or about the \_\_\_\_\_ day of every month.

**Note:** If no date is selected, your Systematic Withdrawal will occur on or about the tenth day of every month.

|                |         |    |
|----------------|---------|----|
| Account Number | Fund(s) | \$ |
| Account Number | Fund(s) | \$ |
| Account Number | Fund(s) | \$ |

**3 | SYSTEMATIC WITHDRAWAL (Do not use for an IRA) (Continued)**

**Delivery Method**

- Send withdrawal via check to the address of record
- Send dividends via ACH to bank account on file **(If no bank account on file, please complete Section 5)**
- Invest distribution in Neuberger Berman fund name and account number listed below\*

|                |      |
|----------------|------|
| Account Number | Fund |
|----------------|------|

**\*Note: Accounts registered differently require a Medallion Signature Guarantee**

**4 | BANK ACCOUNT INFORMATION\*\***

**\*\*This should only be completed if you are adding a bank account or changing the bank account on file. If this is the case, a Medallion Signature Guarantee. Neuberger Berman account owner(s) and any bank account owners that differ in any way from the Neuberger Berman account owners must obtain a Medallion Signature Guarantee stamp.**

|  |                                      |
|--|--------------------------------------|
| Name of Bank                             |                                      |
| Bank ABA Number (9-digit routing number) |                                      |
| Address and Branch of Bank               |                                      |
| Name(s) on Account                       |                                      |
| Account Number                           | Savings or Checking (write in above) |

**Note:** For the purpose of establishing banking transactions, in addition to your investment check, please attach a voided, unsigned check to this Application. **(We cannot accept money market fund or starter checks.)** For transactions into a savings bank account, please attach a letter on your financial institution's letterhead with the information listed in Box 3.

# 5 SIGNATURES

**By signing this Application, I certify that:**

- I have full authority and legal capacity to purchase Fund shares and I believe the Fund investment is suitable for me.
- I have received and read a current prospectus of the Fund(s) and agree to be bound by its terms.
- The Fund(s) can redeem shares from my account(s) to reimburse the Fund(s) for any loss due to nonpayment or lack of funds.
- I ratify any instructions (whether written, telephonic or electronic) given on this account. I agree that neither the Fund(s) 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.

- I understand that neither the Fund(s) nor Neuberger Berman Investment Advisers LLC is a bank, and Fund shares are not backed or insured by the FDIC or guaranteed by any bank.
- If I selected the option to purchase shares from my bank account, I authorize the bank to make debits/credits from/to that account in the amount indicated. This authority remains in effect until revoked in writing by me and, until the Fund(s) or its agent receives such notice, I agree that the Fund(s) and its agent shall be fully protected in honoring each transaction. I further agree that neither the Fund(s) nor its agent shall be liable if any such transaction is dishonored, regardless of the reason. In the event a draft is dishonored, State Street Bank and Trust Company is authorized to redeem shares from my Fund(s) account to make up any resulting deficiency. The automatic purchase option may be cancelled at any time.

**Account Owner(s)** (Sign Below)

In order to protect the security of your account, a Medallion Signature Guarantee is required if the bank account owners differ in any way from the Neuberger Berman account owner(s) if adding a bank account or changing the bank account on file.

**X** \_\_\_\_\_ Date  
Signature (Owner, Trustee, Custodian, etc. exactly as it appears in Section 1)

**X** \_\_\_\_\_ Date  
Signature (Joint Owner, Trustee, POA, etc. exactly as it appears in Section 1)

You can obtain a Stamp 2000/Medallion Signature Guarantee from most banks, stockbrokers and dealers, credit unions and other financial institutions. We cannot accept guarantees from a notary public or non-Medallion signature guarantees. 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:**  
(if necessary)

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

**Bank Account Owner(s)** (Sign Below)

All owners of the bank account in Section 4 who are not owners in Section 1 must sign below and obtain a Medallion Signature Guarantee Stamp.

**X** \_\_\_\_\_ Date  
Bank Account Owner

**X** \_\_\_\_\_ Date  
Bank Account Owner

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

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

**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.