

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

MUTUAL FUND (NON-IRA) TRANSFER FORM

Use this form to transfer proceeds of a nonretirement certificate of deposit (CD), mutual fund, or other investment to a Lazard Funds mutual fund account.

New Lazard Funds Account: Use this form, together with the Mutual Fund Account Application, to establish a new Lazard Funds mutual fund account as a result of a transfer.

Existing Lazard Funds Account: Use this form to transfer your account into an existing Lazard Funds mutual fund account.

- Please forward a copy of a current account statement for the account you wish to transfer to Lazard Funds.
- Retain a photocopy of this form for your records.

Important information about procedures for opening a new account required by the U.S.A. PATRIOT ACT: 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.

TRANSFER AN ACCOUNT

When you open an account, we will require:

- Name
- Social Security Number or Tax Identification Number
- Date of Birth
- Address

We may ask for other information that will allow us to identify you. We may also ask for copies of documents. If we are unable to obtain your required information, we will return your application. Your money will not be invested until we have obtained all required information. Please be sure to review and sign this application under Step 6 or Step 7.

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1. ACCOUNT REGISTRATION (PLEASE INDICATE ACCOUNT TYPE)

INDIVIDUAL

JOINT

TRUST

CUSTODIAL ACCOUNT FOR MINOR (UGMA/UTMA)

Name of Owner (First, MI, Last)

Name of Custodian (First, MI, Last)

Owner's Social Security Number

Date of Birth

Owner's Social Security Number

Date of Birth

Owner's Driver's License Number

State of Issuance

Name of Minor (First, MI, Last)

Minor's TIN

Date of Birth

Name of Joint Owner (First, MI, Last)

(Joint owners will be registered joint tenants with right of survivorship unless otherwise indicated.)

Under the _____ (state of minor's residence) Uniform Gifts/Transfers to Minors Act (UGMA/UTMA)

Joint Owner's TIN

Date of Birth

2. ACCOUNT OWNER INFORMATION

Owner's Street Address (P.O. Boxes are not permitted)

City State Zip Code

Mailing Address (if different from above)

City State Zip Code

Daytime Telephone Evening Telephone Email Address

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

City State Zip Code

3. INVESTMENT INSTRUCTIONS

Please choose investment option A or B.

- A. Invest proceeds in a new Lazard Funds account.
- B. Invest proceeds in my existing* Lazard Funds account(s) according to the following:

Lazard Funds Fund Name(s)	Lazard Funds Account Number(s)	Percentage (Total must equal 100%)

*Please consult your tax or financial advisor regarding transfers between different types of accounts.

4. ACCOUNT YOU ARE TRANSFERRING

Financial institution currently holding your account:

Name of Financial Institution (please see Special Note in Step 5)

Address of Financial Institution (required) City State Zip Code

Contact Name Contact's Phone Number (required) Account Number (required)

5. TRANSFER INSTRUCTIONS

Instructions to financial institution currently holding your account:

* Important: Transfer instructions of CD proceeds must be received at least two weeks prior to maturity but no more than 60 days until maturity. If you liquidate a CD prior to maturity, you may incur a penalty.

Transfer Lazard Funds:
Please transfer the account listed in Step 4.

Transfer my shares “in-kind” to the following Lazard funds

Fund Name	All Shares	
_____	Yes	No (If No, # of shares _____)
_____	Yes	No (If No, # of shares _____)
_____	Yes	No (If No, # of shares _____)
_____	Yes	No (If No, # of shares _____)

Special Note: For all transfers, you must contact your current financial institution to ensure that all requirements are met.

6. SIGNATURE AND AGREEMENT

All owners of the account being transferred must sign below.

Authorized Owner Signature (legal capacity, if needed; for example, trustee, executor) _____
Date

Authorized Joint Account Owner Signature (if applicable) _____
Date

7. MEDALLION SIGNATURE GUARANTEE (OR SIGNATURE GUARANTEE) (IF REQUIRED)

<p>A Medallion Signature Guarantee may be required by your current financial institution to complete this transfer. To obtain a Medallion Signature Guarantee, sign this form in the presence of an authorized person at a broker/dealer firm or at another financial institution, such as a bank or trust company. A notarization from a notary public does not meet Medallion Signature Guarantee requirements.</p> <p>Medallion Signature Guarantees must cover the amount of the requested transaction. There are several different guarantee amounts, so it is important to acquire a guarantee amount equal to or greater than the amount of the transaction(s).</p>	<p>Please place Medallion Signature Guarantee here.</p>
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