

Please return this completed application to:
Lazard Funds
P.O. Box 219441
Kansas City, MO 64121-9441

For overnight mail:
Lazard Funds
430 W. 7th Street, Suite 219441
Kansas City, MO 64105-1407

For assistance please call: (800) 986-3455

CHECK DEPOSIT FORM

Use this form to deposit funds into your Lazard Funds account via check. An investment slip also is available on your Lazard financial statement.

Mail completed application to: Lazard Funds, P.O. Box 219441, Kansas City, MO 64121-9441
Overnight Mail: Lazard Funds, 430 W. 7th Street, Suite 219441, Kansas City, MO 64105-1407
Call Lazard Funds for assistance: (800) 986-3455

1. ACCOUNT REGISTRATION INFORMATION

Owner Name (First Name, MI, Last Name)

Joint Account Owner Name (First Name, MI, Last Name)

Tax ID

Daytime Phone Number

2. INVESTMENT INSTRUCTION

Make check payable to: Lazard Funds

Fund Name	Transfer Agent Fund Number	Transfer Agent Account Number	Investment Amount	Contribution Year (IRA only)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____