



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.

### 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\*\*                      State of Issuance

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

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

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

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

*\*\*Individuals must include a photocopy of a driver's license or other Government issued ID*

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

*\*\*\*Joint owners will be registered joint tenants with right of survivorship unless otherwise indicated.*



### 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

Fund Name	Open Shares	Institutional Shares	Dollar Amount
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"/>	\$
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"/>	\$
Lazard Emerging Markets Equity Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	\$
Lazard Developing Markets Equity Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	\$
Lazard Capital Allocator Opportunistic Strategies Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	\$
Lazard U.S. High Yield Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	\$
Lazard Global Listed Infrastructure Portfolio	<input type="checkbox"/>	<input type="checkbox"/>	\$

### 4. DISTRIBUTION OPTIONS

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 7)

### 5. 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.

## 6. AUTOMATIC INVESTMENT PLAN

You may systematically purchase shares in your account through the Lazard Automatic Investment Program (Open Shares only). To establish this service please complete this section and Section 7.

Begin my investment on the \_\_\_/\_\_\_/\_\_\_\_ (mm/dd/yyyy). If no date is indicated, the 15th of the month will be the default date. If the date falls on a weekend or holiday your transaction will occur on the next business day.

Fund Name \_\_\_\_\_ Dollar Amount (minimum \$50) \_\_\_\_\_

Investment Frequency:  Monthly  Quarterly  Annually

## 7. Bank Information

Your U.S. bank account information must be on file in order to receive distributions or redemptions directly into your account, purchase additional shares by telephone or establish an automatic investment plan. If you do not provide bank information, proceeds from distributions and redemptions will be sent by check to the address of record.

Name of U.S. Bank \_\_\_\_\_ Savings (provide ABA and account number) \_\_\_\_\_

Checking Account Number and Registered Name on Account (Attach voided check)

## 8. Broker Use Only

Broker/Dealer Name \_\_\_\_\_

Branch Office Address \_\_\_\_\_

Representative Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Broker/Dealer Number \_\_\_\_\_ Branch Office Number \_\_\_\_\_ Representative Number \_\_\_\_\_

## 9. 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 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

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.)