

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

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

For assistance please call: (800) 986-3455

**COST-BASIS METHOD CHANGE FORM**

Use this form to change your cost-basis method on covered shares. Generally mutual fund shares acquired after January 1, 2012, are considered covered shares. The cost-basis method selected below will not apply to shares purchased prior to January 1, 2012 (noncovered shares). Additionally, noncovered shares will always be sold first regardless of method chosen.

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Call Lazard Funds for assistance: (800) 986-3455

**1. ACCOUNT REGISTRATION INFORMATION**

\_\_\_\_\_  
Owner Name (First Name, MI, Last Name) Social Security Number

\_\_\_\_\_  
Joint Owner Name (First Name, MI, Last Name) (if applicable) Social Security Number

**2. CHANGE COST-BASIS METHOD ON ALL ACCOUNTS**

Complete this step only if you would like to change the current cost-basis method on **ALL** of your cost-basis eligible accounts. If you would like to change your method only on certain accounts, do not complete this step, and continue to Step 3. To change your method on all accounts, please choose one of the six methods listed below.

- |                     |                    |                       |
|---------------------|--------------------|-----------------------|
| Average Cost        | Last-In, First-Out | Low Cost              |
| First-In, First-Out | High Cost          | Loss/Gain Utilization |

**3. CHANGE COST-BASIS METHOD ON CERTAIN ACCOUNTS**

Please change the cost-basis method only on the following accounts:

Fund Name	Account Number	New Cost-Basis Method
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____

#### 4. AUTHORIZED SIGNATURE(S)

I authorize the change in the cost-basis method as indicated above for covered shares. I understand the potential tax consequences of the change and had an opportunity to consult with a tax advisor.

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

\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Joint Account Owner Signature (if applicable)

\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
Date