

To be completed by participants of a qualified retirement for which Neuberger Berman 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.

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 PARTICIPANT INFORMATION

This Form is being submitted in reference to my (check one):

Profit Sharing Plan Account

Money Purchase Pension Plan Account

401(k)

Account Number(s)		
Name: First	Middle	Last
Date of Birth (Required)		
Street or P.O. Box		Apt. Number
City	State	Zip Code
Daytime Telephone Number		Cell/Evening Telephone Number
E-Mail		

This election will be made for all funds unless you indicate otherwise.

### 2 DESIGNATION OF BENEFICIARY

**Important Notice:** If you are married at the time of your death, and you have not named your spouse as your sole primary beneficiary, your beneficiary designation will be ignored and your entire account will be paid to your spouse unless your spouse has signed the consent at the end of this form and his/her signature has been witnessed by a Notary Public.

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

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 BENEFICIARIES

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 above to receive any interest remaining in my retirement plan account upon my death.

<b>X</b> Participant's Signature	Date
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