

Withdrawal Form

Lazard Asset Management Pacific Co.

ABN 13 064 523 619

Australian Financial Services Licence No. 238 432

Section 1: Investor Details

Account Name

Account Number

Section 2: Withdrawal Instruction

2A - Lazard Fund Selection

Please indicate the fund you would like to withdraw from and the number of units, dollar amount or full balance in the Fund:

Fund	ARSN Code	Number of Units	Withdrawal Amount	Balance of Investment in the Fund
Lazard Australian Equity Fund (W and I Class)	095 114 631	or	A\$	or
Lazard Select Australian Equity Fund (W and I Class)	095 115 414	or	A\$	or
Lazard Defensive Australian Equity Fund	163 078 813	or	A\$	or
Lazard Global Small Cap Fund (W Class)	093 567 821	or	A\$	or
Lazard Emerging Markets Equity Fund	093 567 616	or	A\$	or
Lazard Emerging Markets Total Return Debt Fund	162 470 046	or	A\$	or
Lazard Global Convertibles Fund (W Class)	640 152 030	or	A\$	or
Lazard Global Digital Health Fund (W Class)	647 504 952	or	A\$	or
Total		or	A\$	

In normal circumstances, valid withdrawal requests will be satisfied within 6 business days from the date of receipt of the request. For further details please refer to the offering documents of the Fund.

2B – Payment Instructions

The Designated Account Details nominated in the New Investor Application Form will be used to credit your account. If no Australian bank account details have been provided, payments will be made by cheque. Payments cannot be made to a third party.

Please pay withdrawal proceeds to:

the bank account details on file OR the following new Australian bank account details:

Name of Financial Institution Branch

BSB Number Account Number Account Name (needs to match the name of the Investor)

Section 3: Investor Signature

By signing below you agree to be bound by any terms and conditions contained in the offering documents and constitution of the Fund which you are making a withdrawal.

Please ensure that the withdrawal request is signed by all necessary authorised signatories to the investment, as per the current signing instructions you have previously provided Lazard.

Investor 1	Investor 2
Print Name	Print Name
Signature of Investor 1	Signature of Investor 2
Title of Signatory (e.g. Director, Trustee, Power of Attorney)	Title of Signatory (e.g. Director, Trustee, Power of Attorney)
Date (DD/MM/YYYY) <input style="width: 100px; height: 20px; border: 1px solid black;" type="text" value="/ /"/>	Date (DD/MM/YYYY) <input style="width: 100px; height: 20px; border: 1px solid black;" type="text" value="/ /"/>

Where do I send my Withdrawal Form?

Completed Withdrawal Forms should be faxed or mailed to:

The Manager, State Street Unit Registry
 State Street Australia Limited
 Level 14, 420 George Street
 Sydney, NSW 2000
 Fax: (02) 9323 6411

Further Assistance or Information

If you require assistance with completing the Withdrawal Form, please contact Lazard on: **1800 825 287** or investorqueries@lazard.com

Further information regarding our Funds can be accessed on our website: www.lazardassetmanagement.com.au