

For Individuals receiving distributions from Employer-Sponsored Qualified Retirement Plans or 403(b) Plans

Please contact your current employer or plan sponsor to check if the current custodian requires additional documentation.

• 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.

• 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 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 PLAN PARTICIPANT INFORMATION

Name of Participant: First Middle Last			
Street or P.O. Box			Apt. Number
City		State	Zip Code
()	()		
Daytime Telephone Number		Evening Telephone Number	
E-Mail			
Qualified Retirement Plan Account Number			
Social Security Number			
Please rollover <input type="checkbox"/> All Assets or \$ _____ Amount of Direct Rollover			
Fund _____	\$ _____	or _____	%
Fund _____	\$ _____	or _____	%
Fund _____	\$ _____	or _____	%
Fund _____	\$ _____	or _____	%
Please read the prospectus for information on funds that are closed to investors.			
I have established a Neuberger Berman BD LLC. IRA and authorize a Direct Rollover of my eligible retirement plan distribution.			
X Signature		Date	

2 DISTRIBUTING EMPLOYER INFORMATION

Distributing Employer		
ATTN:		
Street or P.O. Box		
City	State	Zip Code
()		
Telephone Number		

3 DISTRIBUTING PLAN/IRA INFORMATION

Distributing Plan Type (Select One)
<input type="checkbox"/> Qualified Plan under IRC.Sec.401(a) (including 401(k) plans)
<input type="checkbox"/> 457(b) Deferred Compensation Arrangement
<input type="checkbox"/> 403(b) Tax Sheltered Annuity (including custodial 403(b)(7) and 403(a) Arrangements
<input type="checkbox"/> Other: _____
Note: If you must take a RMD (Required Minimum Distribution), you cannot roll over any part of the distribution that would be considered a RMD from the distributing plan.
Receiving Plan Type (Select One)
<input type="checkbox"/> Employer Plan to Traditional IRA
<input type="checkbox"/> Employer Plan to Roth IRA
<input type="checkbox"/> Employer Plan to Inherited Traditional IRA
<input type="checkbox"/> Employer Plan to Inherited Roth IRA
Neuberger Berman BD LLC Account Number (if available): _____

4 INSTRUCTIONS TO DISTRIBUTING EMPLOYER

The Neuberger Berman BD LLC IRA is an Individual Retirement Account as described in Section 408(a) of the Internal Revenue Code. Your participant named in Section 1 has established an IRA with Neuberger Berman BD LLC. Please complete a Direct Rollover for this participant by following the procedure listed below:

Issue a check payable to: UMB Bank, n.a., Custodian FBO:

Plan Participant's Name (as shown in Section 1)

Neuberger Berman Investment Advisers LLC IRA Account Number (if available)

Send check to: Neuberger Berman Funds
PO Box 219189
Kansas City, MO 64121-9189

***Send overnight check to:** Neuberger Berman Funds
430 West 7th Street, Suite 219189
Kansas City, MO 64105-1407

***Wire funds to:** State Street Bank/Boston
ABA #011-000028
Attention: NB Deposit Account
DDA: 9904-199-8
Name of Fund(s) in CAPS
IRA Owner's Name
IRA Account Number

*Fee Might Be Charged from Delivering Custodian

UMB Bank, n.a. will accept this participant's distribution as a Direct Rollover contribution into his or her IRA account.

X

Signature of UMB Bank, n.a. Representative

Date

5 ACKNOWLEDGEMENT

By signing this *IRA Direct Rollover Form*, I certify that the information I have provided is true and correct. I understand that I am responsible for ensuring I am eligible to authorize this rollover or transfer and I assume all responsibilities for any consequences that arise as a result of my actions. I have been advised to seek competent legal and tax advice, and have not been provided any such advice from the Trustee/Custodian. I also understand that if I am subject to the minimum distribution requirements, special rules apply; and I assume responsibility for my actions regarding those issues. If rollover option is selected above, I elect to irrevocably designate this deposit as a rollover contribution. I will indemnify and hold the Trustee/Custodian harmless from any consequences related to executing my directions. I authorize the plan administrator to directly roll over/transfer the plan/IRA assets as indicated above and certify the plan is qualified under the appropriate section of the Internal Revenue Code.

X

Signature of IRA Owner

Date

By signing below, the IRA Trustee/Custodian agrees to accept this direct rollover/transfer as instructed above.

X

Signature of IRA Trustee/Custodian Representative

Date

6 MEDALLION SIGNATURE GUARANTEE

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

NOTE: To complete this transaction, your present Custodian or Trustee **may** require a medallion signature guarantee. Please contact your existing Custodian or Trustee for their requirements.