

For IRA Shareholders

- 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.
- Make sure that you have signed and dated this Systematic Withdrawal Form
- 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 |
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- This form can be faxed to 816-218-0478. **Please note that we do not accept faxes for forms that require a Medallion Signature Guarantee.**

PLEASE TYPE OR PRINT CLEARLY IN INK

1 HOW TO USE THE SYSTEMATIC WITHDRAWAL PLAN

1. A Systematic Withdrawal Plan may be established when you wish to begin taking withdrawals from your IRA in the Neuberger Berman Funds. Simply complete this Form indicating your withdrawal instructions and the Fund(s) from which periodic payments will be made. The program is particularly convenient for an IRA holder who has reached age 70½ and must take required minimum distributions.
2. To determine your life expectancy, either call Neuberger Berman Retail Services at 800.877.9700, or refer to IRS Publication 590 (Individual Retirement Arrangements).
3. In order to make payments, the Fund's Transfer Agent will liquidate Fund shares from your account on or about the 10th day of the month. If you want to change your withdrawal instructions, or make an additional withdrawal at any time, please call our toll-free number or write to us at the above address.
4. If you own more than one Neuberger Berman Fund, required minimum distributions will be redeemed for each fund unless you specify otherwise.

2 FUND(S) DESIGNATED FOR SYSTEMATIC WITHDRAWALS

Please distribute from:

Account Number

Registered exactly as shown below:

Name: First Middle Last

Date of Birth (Required)

Street or P.O. Box Apt. Number

City State Zip Code

() ()

Daytime Telephone Number Evening Telephone Number

E-Mail

3 DISTRIBUTION INSTRUCTIONS

| | | | |
|------------|----------|----------|---|
| Fund _____ | \$ _____ | or _____ | % |
| Fund _____ | \$ _____ | or _____ | % |
| Fund _____ | \$ _____ | or _____ | % |

4 METHOD OF DISTRIBUTION

Please make distributions from my IRA Account as follows:

Complete One Section Only

| | |
|--------------------------|---|
| <input type="checkbox"/> | Calculate my Required Minimum Distribution based on the Uniform Life Expectancy Table. |
| <input type="checkbox"/> | My spouse is my sole primary beneficiary and is more than ten years younger than I am. Calculate my Required Minimum Distribution based on the Joint Life Expectancy Table. Spouse's Date of Birth: _____ |
| <input type="checkbox"/> | Regular payments to deplete my account over a fixed number of years: _____ Yrs. ** |
| <input type="checkbox"/> | Fixed dollar amount: \$ _____ . ** |

** Note: If you select the fixed number of years option or the fixed dollar amount option, please be aware that the distributions made from your account may not satisfy minimum distribution requirements.

Please note that it is you, the account holder, who is solely responsible for making sure that the IRS minimum distribution requirements are met — not the Fund, the Custodian/Trustee (UMB Bank, n.a.) or the Distributor (Neuberger Berman BD LLC).

FREQUENCY OF DISTRIBUTIONS. PLEASE SELECT ONE ONLY.

| | |
|--|------------------------------------|
| <input type="checkbox"/> Monthly | <input type="checkbox"/> Quarterly |
| <input type="checkbox"/> Semi-Annually | <input type="checkbox"/> Annually |

Starting Month/Day: _____ Year: _____
(i.e. March 1, 20XX) Please choose a date that has not already passed.

5 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:
(Medallion Signature Guarantee required)

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

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

Please transfer the proceeds of the withdrawals to the Bank instructions already on file or as shown below (A medallion signature is required for all bank account owners when adding a bank):

Name of Bank

Branch Address

ABA Routing Number (9 Digit Routing Number) Account Number

Name(s) on Account

This is a CHECKING ACCOUNT SAVINGS ACCOUNT

Note:
For the purpose of establishing bank transactions, in addition to your investment check, please attach a voided, unsigned check to this Form. **(We cannot accept money market fund or starter checks.)** For transactions to and from a savings bank account, please attach a letter on your financial institution's letterhead with the information listed in Box 5.

6 NOTICE OF FEDERAL AND STATE WITHHOLDING ON DISTRIBUTION

Federal Income Tax

Federal law requires you to make a withholding tax election on any distributions made from your IRA. If you fail to make such an election, your IRA custodian is required to withhold Federal income tax equal to 10% of your total distribution. This amount will be sent to the IRS and reported under your Social Security Number.

Select One:

- I do not want Federal income tax withheld from this distribution
- Please withhold _____% (Select a percentage between 10% and 100%) from this distribution

State Tax Withholding

The following states require state income tax withholding from IRA distributions. AR, CA, CT, DC, DE, IA, KS, MA, ME, MI, NC, NE, OK, OR 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.

| State | Minimum Withholding % |
|-------|--|
| AR | 3% of redemption amount |
| CA | 10% of the federal withholding amount |
| CT | 6.99% of redemption amount whether or not federal applies |
| 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 an early distribution is taken |
| NC | 4% of the redemption amount (above \$200.00) |
| NE | 5% of the redemption amount (QRPs)** |
| OK | 5% of the redemption amount |
| OR | 8% of the redemption amount |
| VA | 4% of the redemption amount (QRPs)** |
| VT | 2.4% of the redemption amount |

*Applies to Lump Sum Distributions Only.

**IRA, SEP exempt

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 \$_____.

Account Owner(s) (Sign Below)

In order to protect the security of your account, a Medallion Signature Guarantee is required in order to add banking instructions. All bank account owners of the bank account added need to obtain a Medallion Signature Guarantee.

X _____
Signature (Owner, Trustee, Custodian, etc. Date
exactly as it appears in Section 1)

X _____
Signature (Joint Owner, Trustee, POA, etc. Date
exactly as it appears in Section 1)

You can obtain a Stamp 2000/Medallion Signature Guarantee from most banks, stockbrokers and dealers, credit unions and other financial institutions. We cannot accept guarantees from a notary public or non-Medallion signature guarantees. The level of coverage provided by the Medallion Signature Guarantee must cover the dollar amount of the transaction or it may be rejected.

**STAMP 2000/MEDALLION SIGNATURE GUARANTEE:
(if necessary)**

If you need more space, please use an additional blank sheet of paper.

Bank Account Owner(s) (Sign Below)

All owners of the bank account in Section 5 who are not owners in Section 1 must sign below.

X _____
Bank Account Owner Date

X _____
Bank Account Owner Date

Please attach your voided unsigned check.

We are unable to establish
Bank Transaction Services without it.
Note: We are unable to accept
money market fund or starter checks.