

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 Shareholder Services at 800.877.9700, Monday-Friday, from 9AM to 5PM Eastern Time.

Use this form to request a distribution from your Profit Sharing, Money Purchase and 401(k) Plans. Please read 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.**

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:

☐ Profit Sharing

☐ Money Purchase

☐ 401(k)

2 DISTRIBUTION INSTRUCTIONS

This section is to designate which fund(s) and amounts the requested distribution will be processed from.

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 if checks are to be sent to a name and address other than the name and address of record, or 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:

Alternate Payee		
Address		
City	State	Zip Code

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:

Fund Name
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**.

Normal Retirement Age

Plan Termination

Disability

Death

Termination of Employment

Hardship (**Not available on Money Purchase Plans**)

Rollover to another Employer Sponsored Plan

(Identify Plan Type)

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 Age 73 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 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

If you are not married, certify that below:

I certify that I am not married.

Signature	Date
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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
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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

Please review the entirety of this section before submitting an election. You may only select **one** of the four below available options. If this section is incomplete, the default withholding amount will apply to the distribution.

In general, eligible rollover distributions from Qualified Retirement Plans and 403(b) Plans are subject to withholding of 20% for federal income taxes. **A payee may not elect out of this withholding.** To request an amount of withholding more than 20%, select the option below.

I elect to have the default withholding 20%.

I elect to have _____ % (Select a percentage between 20% and 100%) withheld for Federal income taxes. If you elect this option, please review and complete the information on the attached Form W-4R and return with this request form.

If you fail to make an election on Form W-4R, the Qualified Plan custodian is required to withhold 20%

There are exceptions to this requirement. If a distribution is NOT considered an eligible rollover distribution it is subject to withholding. You may elect a rate between 0% and 100% if the distribution is one of the following below. Generally, you can not choose less than 10% for payments to be delivered outside the United States and its possessions.

1. 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.

2. A Required Minimum Distribution once you reach age 73.

3. A hardship distribution.

To request federal income taxes are withheld from a distribution that qualifies for an exception to the withholding requirement in an amount other than the 10% default rate. Please select the option below:

I elect to have the default withholding of 10%.

I elect to have _____ % withholding. (Select a percentage between 0 - 100 %). If you elect this option, please review and complete the information on the attached W-4R and return with this request form.

If you fail to make an election on Form W-4R, the Qualified Plan custodian is required to withhold the default rate of 10%

A W-4R Form may also be found online at irs.gov/pub/irs-pdf/fw4r.pdf

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.

State Income Tax

If you reside in a state that requires withholding, the custodian is required to withhold state income taxes from your distribution regardless of your election. The following states require state income tax withholding from a distribution:

AR, CA, CT*, DE, DC, IA, KS, ME, MD, MA, MI*, MN*, MS, NE, NC, OK, OR, VT and VA

*Note: For CT and MI, state withholding is mandatory regardless whether federal applies unless a CT-W4P or MI-W-4P is submitted to waive state withholding. For MN, state withholding is mandatory and calculated using wage tables unless a W-4MNP is submitted indicating an exemption.

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

If state withholding applies, it will be calculated based on your state's applicable minimum withholding requirements. Select one.

Withhold _____ %

Withhold \$ _____

Do Not Withhold State Income Tax unless required

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 73 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.

Participant Signature	Date
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.

General Instructions *(continued)*

Nonperiodic payments—10% withholding. Your payer must withhold at a default 10% rate from the taxable amount of nonperiodic payments **unless** you enter a different rate on line 2. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. Note that the default rate of withholding may not be appropriate for your tax situation. You may choose to have no federal income tax withheld by entering “-0-” on line 2. See the specific instructions below for more information. Generally, you are not permitted to elect to have federal income tax withheld at a rate of less than 10% (including “-0-”) on any payments to be delivered outside the United States and its territories.

Note: If you don’t give Form W-4R to your payer, you don’t provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer must withhold 10% of the payment for federal income tax and can’t honor requests to have a lower (or no) amount withheld. Generally, for payments that began before 2023, your current withholding election (or your default rate) remains in effect unless you submit a Form W-4R.

Eligible rollover distributions—20% withholding. Distributions you receive from qualified retirement plans (for example, 401(k) plans and section 457(b) plans maintained by a governmental employer) or tax-sheltered annuities that are eligible to be rolled over to an IRA or qualified plan are subject to a 20% default rate of withholding on the taxable amount of the distribution. You can’t choose withholding at a rate of less than 20% (including “-0-”). Note that the default rate of withholding may be too low for your tax situation. You may choose to enter a rate higher than 20% on line 2. Don’t give Form W-4R to your payer unless you want more than 20% withheld.

Note that the following payments are **not** eligible rollover distributions: (a) qualifying “hardship” distributions, and (b) distributions required by federal law, such as required minimum distributions. See Pub. 505 for details. See also *Nonperiodic payments—10% withholding* above.

Payments to nonresident aliens and foreign estates. Do not use Form W-4R. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, enter “-0-” on line 2. See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

Line 1b

For an estate, enter the estate’s employer identification number (EIN) in the area reserved for “Social security number.”

Line 2

More withholding. If you want more than the default rate withheld from your payment, you may enter a higher rate on line 2.

Less withholding (nonperiodic payments only). If permitted, you may enter a lower rate on line 2 (including “-0-”) if you want less than the 10% default rate withheld from your payment. If you have already paid, or plan to pay, your tax on this payment through other withholding or estimated tax payments, you may want to enter “-0-”.

Suggestion for determining withholding. Consider using the Marginal Rate Tables on page 1 to help you select the appropriate withholding rate for this payment or distribution. The tables are most accurate if the appropriate amount of tax on all other sources of income, deductions, and credits has been paid through other withholding or estimated tax payments. If the appropriate amount of tax on those sources of income has not been paid through other withholding or estimated tax payments, you can pay that tax through withholding on this payment by entering a rate that is greater than the rate in the Marginal Rate Tables.

The marginal tax rate is the rate of tax on each additional dollar of income you receive above a particular amount of income. You can use the table for your filing status as a guide to find a rate of withholding for amounts above the total income level in the table.

To determine the appropriate rate of withholding from the table, do the following. Step 1: Find the rate that corresponds with your total income not including the payment. Step 2: Add your total income and the taxable amount of the payment and find the corresponding rate.

If these two rates are the same, enter that rate on line 2. (See *Example 1* below.)

If the two rates differ, multiply (a) the amount in the lower rate bracket by the rate for that bracket, and (b) the amount in the higher rate bracket by the rate for that bracket. Add these two numbers; this is the expected tax for this payment. To get the rate to have withheld, divide this amount by the taxable amount of the payment. Round up to the next whole number and enter that rate on line 2. (See *Example 2* below.)

If you prefer a simpler approach (but one that may lead to overwithholding), find the rate that corresponds to your total income including the payment and enter that rate on line 2.

Examples. Assume the following facts for *Examples 1* and *2*. Your filing status is single. You expect the taxable amount of your payment to be \$20,000. Appropriate amounts have been withheld for all other sources of income and any deductions or credits.

Example 1. You expect your total income to be \$60,000 without the payment. Step 1: Because your total income without the payment, \$60,000, is greater than \$58,575 but less than \$109,225, the corresponding rate is 22%. Step 2: Because your total income with the payment, \$80,000, is greater than \$58,575 but less than \$109,225, the corresponding rate is 22%. Because these two rates are the same, enter “22” on line 2.

Example 2. You expect your total income to be \$42,500 without the payment. Step 1: Because your total income without the payment, \$42,500, is greater than \$24,850 but less than \$58,575, the corresponding rate is 12%. Step 2: Because your total income with the payment, \$62,500, is greater than \$58,575 but less than \$109,225, the corresponding rate is 22%. The two rates differ. \$16,075 of the \$20,000 payment is in the lower bracket (\$58,575 less your total income of \$42,500 without the payment), and \$3,925 is in the higher bracket (\$20,000 less the \$16,075 that is in the lower bracket). Multiply \$16,075 by 12% to get \$1,929. Multiply \$3,925 by 22% to get \$863.50. The sum of these two amounts is \$2,792.50. This is the estimated tax on your payment. This amount corresponds to 14% of the \$20,000 payment (\$2,792.50 divided by \$20,000). Enter “14” on line 2.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request additional federal income tax withholding from your nonperiodic payment(s) or eligible rollover distribution(s); (b) choose not to have federal income tax withheld from your nonperiodic payment(s), when permitted; or (c) change a previous Form W-4R (or a previous Form W-4P that you completed with respect to your nonperiodic payments or eligible rollover distributions). To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Failure to provide a properly completed form will result in your payment(s) being subject to the default rate; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S.

commonwealths and territories for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.