

To be completed by participants and/or employers for which Neuberger Berman BD LLC 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.

Use this form to request a distribution from your Profit Sharing, Money Purchase and 401(k) Plans. Please read the Special Tax Notice Regarding Plan Payments. They contain instructions and important information about tax withholding and survivor benefits related to your qualified retirement plan.

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 EMPLOYER PLAN INFORMATION

Account Number (omit lead zeros)

Name of Plan

Employer Address

City

State

Zip Code

PLAN PARTICIPANT INFORMATION FOR PERSON REQUESTING DISTRIBUTION:

Name of Participant

Social Security Number

Date of Birth

Address

City

State

Zip Code

Daytime Telephone Number

E-Mail

Type of Account:

☐ Profit Sharing

☐ Money Purchase

☐ 401(k)

2 DISTRIBUTION INSTRUCTIONS

This section is to designate which fund(s) and amounts the requested distribution will be processed from.

Total Distribution. Please liquidate my entire account.

Partial Distribution. Please distribute \$.

Fund	\$ Amount/% or	# of shares

3 PAYMENT INSTRUCTIONS

A medallion signature guarantee is required if checks are to be sent to a name and address other than the name and address of record, or 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:

Alternate Payee		
Address		
City	State	Zip Code

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:

Fund Name
Account Number (omit lead zeros)

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

4 REASON FOR DISTRIBUTION

Please indicate the reason for your distribution.

If no reason is provided, **your distribution will not be processed**.

Normal Retirement Age

Plan Termination

Disability

Death

Termination of Employment

Hardship (**Not available on Money Purchase Plans**)

Rollover to another Employer Sponsored Plan

(Identify Plan Type)

Rollover to an IRA* (Neuberger Berman IRA Account #:)

***If the IRA is not held at Neuberger Berman, please attach a letter of acceptance from the receiving IRA custodian. Please note that if you are Age 73 or older the Required Minimum Distribution (RMD) for the current year may not be rolled over. This amount MUST be distributed to you prior to the completion of your rollover.**

Other

(Indicate Reason)

5 WAIVER ELECTION

(Complete this section if Distribution is from a Money Purchase Pension Plan only.)

As a participant in my employer's Qualified Retirement Plan, I understand and acknowledge that I have read the information about Qualified Joint and Survivor Annuity (QJSA) benefits. I am aware that the benefits will be made to me in the form of Qualified Joint and Survivor Annuity, unless I waive that form of payment. I also understand that if I am married, my spouse will have to consent to the waiver. I hereby elect to waive the QJSA form of payment.

Yes

No

If you are not married, certify that below:

I certify that I am not married.

Signature	Date
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Spousal Consent: To be completed by the Participant's Spouse and verified by a Notary Public or Plan Representative

I am the spouse of the participant named above. I understand that I have the right to have my spouse's retirement benefits paid in the form of a Qualified Joint and Survivor Annuity (QJSA), and I agree to give up that right. I understand that by signing this agreement, I may receive less money than I would have received under the QJSA payment form and I may receive nothing after my spouse dies, depending on the payment form that my spouse chooses. I understand that by signing this agreement, my spouse can choose any retirement benefit form that is allowed by the plan without telling me and without getting my consent. I also understand that my spouse can change the retirement benefit form selected at any time before retirement without my knowledge or consent. I understand that I do not have to sign this agreement. I am signing this agreement voluntarily. I understand that if I do not sign this agreement, my spouse and I will receive payments from the plan in the QJSA payment form.

Signature of Participant's Spouse	Date
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To Be Completed By Plan Representative

Verified by	Title
Name of Employer	Date
Signature of Notary Public	Date

Notary Seal

6 NOTICE OF FEDERAL AND STATE WITHHOLDING ON DISTRIBUTIONS

Federal Income Tax

Please review the entirety of this section before submitting an election. You may only select **one** of the four below available options. If this section is incomplete, the default withholding amount will apply to the distribution.

In general, eligible rollover distributions from Qualified Retirement Plans and 403(b) Plans are subject to withholding of 20% for federal income taxes. **A payee may not elect out of this withholding.** To request an amount of withholding more than 20%, select the option below.

I elect to have the default withholding 20%.

I elect to have _____ % (Select a percentage between 20% and 100%) withheld for Federal income taxes. If you elect this option, please review and complete the information on the attached Form W-4R and return with this request form.

If you fail to make an election on Form W-4R, the Qualified Plan custodian is required to withhold 20%

There are exceptions to this requirement. If a distribution is NOT considered an eligible rollover distribution it is subject to withholding. You may elect a rate between 0% and 100% if the distribution is one of the following below. Generally, you can not choose less than 10% for payments to be delivered outside the United States and its possessions.

1. Any series of substantially equal distributions paid at least annually and based on:

- Your life expectancy.
- The joint life expectancy of you and your beneficiary, or
- A period of 10 years or more.

2. A Required Minimum Distribution once you reach age 73.

3. A hardship distribution.

4. Generally, distributions from a pension-linked emergency savings account

5. Eligible distributions to a domestic abuse victim

6. Qualified disaster recovery distributions

7. Qualified birth or adoption distributions

8. Emergency personal expense distributions

To request federal income taxes are withheld from a distribution that qualifies for an exception to the withholding requirement in an amount other than the 10% default rate. Please select the option below:

I elect to have the default withholding of 10%.

I elect to have _____ % withholding. (Select a percentage between 0 - 100 %). If you elect this option, please review and complete the information on the attached W-4R and return with this request form.

If you fail to make an election on Form W-4R, the Qualified Plan custodian is required to withhold the default rate of 10%

A W-4R Form may also be found online at irs.gov/pub/irs-pdf/fw4r.pdf

Federal income tax withholding will not apply to any distribution from a Qualified Retirement Plan or 403(b) Plan that is transferred to an IRA, Roth IRA or Qualified Receiving Plan via a Direct Rollover.

State Income Tax

If you reside in a state that requires withholding, the custodian is required to withhold state income taxes from your distribution regardless of your election. The following states require state income tax withholding from a distribution:

AR, CA, CT*, DE, DC, IA, KS, ME, MD, MA, MI*, MN*, MS, NE, NC, OK, OR, VT and VA

*Note: For CT and MI, state withholding is mandatory regardless whether federal applies unless a CT-W4P or MI-W-4P is submitted to waive state withholding. For MN, state withholding is mandatory unless a W-4MNP is submitted.

Please consult your tax or financial advisor for the state income tax withholding requirements for your specific situation. Income and filing status may affect the required withholding.

If state withholding applies, it will be calculated based on your state's applicable minimum withholding requirements. Select one.

Withhold _____ %

Withhold \$ _____

Do Not Withhold State Income Tax unless required

7 SIGNATURE

Please read the following carefully. Sign and date where indicated.

I hereby authorize and request the Qualified Plan Custodian, UMB Bank, n.a. to make the above distribution. If I am under age 59½ and have indicated that I am taking Substantially Equal Periodic Payments, I accept full responsibility for complying with the IRS requirements under §72(t)(2)(A)(iv) of the Internal Revenue Code (the Code) as amended. If I am age 73 or older, I accept full responsibility for withdrawing the minimum distribution required by §408(d)(6) and §401(a)(9) of the Code. I hereby certify that the number shown on this form is my correct Social Security or Taxpayer Identification Number.

To protect the security of your account, your signature must be medallion guaranteed if you elect to establish bank transaction services to a bank account that is registered differently from your mutual fund account. Your signature must be medallion guaranteed by an eligible guarantor institution such as a commercial bank, trust company, or registered broker-dealer. Please note, notarization by a Notary Public is not acceptable.

Participant Signature	Date
Authorized Plan Administrator or Employer Signature	Date

STAMP 2000/MEDALLION SIGNATURE GUARANTEE (if necessary)

If your distribution requires a medallion signature guarantee, you may obtain a medallion signature guarantee from most banks, stockbrokers and dealers, credit unions and other financial institutions, but not from a notary public.