

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

NONRETIREMENT SYSTEMATIC DISTRIBUTION FORM

Use this form for a systematic distribution from a Lazard Funds nonretirement account. A systematic distribution means to sell all or part of your account on a periodic basis. Please contact your attorney or tax advisor regarding your specific legal, investment, or tax situation, as potential IRS penalties may apply to your distribution.

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

Note:

To establish a systematic distribution:

- If you own Class A or Class C, the value of your shares must be at least \$10,000.
- If you own Class B, the value of your shares must be at least \$25,000.

1. ACCOUNT REGISTRATION INFORMATION

Owner Name (First Name, MI, Last Name)	Social Security Number	Daytime Phone Number	
Owner Street Address	City	State	Zip Code

2. DISTRIBUTION REQUEST

Request a systematic distribution—specific funds as listed below:

Fund Name	Share Class	Account Number	Dollar Amount or Share Percentage (Total must equal 100%)
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

To list more funds, please attach a separate page.

Important note: If the market value of the fund(s) you selected above is/are not adequate to satisfy your distribution amount, we will not distribute any additional funds. **We will redeem the remaining balance.**

3. SYSTEMATIC DISTRIBUTION TIMING AND AMOUNT

Timing (choose one):

Monthly, beginning of the month of _____
(MM/DD/YY)

Semiannually, beginning of the month of _____
(MM/DD/YY)

Quarterly, beginning of the month of _____
(MM/DD/YY)

Annually, beginning of the month of _____
(MM/DD/YY)

Systematic distributions are made on or about the 15th of the month.

If you would like a specific date for your withdrawal, please indicate the specific day here: _____
(MM/DD/YY)

Amount (choose one):

Distributions should be a fixed dollar amount of _____ each period.

Distribute _____% (choose percentage between 1% and 100%) from the account referenced in Step 1. The payments will be based on the net value at the time of the withdrawal and the annual percentage divided by the number of payments, as selected above.

4. DISTRIBUTION SERVICES (Choose either A, B, or C.)

A. Forward a check to the address registered on this account.

B. Forward distributions directly to my bank:

ACH: funding in two or three business days (no fees charged)

Wire: funding the next business day (bank fees may apply)

Banking Instructions: Enter your bank information (from your personal checking or savings account). Alternatively, you can provide a copy of a voided check.

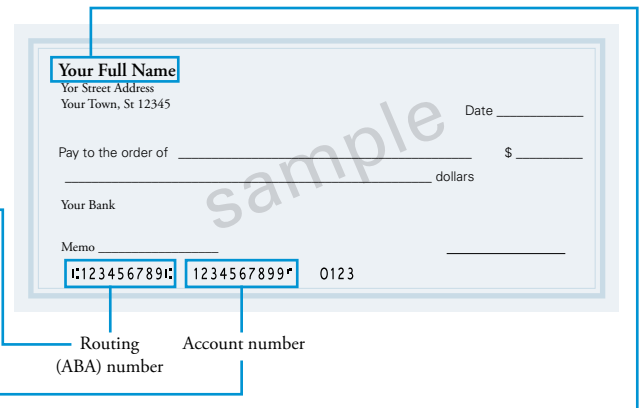
Bank account type: Checking Savings

Nine-digit routing (ABA) number: _____

Bank account number: _____

Bank account registration name (include all registration names):

Note: If you request a distribution to be deposited to a bank account not currently on file or if the bank account has been updated within the last 15 days, please provide a Medallion Signature Guarantee to avoid the 15-day hold on redemptions.



5. AUTHORIZED SIGNATURE(S)

I/we hereby attest that the preceding facts and declarations are correct.

Authorized Signature (legal capacity, if needed; for example, trustee, executor, guardian for minor)

Date

Authorized Signature (legal capacity, if needed; for example, trustee, executor, guardian for minor)

Date

Authorized Signature (legal capacity, if needed; for example, trustee, executor, guardian for minor)

Date

6. MEDALLION SIGNATURE GUARANTEE (OR SIGNATURE GUARANTEE) (if required)

A Medallion Signature Guarantee or Signature Guarantee is required to process a nonretirement systematic distribution request, if owner:

- had an address change within the last 30 days.
- is requesting a distribution over \$100,000 by fund.
- is requesting a distribution to be deposited to a bank account not currently on file or if the bank account has been updated within the last 15 days.
- is requesting a distribution to be made payable or mailed to an address not currently on file.

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).

To obtain a Medallion Signature Guarantee or 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.

Please place Medallion Signature Guarantee here.