

# TRANSFER OF ACCOUNT REGISTRATION FORM

NEUBERGER BERMAN

- Complete Section 1, either Section 2 or Section 3, and Section 4. Your signature(s) must be medallion guaranteed.
- If certificates have been issued for any of the shares, they must be submitted with this form.
- **If you are establishing a new account, please complete a New Account Application.**
- **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 cannot be used for any IRA or Qualified Retirement Plan (Keogh, Profit Sharing or Pension Plan).**

- **If you have any questions about completing this form, please call Neuberger Berman Retail Services at 800.877.9700, Monday-Friday, from 9AM to 6PM Eastern Time.**

PLEASE TYPE OR PRINT CLEARLY IN INK

## 1 CURRENT ACCOUNT REGISTRATION

Account Number _____			
_____ Fund(s), or			
<input type="checkbox"/> All Funds			
Owner's Name:	First	Middle	Last
_____			
Social Security Number or Tax Identification Number Birth Date			
_____			
Joint Owner/Custodian/Trustee			
_____			
Joint Owner's Social Security Number		Birth Date	
_____		_____	
Street or P.O. Box		Apt. Number	
_____		_____	
City	State	Zip Code	
_____	_____	_____	
( )	( )		
Daytime Telephone Number	Evening Telephone Number		
_____	_____		
E-mail			
_____			

**If you transfer all shares from your existing account, it will be closed. Account options will not be transferred to your new account registration. Please verify your Social Security or Tax Identification Number and all account options for your new account registration on the enclosed New Account Application.**

## 2 TRANSFERRING SHARES TO A NEW ACCOUNT REGISTRATION

Please transfer \_\_\_\_\_ shares or \$ \_\_\_\_\_ from the account indicated in Section 1 to a new account registration in the same Fund(s).

An application for a new account must be completed.

## 3 TRANSFERRING SHARES TO AN EXISTING ACCOUNT REGISTRATION

Please transfer \_\_\_\_\_ shares or \$ \_\_\_\_\_ from the account indicated in Section 1 to

Account Number _____			
_____ Fund(s)			
Owner's Name:	First	Middle	Last
_____			
Social Security Number or Tax ID Number			
_____			
Joint Owner/Custodian/Trustee			
_____			

## 4 PLEASE DETAIL YOUR REQUEST IN THE SPACE BELOW:

(choose one)

- Please liquidate upon transfer of registration  Please establish new account

send check payable to \_\_\_\_\_

mail to \_\_\_\_\_

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## 5 TYPE OF TRANSFER

Indicate the type of transfer requested and provide transfer details where applicable. Note: if transfer type is not indicated, the transaction will be processed as a gift.

### A. Type of Transfer

- Change of Ownership/Registration** (Divorce, Trust)
- Gift\***  
Date of Gift \_\_\_\_\_  
Fair Market Value (FMV) Acceptance \_\_\_\_\_  
(Signature of gift recipient)
- Death/Inheritance** (Complete Section 2B for joint accounts)  
Name of Executor/Beneficiary \_\_\_\_\_  
Date of Death (**Required**) \_\_\_\_\_  
Alternate Date (Optional) \_\_\_\_\_  
Alternate Value (Optional) \_\_\_\_\_

\*If the gift recipient's existing or new account is coded for Average Cost as a cost basis calculation method, then the recipient's signature above indicates acceptance of the shares valued at FMV as of the date of the gift or settlement date. If acceptance of FMV is not provided with the request, the shares will be transferred into a separate account and the First-In First-Out cost basis method will be applied unless an alternate cost basis method is provided.

### B. Details of Transfer Due to Death (Required for joint accounts only)

- Surviving joint owner is surviving spouse (Cost basis will be adjusted per IRS regulations for inherited assets.)
- Surviving joint owner is not the surviving spouse - To properly adjust the cost basis, provide the percentage of assets invested by each owner:  
 Joint owners invested an equal percentage of assets  
 Joint owners invested different amounts (complete the information below)  
Deceased Shareowner's Name \_\_\_\_\_ % Invested \_\_\_\_\_ Surviving  
Joint Owner's Name\*\* \_\_\_\_\_ % Invested \_\_\_\_\_

\*\*If there are additional surviving joint owners, please attach the appropriate information. This attachment must be signed and dated to be considered in good order.

## 6 SIGNATURES

**X**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Capacity (i.e., Executor, Successor Trustee, Owner, Custodian, etc.) \_\_\_\_\_

**X**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Capacity (i.e., Executor, Successor Trustee, Owner, Custodian, etc.) \_\_\_\_\_

### STAMP 2000/MEDALLION SIGNATURE GUARANTEE: (Required)

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.

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