

QUALIFIED RETIREMENT PLANS REQUEST FOR DISTRIBUTION

To be completed by participants and/or employers for which Neuberger Berman BD LLC is the prototype document sponsor.

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.

Use this form to request a distribution from your Profit Sharing, Money Purchase and 401(k) Plans. Please read the information on the reverse side of this form as well as the Special Tax Notice Regarding Plan Payments. They contain instructions and important information about tax withholding and survivor benefits related to your qualified retirement plan.

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 request can be faxed to 816-218-0478. Please note that we do not accept faxes for distributions that require a Medallion Signature Guarantee.

PLEASE TYPE OR PRINT CLEARLY IN INK

1 EMPLOYER PLAN INFORMATION

Account Number (omit lead zeros)		
Name of Plan		
Employer Address		
City	State	Zip Code
PLAN PARTICIPANT INFORMATION FOR PERSON REQUESTING DISTRIBUTION:		
Name of Participant		
Social Security Number	Date of Birth	
Address		
City	State	Zip Code
Daytime Telephone Number		
E-Mail		
Type of Account:		
<input type="checkbox"/> Profit Sharing	<input type="checkbox"/> Money Purchase	<input type="checkbox"/> 401(k)

2 DISTRIBUTION INSTRUCTIONS

Total Distribution. Please liquidate my entire account.

Partial Distribution. Please distribute \$ _____.

Fund	\$ Amount/% or	# of shares

3 PAYMENT INSTRUCTIONS

A medallion signature guarantee is required (a) if a single withdrawal will exceed \$100,000, (b) if checks are to be sent to a name and address other than the name and address of record, or (c) if payments are to be invested in a Fund account for other than the name and address of record.

Check One

Please send checks directly to the name and address of record on this account.

Please send checks to the following name and address:

Account Number (if applicable): _____

Please invest the withdrawals in a non-retirement account in the following Neuberger Berman Fund(s)

If this is an existing account (in your name only), please enter account number:

Account Number (omit lead zeros) _____

If you would like to open a non-retirement account, please contact a Retail Services Representative at **800.877.9700**.

4 REASON FOR DISTRIBUTION

Please indicate the reason for your distribution.

If no reason is provided, **your distribution will not be processed.**

- | | |
|--|--|
| <input type="checkbox"/> Normal Retirement Age | <input type="checkbox"/> Termination of Employment |
| <input type="checkbox"/> Death | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Plan Termination | <input type="checkbox"/> Hardship (Not available on Money Purchase Plans) |
| <input type="checkbox"/> Rollover to another Employer Sponsored Plan
(state type of plan rolling over to _____) | |
| <input type="checkbox"/> Rollover to an IRA* | |

***If the IRA is not held at Neuberger Berman, please attach a letter of acceptance from the receiving IRA custodian. Please note that if you are 70 ½ or older the Required Minimum Distribution (RMD) for the current year may not be rolled over. This amount MUST be distributed to you prior to the completion of your rollover.**

Other _____ (Indicate Reason)

5 WAIVER ELECTION

(Complete this section if Distribution is from a Money Purchase Pension Plan only.)

As a participant in my employer's Qualified Retirement Plan, I understand and acknowledge that I have read the information on the back of this form about Qualified Joint and Survivor Annuity (QJSA) benefits. I am aware that the benefits will be made to me in the form of Qualified Joint and Survivor Annuity, unless I waive that form of payment. I also understand that if I am married, my spouse will have to consent to the waiver. I hereby elect to waive the QJSA form of payment.

Yes No

Participant's Spouse

Signature _____ Date _____

If you are not married, certify that below:

I certify that I am not married.

Signature _____ Date _____

Spousal Consent: To be completed by the Participant's Spouse and verified by a Notary Public or Plan Representative

I am the spouse of the participant named above. I understand that I have the right to have my spouse's retirement benefits paid in the form of a Qualified Joint and Survivor Annuity (QJSA), and I agree to give up that right. I understand that by signing this agreement, I may receive less money than I would have received under the QJSA payment form and I may receive nothing after my spouse dies, depending on the payment form that my spouse chooses. I understand that by signing this agreement, my spouse can choose any retirement benefit form that is allowed by the plan without telling me and without getting my consent. I also understand that my spouse can change the retirement benefit form selected at any time before retirement without my knowledge or consent. I understand that I do not have to sign this agreement. I am signing this agreement voluntarily. I understand that if I do not sign this agreement, my spouse and I will receive payments from the plan in the QJSA payment form.

Signature of Participant's Spouse _____ Date _____

To Be Completed By Plan Representative

Verified by _____ Title _____

Name of Employer _____ Date _____

Signature of Notary Public _____ Date _____

Notary Seal

6 NOTICE OF FEDERAL AND STATE WITHHOLDING ON DISTRIBUTIONS

Federal Income Tax

In general, distributions from Qualified Retirement Plans and 403(b) Plans are subject to **mandatory** withholding of 20% for federal income taxes. **A payee may not elect out of this withholding.**

There are exceptions to this requirement. The most common are:

- Any series of substantially equal distributions paid at least annually and based on:
 - Your life expectancy.
 - The joint life expectancy of you and your beneficiary, or
 - A period of 10 years or more.
- A required minimum distribution once you reach age 70 ½.
- A hardship distribution.

Federal income tax withholding will not apply to any distribution from a Qualified Retirement Plan or 403(b) Plan that is transferred to an IRA, Roth IRA or Qualified Receiving Plan via a Direct Rollover.

For tax planning purposes, if you wish to have Federal income taxes withheld from distributions that would otherwise be exempt from the withholding requirement, please so indicate below:

I elect **not** to have Federal income taxes withheld from my distribution (The distribution qualifies for one of the exceptions to the withholding requirement.)

I elect to have _____% (Select a percentage between 20% and 100%) withheld for Federal income taxes.

State Income Tax

The following states require state income tax withholding from Qualified Retirement Plans distributions.

AR, CA, DC, DE, IA, KS, MA, MD, ME, MI, NC, NE, OK, OR, VA and VT.

The specific withholding requirements vary by state and may change from time to time. Shown below are the **GENERAL INCOME TAX WITHHOLDING**

REQUIREMENTS by state. NOTE: If you are a resident of one of the states shown above (except for CA, DE and NC) **and** you elect to have federal taxes withheld, we **must**, as a minimum, withhold state income tax in the amount shown below for your state. If you elect not to have federal income tax withheld, we cannot withhold state income tax.

Please consult your tax or financial advisor for the state income tax withholding requirements for your specific situation as income and filing status may affect the required withholding amount in your state.

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State	Minimum Withholding %
AR	5% of redemption amount for ERDs (above \$200.00)
CA	10% of the federal withholding amount
CT	6.99% of redemption amount
DC	8.95% of the redemption amount*
DE	5% of the redemption amount
IA	5% of the redemption amount
KS	4.5% of the redemption amount (above \$200.00)
MA	5.15% of the redemption amount
MD	7.75% of the redemption amount when Federal Withholding is applied to ERDs (QRP)
ME	5% of the redemption amount
MI	4.25% of the redemption amount whether or not federal applies
MS	5% of the redemption amount, 3% if any early distribution is taken
NC	4% of the redemption amount (above \$200.00)
NE	5% of the redemption amount
OK	5% of the redemption amount
OR	8% of the redemption amount
VA	4% of the redemption amount
VT	2.4% of the redemption amount 4.8% of the redemption amount for ERDs (above \$200.00)

* Applies to Lump Sum Distributions Only
ERD: Eligible Rollover Distribution
QRP: Qualified Retirement Plan

I am a resident of CA, CT, DE, NC or MI and wish to opt out of state income tax withholding.

If state withholding applies, it will be calculated based on your state's applicable minimum withholding requirements as shown above.

You may also optionally elect a specific dollar amount in addition to your state's minimum requirement \$_____.

7 SIGNATURE

Please read the following carefully. Sign and date where indicated.

I hereby authorize and request the Qualified Plan Custodian, UMB Bank, n.a. to make the above distribution. If I am under age 59½ and have indicated that I am taking Substantially Equal Periodic Payments,

I accept full responsibility for complying with the IRS requirements under §72(t)(2)(A)(iv) of the Internal Revenue Code (the Code) as amended.

If I am age 70½ or older, I accept full responsibility for withdrawing the minimum distribution required by §408(d)(6) and §401(a)(9) of the Code.

I hereby certify that the number shown on this form is my correct Social Security or Taxpayer Identification Number.

To protect the security of your account, your signature must be medallion guaranteed if you elect to establish bank transaction services to a bank account that is registered differently from your mutual fund account. Your signature must be medallion guaranteed by an eligible guarantor institution such as a commercial bank, trust company, or registered broker-dealer. Please note, notarization by a Notary Public is not acceptable.

X

Participant Signature

Date

X

Authorized Plan Administrator or Employer Signature

Date

STAMP 2000/MEDALLION SIGNATURE GUARANTEE (if necessary)

If your distribution requires a medallion signature guarantee, you may obtain a medallion signature guarantee from most banks, stockbrokers and dealers, credit unions and other financial institutions, but not from a notary public.