NEUBERGER I	BERMAN
-------------	--------

Please call Neuberger Berman Shareholder Services at 800.877.9700 if you have any questions about completing this Form. Monday through Friday 9:00AM to 5:00PM Eastern Time

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

Retain a photocopy of the completed Form for your records

State		Zip Code	
Father	Guardian*	Student	
ardianship.			
ed the age of majority in your state and c	control the administration of the Ac	count	
_			
ect the current custodian or trustee to m	ake the transfer specified on this fo	orm.	
	Date		
Signature of Officer and Title		Date	
iting under the Neuberger Berman Cove on.)	rdell Education Savings Account, (a	as specified in Section 1 of the Neuberger Berman Coverdell	
State		Zip Code	
f	Father ardianship. ed the age of majority in your state and of the age of majority in your state and of the age of majority in your state and of the age of majority in your state and of the age of majority in your state and of the age of majority in your state and of the age of majority in your state and of the age of majority in your state and of the age of majority in your state and of the age of majority in your state and of the age of majority in your state and of the age of majority in your state and of the age of majority in your state and of the age of majority in your state and of the age of majority in your state and of the age of majority in your state and of the age of majority in your state and of the age of majority in your state and of the age of majority in your state and of the age of t	Father Guardian* ardianship. ed the age of majority in your state and control the administration of the Advect the current custodian or trustee to make the transfer specified on this for Date Date Date Date fiting under the Neuberger Berman Coverdell Education Savings Account, (a on.)	

INSTRUCTIONS TO CURRENT EDUCATION SAVINGS ACCOUNT CUSTODIAN OR TRUSTEE				
Current Account Number				
Name of Custodian/Trustee				
Attn				
Address				
City	State		Zip Code	
Please liquidate and transfer asset	s from the above account to Neuberger Berma	an Investment Advisers LLC. Trar	 nsfer should be in cash according to the following instructions	
Transfer the total amount i	n this Account.			
Transfer \$	and retain the balance.			
Make check payable to "Neuberge	er Berman Funds"			
Check one box and complete if n Invest the transferred amo	unt in accordance with the investment instruct		Neuberger Berman Coverdell Education Savings Account.	
If such an Account is already open	, give account number:			
Invest the transferred amo	unt as follows:			
Fund		%		
Fund		%		
Fund		%		
Please read the prospectus fo to a redemption fee on the sa	r information on funds that are closed to le or exchange of shares.	o investors. Please read the	e prospectus for information on funds that are subject	
The undersigned acknowledges hat the prospectus(es) of the Fund(s)		stment choices and having recei	ived a current prospectus for each Fund selected. Please read	

The undersigned understands that the requirements for a valid transfer between Education Savings Accounts are complex and acknowledges having responsibility for complying with all requirements and for the tax results of any such transfer

5 SIGNATURE OF STUDENT, PARENT OR GUARDIAN

Stud	dent/Parent/Guardian	Date

Special Note: If Student has reached age of majority under the law of Student's state of residence, the Student must sign this Transfer of Education Savings Account Form.

6 ACCEPTANCE BY NEW CUSTODIAN

UMB Bank agrees to accept transfer of the above amount for deposit to the Neuberger Berman Coverdell Education Savings Account, and requests the liquidation and transfer of assets as indicated above.

Ву	Date

STAMP 2000/MEDALLION SIGNATURE GUARANTEE (if necessary)

To complete this transfer, the present Custodian or Trustee of your CESA **may** require a signature guarantee. Please contact your existing Custodian or Trustee for their requirements.

*Wire funds to:

State Street Bank/Boston ABA #011-000028 Attention: NB Deposit Account DDA: 9904-199-8 Name of Fund(s) in CAPS CESA Owner's Name CESA Account Number

^{*}Fee Might be Charged from Delivering Custodian