

ENTITY ACCOUNT APPLICATION

Use this form to purchase Lazard mutual funds.

FEDERAL CUSTOMER IDENTIFICATION REGULATIONS

Attention Customer:

In order to help the US 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 a US taxpayer identification number (TIN). A TIN includes the SSN, ITIN, ATIN, and EIN. 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 ACCOUNT TYPE)

☐ TRUST

Name of Trust

Trust TIN

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

Date of Birth

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

Co-Trustee's TIN

Date of Birth

If there are multiple trustees, please attach a separate sheet with full names, TINs, 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

Name of Corporation or other legal entity

☐ (C) Corporation

☐ (S) Corporation

☐ Partnership

☐ Other

TIN

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

Name and Title of Natural Person Opening Account

Street Address of Legal Entity for Which the Account is Being Opened (P.O. Boxes are not permitted)

City	State	Zip Code
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Mailing Address (if different from above)

City	State	Zip Code
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Daytime Telephone	Evening Telephone	Email Address
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IMPORTANT NOTICE—THE USA PATRIOT ACT

Attention Customer:

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. In some cases, Federal law also requires us to verify and record information that identifies the natural persons who control and beneficially own a legal entity that opens an account.

What this means to you: When you open an account, we will ask you for names, addresses, dates of birth, and other information that will allow us to identify you and certain other natural persons associated with the account. This information will be verified to ensure the identity of all such natural persons.

Purpose:

This form must be completed by the person opening a new account on behalf of a legal entity. For the purposes of this form, a legal entity includes a corporation, a limited liability company, a general partnership, a non-profit and any similar business entity formed in the United States.

Important Notes:

This form, requires you to provide the name, address, date of birth and Social Security number for the following individuals:

- (i) Each individual, if any, who owns, directly or indirectly, 25 percent or more of the legal entity customer (e.g., each natural person that owns 25 percent or more of the shares of the corporation); and
- (iii) An individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer).

Beneficial Owner(s)

The following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, undersanding, relationship, or otherwise, owns 25 percent or more of the equity listed above:

Note: Non-profits do not have to complete this section.

Beneficial Owner(s)

Name/Title	Date of Birth (mm/dd/yyyy)	Address (Residential or Business Address)	Social Security Number	Control	Ownership	Both
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Control Person

The following information for one individual with significant responsibility for managing the legal entity listed above, such as: An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or Any other individual who regularly performs similar function. (If appropriate, an individual listed under section (b) above may also be listed in this section (c)).

Control Person

Name/Title	Date of Birth (mm/dd/yyyy)	Address (Residential or Business Address)	Social Security Number

FOREIGN CITIZENS

(Foreign citizens must attach a photocopy of a government-issued ID and fill out a US IRS form W-8 ben.)

Country of Citizenship

Immigration Status: ☐ Resident Alien ☐ Non-Resident Alien ☐ Non-Resident

3. INVESTMENT INSTRUCTIONS

- Checks:** Make checks out to The Lazard Funds, Inc. and mail them to The Lazard Funds, Inc. PO Box 219441, Kansas City, MO, 64121-9441
For overnight mail: The Lazard Funds, Inc., 430 S 7th STE 219441, Kansas City, MO 64105-1407
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

☐ Open Shares (\$2,500 minimum) ☐ Institutional Shares (\$100,000 minimum)

Portfolio Name	Dollar Amount
Equity	
Lazard Developing Markets Equity Portfolio	\$
Lazard Emerging Markets Core Equity Portfolio	\$
Lazard Emerging Markets Equity Advantage Portfolio	\$
Lazard Emerging Markets Equity Portfolio	\$
Lazard Equity Franchise Portfolio	\$
Lazard Global Equity Select Portfolio	\$
Lazard Global Listed Infrastructure Portfolio	\$
Lazard Global Strategic Equity Portfolio	\$
Lazard International Equity Advantage Portfolio	\$
Lazard International Equity Portfolio	\$
Lazard International Equity Select Portfolio	\$
Lazard International Quality Growth Portfolio	\$
Lazard International Small Cap Equity Portfolio	\$
Lazard International Strategic Equity Portfolio	\$
Lazard Managed Equity Volatility Portfolio	\$
Lazard US Equity Concentrated Portfolio	\$
Lazard US Small Cap Equity Select Portfolio	\$
Lazard US Sustainable Equity Portfolio	\$
Lazard US Systematic Equity Portfolio	\$
Lazard US Equity Focus Portfolio	\$

Portfolio Name	Dollar Amount
Fixed Income	
Lazard Real Assets Portfolio	\$
Lazard US Convertibles Portfolio	\$
Lazard US Corporate Income Portfolio	\$
Lazard US Short Duration Fixed Income Portfolio	\$
Multi-Asset	
Lazard Global Dynamic Multi-Asset Portfolio	\$
Lazard Opportunistic Strategies Portfolio	\$
Alternatives	
Lazard Enhanced Opportunities Portfolio	\$

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 US 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 ("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 in the following order: short-term losses, long-term losses, long-term gains, short-term gains
- ☐ 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.(Default)

7. 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 8.

Begin my investment on ____ / ____ / ____ (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.

Portfolio Name _____

Dollar Amount (minimum \$50) _____

Investment Frequency:

☐ Biweekly _____ indicate date(s)

☐ Semiannually _____ indicate date(s)

☐ Monthly _____ indicate date

☐ Annually _____ indicate date

☐ Quarterly _____ indicate date

8. BANK INFORMATION

Your US 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 US Bank

Savings Account (provide ABA and account number)

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

9. BROKER USE ONLY

Broker/Dealer Name

Branch Office Address

Representative Name

Phone Number

Broker/Dealer Number

Branch Office Number

Representative Number

10. SIGNATURE(S)

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 that 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.

For Canadian Citizens

- I am a "permitted client" and an "accredited investor" under category _____ (please select category from Appendix A) for purposes of National Instrument 45-106-Prospectus Exemptions.
- I have received the Canadian offering memorandum and acknowledge the representations made are true and accurate.

For US Citizens and Resident Aliens

Under penalties of perjury, I certify that:

- The TIN shown on this application is correct.
- I am a US person (including a US 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 exempt from FATCA reporting

The IRS does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

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

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

APPENDIX A – CANADIAN ACCREDITED INVESTOR CATEGORIES

- a. a Canadian financial institution, or a Schedule III bank;
- b. the Business Development Bank of Canada incorporated under the Business Development Bank of Canada Act (Canada);
- c. a subsidiary of any person referred to in paragraphs (a) or (b), if the person owns all of the voting securities of the subsidiary, except the voting securities required by law to be owned by directors of that subsidiary;
- d. a person registered under the securities legislation of a jurisdiction of Canada as an adviser or dealer;
- e. an individual registered under the securities legislation of a jurisdiction of Canada as a representative of a person referred to in paragraph (d);
- f. an individual formerly registered under the securities legislation of a jurisdiction of Canada, other than an individual formerly registered solely as a representative of a limited market dealer under one or both of the Securities Act (Ontario) or the Securities Act (Newfoundland and Labrador);
- g. the Government of Canada or a jurisdiction of Canada, or any crown corporation, agency or wholly owned entity of the Government of Canada or a jurisdiction of Canada;
- h. a municipality, public board or commission in Canada and a metropolitan community, school board, the Comité de gestion de la taxe scolaire de l'île de Montréal or an intermunicipal management board in Québec;
- i. any national, federal, state, provincial, territorial or municipal government of or in any foreign jurisdiction, or any agency of that government;
- j. a pension fund that is regulated by either the Office of the Superintendent of Financial Institutions (Canada) or a pension commission or similar regulatory authority of a jurisdiction of Canada;
- k. an individual who, either alone or with a spouse, beneficially owns financial assets having an aggregate realizable value that, before taxes but net of any related liabilities, exceeds C\$1,000,000;
- l. an individual who beneficially owns financial assets having an aggregate realizable value that, before taxes but net of any related liabilities, exceeds C\$5,000,000;
- m. an individual whose net income before taxes exceeded C\$200,000 in each of the 2 most recent calendar years or whose net income before taxes combined with that of a spouse exceeded C\$300,000 in each of the 2 most recent calendar years and who, in either case, reasonably expects to exceed that net income level in the current calendar year;
- n. an individual who, either alone or with a spouse, has net assets of at least C\$5,000,000;
- o. a person, other than an individual or investment fund, that has net assets of at least C\$5,000,000 as shown on its most recently prepared financial statements;
- p. an investment fund that distributes or has distributed its securities only to:
 - i. a person that is or was an accredited investor at the time of the distribution,
 - ii. a person that acquires or acquired securities in the circumstances referred to in section 2.10 [Minimum amount investment], or section 2.19 [Additional investment in investment funds] of NI 45-106, or
 - iii. a person described in sub-paragraph (i) or (ii) that acquires or acquired securities under section 2.18 [Investment fund reinvestment] of NI 45-106,

NAME OF FUND: _____

- q. an investment fund that distributes or has distributed securities under a prospectus in a jurisdiction of Canada for which the regulator or, in Québec, the securities regulatory authority, has issued a receipt;

NAME OF FUND: _____

- r. a trust company or trust corporation registered or authorized to carry on business under the *Trust and Loan Companies Act* (Canada) or under comparable legislation in a jurisdiction of Canada or a foreign jurisdiction, acting on behalf of a fully managed account managed by the trust company or trust corporation, as the case may be;
- s. a person acting on behalf of a fully managed account managed by that person, if that person is registered or authorized to carry on business as an adviser or the equivalent under the securities legislation of a jurisdiction of Canada or a foreign jurisdiction;
- t. a registered charity under the *Income Tax Act* (Canada) that, in regard to the trade, has obtained advice from an eligibility adviser or an adviser registered under the securities legislation of the jurisdiction of the registered charity to give advice on the securities being traded;
- u. an entity organized in a foreign jurisdiction that is analogous to any of the entities referred to in paragraphs (a) to (d) or paragraph (j) in form and function;
- v. a person in respect of which all of the owners of interests, direct, indirect or beneficial, except the voting securities required by law to be owned by directors, are persons that are accredited investors;

- w. an investment fund that is advised by a person registered as an adviser or a person that is exempt from registration as an adviser;
- x. a person that is recognized or designated by the securities regulatory authority or, except in Ontario and Québec, the regulator as an accredited investor; or
- y. a trust established by an accredited investor for the benefit of the accredited investor's family members of which a majority of the trustees are accredited investors and all of the beneficiaries are the accredited investor's spouse, a former spouse of the accredited investor or the parent, grandparent, brother, sister, child or grandchild of that accredited investor, of that accredited investor's spouse or of that accredited investor's former spouse.