

CHANGE OF ADDRESS FORM

NEUBERGER BERMAN

• **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

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

• This form may also be faxed to 816-218-0478. **Address Changes can also be processed online at www.nb.com.** To sign up for account access you will need your social security number and at least one account number. For assistance with signing up for online access, please call the toll free number listed above.

PLEASE TYPE OR PRINT CLEARLY IN INK

1 | NAME(S)

Owner's Name: _____ (or Trustee, Custodian, Executor, etc.)	First	Middle	Last
Social Security or Tax ID Number _____			
Joint Owner's Name: _____ (or Trustee, Custodian, Executor, etc.)	First	Middle	Last
Social Security or Tax ID Number _____			
() _____	() _____		
Daytime Telephone Number	Evening Telephone Number		
() _____			
Cell Number			

3 | NEW ADDRESS

Address of Record (If a P.O. Box, you must provide a physical address below.)		
Street or P.O. Box _____	Apt. Number _____	
City _____	State _____	Zip Code _____
() _____	() _____	
Daytime Telephone Number _____	Evening Telephone Number _____	
Physical Address (Required if the address of record is a P.O. Box.)		
Street _____	Apt. Number _____	
City _____	State _____	Zip Code _____

2 | ACCOUNT NUMBER(S) INVOLVED

Change of address will be applied to accounts you indicate.

ALL accounts associated with:

Social Security or Tax ID Number _____

ONLY on these accounts:

Account Number _____

Account Number _____

Account Number _____

Account Number _____

Account Number _____

4 | SIGNATURE— All account owners must sign.

Please note that if you will need to process a redemption from your account in the next 15 days, you will need to have your signature Notarized and provide a copy of a government issued photo id.

X _____
Signature of Individual Owner (or Trustee, Custodian, Executor, etc.) Date

X _____
Signature of Joint Owner (or Trustee, Custodian, Executor, etc.) Date

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X _____
Signature of Notary Public Date