

**For Use With IRAs, ROTH IRAs SIMPLE IRAs & SEP-IRAs**

**If you have any questions about completing this Application, please call Neuberger Berman Shareholder Services at 800.877.9700, Monday-Friday, from 9AM to 5PM Eastern Time.**

Complete all sections of this Form and sign where indicated.

**Please return this Form to:**

**Regular Mail**  
Neuberger Berman Funds  
PO Box 219189  
Kansas City, MO 64121-9189

**Overnight Mail**  
Neuberger Berman Funds  
801 Pennsylvania Ave, Suite 219189  
Kansas City, MO 64105-1307

**Email**  
nbfundsCS@sscinc.com

### 1 ACCOUNT INFORMATION

This form can only be used for IRA Accounts.

<b>Account Number(s)</b>		
Name		
Date of Birth <b>(Required)</b>		
Street or P.O. Box		Apt. Number
City	State	Zip Code
Daytime Telephone Number		Evening Telephone Number
E-Mail		

### 2 DESIGNATION OF BENEFICIARY

If you wish to add a minor as either a Primary or Contingent beneficiary, you must appoint a Guardian. The guardian must be a different person than the account owner(s) and any non-minor beneficiaries.

**All primary and/or contingent beneficiary designations must add up to 100%.**

\*For residents of Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington & Wisconsin: If your spouse is not named as a sole primary beneficiary, your spouse must sign an agreement at the time of distribution instructing UMB Bank, n.a. to pay your IRA assets to your named beneficiary(ies).

#### A. PRIMARY BENEFICIARY

a. Pay  % to:

Name	Relationship
Social Security Number	Date of Birth
Name of guardian, if beneficiary is a minor	
Address & Phone Number	

## 2 DESIGNATION OF BENEFICIARY (CONTINUED)

### ADDITIONAL BENEFICIARY

Primary  Contingent (check one)

a. Pay  % to:

Name	Relationship
Social Security Number	Date of Birth
Name of guardian, if beneficiary is a minor	
Address & Phone Number	

Primary  Contingent (check one)

b. Pay  % to:

Name	Relationship
Social Security Number	Date of Birth
Name of guardian, if beneficiary is a minor	
Address & Phone Number	

Primary  Contingent (check one)

c. Pay  % to:

Name	Relationship
Social Security Number	Date of Birth
Name of guardian, if beneficiary is a minor	
Address & Phone Number	

### B. ALTERNATIVE BENEFICIARY DESIGNATION INSTRUCTIONS

If you wish to designate beneficiaries in a manner not covered in Section A, please attach your instructions to this Form.

## 3 SIGNATURE

I hereby revoke any prior designations and designate the person or persons named to receive any interest remaining in my account upon my death.

X Signature	Date
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