

SUBSCRIPTION FORM

Use this form to deposit funds into your Lazard Funds.

Mail completed form to: Lazard Funds, PO 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. ACCOUNT REGISTRATION INFORMATION

Account Registration Name

Address

2. INVESTMENT INSTRUCTION

Fund Name	Fund Number	Account Number	Amount (\$USD)
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_____	_____	_____	_____
_____	_____	_____	_____

3. AUTHORIZED SIGNER(S)

Only one signature is required to transact.

Signature of Authorized Signer

Signed Date

Printed Name of Authorized Signer

Signature of Authorized Signer

Signed Date

Printed Name of Authorized Signer