

ADDRESS CHANGE FORM

Use this form to change the address on an existing Lazard Funds account.

Please note: All Lazard Funds accounts registered under Step 1 will have the address updated.

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. OWNER ACCOUNT INFORMATION

Provide the following information as your Lazard Funds account is currently registered.

Owner Name (First Name, MI, Last Name)

Email Address

Daytime Phone Number

Account Number (Please provide only one Lazard Funds account number, even if you have more than one account.)

2. ADDRESS CHANGE

Current Address

Street Address

City

State

Zip Code

New Address

Street Address

City

State

Zip Code

Note: Address changes require a 30-day hold for redemptions unless a signature guarantee is obtained.

3. AUTHORIZED SIGNATURE(S)

This is authorization to change the address to my Lazard Funds account.

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

Date

Authorized Joint Account Owner Signature (if applicable)

Date