



Please return this completed application to:  
 The Lazard Funds, Inc.  
 P.O. Box 8514  
 Boston, MA 02266-8514  
 For assistance please call: (800) 986-3455

# Lazard Funds

## ACCOUNT APPLICATION

Use this form to purchase Lazard mutual funds.

### FEDERAL CUSTOMER IDENTIFICATION REGULATIONS

Attention Customer:

In order to help the U.S. Government fight the funding of terrorism and money laundering activities, Federal law requires all financial organizations to obtain, verify and record information that identifies each person or entity that establishes an account. What this means for you is that when you establish an account, you are required to provide your full name, residential address, date of birth and taxpayer identification number. We reserve the right to request additional information that will allow us to properly identify you.

Read the prospectus carefully before investing.

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If no activity occurs in your account within the timeframe specified by the law in your state, or if account statements mailed to you by the Fund are returned as undeliverable during that timeframe, the ownership of your account may be transferred to your state. This is called escheatment. By keeping your mailing address current with the Fund, your account will not be escheated by the state.

### 1. ACCOUNT REGISTRATION (PLEASE INDICATE WHICH TYPE OF ACCOUNT)

INDIVIDUAL or  JOINT ACCOUNT

CUSTODIAL ACCOUNT FOR MINOR (UGMA/UTMA)

\_\_\_\_\_  
 Name of Owner (First, M.I., Last)

\_\_\_\_\_  
 Name of Custodian (First, M.I., Last)

\_\_\_\_\_  
 Owner's Social Security Number                      Date of Birth

\_\_\_\_\_  
 Custodian's Social Security Number                      Date of Birth

\_\_\_\_\_  
 Driver's License Number<sup>1</sup>                                      State of Issuance

\_\_\_\_\_  
 Name of Joint Owner (First, M.I., Last)<sup>2</sup>

\_\_\_\_\_  
 Name of Minor (First, M.I., Last)

\_\_\_\_\_  
 Joint Owner's Social Security Number                      Date of Birth

\_\_\_\_\_  
 Minor's Social Security Number                      Date of Birth

Under the \_\_\_\_\_ (state of minor's residence) Gifts/Transfer to Minors Act (UGMA/UTMA)

<sup>1</sup> Individuals must include a photocopy of a driver's license or other Government issued ID  
<sup>2</sup> Joint owners will be registered joint tenants with right of survivorship unless otherwise indicated.

**TRUST**

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Name of Trust

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Trust Taxpayer Identification Number

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Name of Trustee (First, M.I. Last)

Date of Birth

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Name of Co-Trustee (First, M.I. Last)

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Co-Trustee's Social Security Number

Date of Birth

If there are multiple trustees, please attach a separate sheet with full names, social security numbers and dates of birth. Please provide a copy of the trust document pages that identify the name of the trust, the trustee(s), and the signature page.

 **CORPORATION, PARTNERSHIP OR OTHER LEGAL ENTITY**

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Name of Corporation or other legal entity (C) Corporation (S) Corporation Partnership Other

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Taxpayer Identification Number

Please include a copy of the Articles of Incorporation or Partnership Agreement and Corporate Resolution, or legal documents establishing authority of each individual signing this application.

**2. ACCOUNT OWNER INFORMATION**

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Owner's Street Address (no P.O. boxes)

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City

State

Zip Code

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Mailing Address (if different from above)

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City

State

Zip Code

---

Daytime Telephone

Evening Telephone

Email Address

---

Joint Owner's Street Address (if different from above)

---

City

State

Zip Code

 **FOREIGN CITIZENS<sup>1</sup>**

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Country of Citizenship

Immigration Status:

 Permanent Resident Non-Permanent Resident Non-Resident

<sup>1</sup> Foreign Citizens must attach a photocopy of a government issued ID.

### 3. INVESTMENT INSTRUCTIONS

Minimum purchase requirements: Institutional Shares: \$100,000 Open Shares: \$2,500

Checks: Mail checks to The Lazard Funds, Inc., P.O. Box 8514, Boston, MA 02266-8514

Attention: (Name of Portfolio and Class of Shares)

Lazard does not accept cash, starter or third party checks or checks drawn on foreign financial institutions.

Wire: Instruct the wiring bank to transmit the specified amount in federal funds, giving the wiring bank the account name(s) and assigned account number, to State Street:

ABA#: 011000028 State Street Bank and Trust Company, Boston, Massachusetts  
Custody and Shareholder Services Division

DDA 9905-2375 Attention: (Name of Portfolio and Class of Shares)  
The Lazard Funds, Inc., Shareholder's Name and Account Number

Portfolio Name	Open Shares	Institutional Shares	Dollar Amount
<b>U.S. Equity</b>			\$
Lazard U.S. Equity Value Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	\$
Lazard U.S. Strategic Equity Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	\$
Lazard U.S. Mid Cap Equity Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	\$
Lazard U.S. Small-Mid Cap Equity Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	\$
<b>Global Equity</b>	<input type="checkbox"/>	<input type="checkbox"/>	\$
Lazard Global Listed Infrastructure Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	\$
<b>International Equity</b>			\$
Lazard International Equity Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	\$
Lazard International Equity Select Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	\$
Lazard International Strategic Equity Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	\$
Lazard International Small Cap Equity Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	\$
<b>Emerging Markets</b>			\$
Lazard Emerging Markets Equity Portfolio <sup>1</sup>	<input type="checkbox"/>	<input type="checkbox"/>	\$
Lazard Developing Markets Equity Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	\$
Lazard Emerging Markets Equity Blend Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	\$
Lazard Emerging Markets Multi-Strategy Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	\$
Lazard Emerging Markets Debt Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	\$
<b>U.S. Fixed Income</b>			\$
Lazard U.S. High Yield Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	\$
Lazard U.S. Municipal Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	\$
<b>Real Estate</b>			\$
Lazard U.S. Realty Income Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	\$
Lazard U.S. Realty Equity Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	\$
Lazard International Realty Equity Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	\$
<b>Tactical Asset Allocation</b>			\$
Lazard Capital Allocator Opportunistic Strategies Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	\$

<sup>1</sup> The Portfolio is now closed to most new investors.

#### 4. DISTRIBUTION OPTIONS

(If no option is selected, all distributions will be reinvested in additional shares of the Portfolio.)

Dividends:            Reinvest            Pay in Cash

Capital Gains:        Reinvest            Pay in Cash

- Check this box to have your distributions sent to your U.S. bank account via the Automated Clearing House.  
(Please complete Section 8)

#### 5. COST BASIS INFORMATION

Federal law requires mutual fund companies to report cost basis information to shareholders and to the Internal Revenue Service (IRS) on mutual fund shares acquired, and subsequently redeemed, after December 31, 2011 (“covered shares”). In order to provide you and the IRS with this required information, you are being asked to select a cost basis method to be applied to your covered shares.

You may want to consult your tax adviser to determine which method best suits your individual tax situation.

If you do not elect a method, the Funds’ default method of Average Cost will apply until such time that you elect to change your method.

Please choose one of the following cost basis methods:

- Average Cost (ACST) – Depletes shares based on the average cost of all shares in the account
- First In, First Out (FIFO) – Depletes shares with the earliest acquisition date
- Last In, First Out (LIFO) – Depletes shares with the most recent acquisition date
- High Cost, First Out (HIFO) – Depletes shares with the most expensive cost
- Low Cost, First Out (LOFO) – Depletes shares beginning with the least expensive cost
- Loss/Gain Utilization (LGUT) – Depletes shares with losses prior to shares with gains and short-term shares prior to long-term shares
- Specific Lot Identification (meaning you will inform us at the time of each redemption as to specific share lots you want redeemed), please choose a secondary method to be used in the event that specific lot depletion information is not provided.

Please choose one of the following:

- First In, First Out (FIFO)
- Last In, First Out (LIFO)
- High Cost, First Out (HIFO)
- Low Cost, First Out (LOFO)
- Loss/Gain Utilization (LGUT)

Your elected cost basis method will be applied to all covered shares in this account and future accounts opened with the Lazard Funds that have the identical account type and registration.

#### 6. TELEPHONE PURCHASE, EXCHANGE, AND REDEMPTION PRIVILEGES

- Yes, I want telephone purchase privileges. I acknowledge that my account(s) will be subject to telephone privileges described in the Fund’s current prospectus and agree that the Fund, its Distributor and Transfer Agent will not be liable for any loss in acting on telephone instructions reasonably believed to be authentic.
- Yes, I want telephone exchange and redemption privileges. I acknowledge that my account(s) will be subject to telephone privileges described in the Fund’s current prospectus and agree that the Fund, its Distributor and Transfer Agent will not be liable for any loss in acting on telephone instructions reasonably believed to be authentic.

Please check one:        By ACH            By Wire

- No, I do not want telephone purchase, exchange, or redemption privileges on my account.



## 10. SIGNATURE(S)

In order to help the U.S. Government fight the funding of terrorism and money laundering activities, Federal law requires all financial organizations to obtain, verify and record information that identifies each person or entity that establishes an account. What this means for you is that when you establish an account, you are required to provide your full name, residential address, date of birth and taxpayer identification number. We reserve the right to request additional information that will allow us to properly identify you.

By signing this application, I certify that:

- I have received the current Fund prospectus or summary prospectus and agree to be bound by its terms.
- I have the authority and legal capacity to purchase Fund shares.
- All information provided in the application is true and accurate.
- I agree to indemnify and hold harmless Lazard Asset Management Securities LLC, each of the mutual funds for which it acts as Distributor (“Lazard Funds”) and each of their respective partners, affiliates, directors, officers, employees and agents from any losses, expenses, costs or liability which I may incur in connection with this application and any other instructions given in writing or by telephone which are reasonably believed to be genuine.
- I acknowledge that Lazard Funds and the Transfer Agent are required by law to perform a due diligence review of each customer and comply with Federal Anti-Money Laundering Policies and procedures

### Taxpayer Identification Number Certification

Under penalties of perjury, I certify that:

- The Social Security number or Taxpayer Identification number shown on this application is correct.
- I am a U.S. person (including a U.S. resident alien)
- I am a U.S. person (including a U.S. resident alien) I am not subject to backup withholding because I am exempt from backup withholding or I have not been notified by the IRS that I am subject to backup withholding as a result of failure to report all interest or dividends; or the IRS has notified me that I am no longer subject to backup withholding. Cross out this section if you have been notified by the IRS that you currently are subject to backup withholding
- I am a U.S. person (including a U.S. resident alien)

The IRS does not require your consent to any provision of this document other than the certification of the taxpayer identification number.

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Signature as registered in Section 1 (owner, trustee, custodian, etc.)

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Signature as registered in Section 1 (joint owner, co-trustee, etc.)