

## CHANGE OF DEALER AUTHORIZATION FORM

Use this form to change the dealer listed on your Lazard Funds account.

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

Mail completed application to: Lazard Funds, P.O. Box 219441, Kansas City, MO 64121-9441  
Overnight Mail: Lazard Funds, 430 W. 7<sup>th</sup> 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 Owner Name (First Name, MI, Last Name) (if applicable)

Street Address

City

State

Zip Code

Email Address

Daytime Phone Number

Lazard Funds Account Number

### 2. NEW DEALER INFORMATION

Representative Name (First Name, MI, Last Name)

Representative ID Number

Daytime Phone Number

Street Address

City

State

Zip Code

Email Address

Dealer Firm Name

Branch ID Number

### 3. AUTHORIZED SIGNATURE(S)

All registered owners must sign below.

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

Date

Authorized Joint Account Owner Signature (if applicable)

Date