

ENTITY ACCOUNT APPLICATION

Use this form to purchase Lazard mutual funds.

Please return this completed application to: The Lazard Funds, Inc. PO Box 219441 Kansas City, MO 64121-9441

For overnight mail: The Lazard Funds, Inc. 430 W 7th STE 219441 Kansas City, MO 64105-1407

For assistance please call: (800) 986-3455

FEDERAL CUSTOMER IDENTIFICATION REGULATIONS

Attention Customer:

In order to help the US Government fight the funding of terrorism and money laundering activities, Federal law requires all financial organizations to obtain, verify, and record information that identifies each person or entity that establishes an account. What this means for you is that when you establish an account, you are required to provide your full name, residential address, date of birth, and a US taxpayer identification number (TIN). A TIN includes the SSN, ITIN, ATIN, and EIN. We reserve the right to request additional information that will allow us to properly identify you.

Read the prospectus carefully before investing.

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If no activity occurs in your account within the timeframe specified by the law in your state, or if account statements mailed to you by the Fund are returned as undeliverable during that timeframe, the ownership of your account may be transferred to your state. This is called escheatment. By keeping your mailing address current with the Fund, your account will not be escheated by the state.

1. ACCOUNT REGISTRATION (PLEASE INDICATE ACCOUNT TYPE)

TRUST		☐ CORPORATION, PAR	RTNERSHIP OR OTHER LEGAL ENTITY
Name of Trust		Name of Corporation or ot	her legal entity
E THAT		(C) Corporation	(S) Corporation
Trust TIN		Partnership	Other
Name of Trustee (First, M.I., Last)	Date of Birth		
Name of Co-Trustee (First, M.I., Last)		TIN	
Co-Trustee's TIN	Date of Birth	Please include a copy of the Articles of Resolution, or legal documents establisigning this application.	of Incorporation or Partnership Agreement and Corporate lishing authority of each individual

If there are multiple trustees, please attach a separate sheet with full names, TINs, and dates of birth. Please provide a copy of the trust document pages that identify the name of the trust, the trustee(s), and the signature page.

2. ACCOUNT OWNER INFORMATION

Name and Title of Natural Perso	n Opening Account			
Street Address of Legal Entity for	Which the Account is Being Opened (P.	O. Boxes are no	t permitted)	
City		State	Zip Code	
Mailing Address (if different from	n above)			
City		State	Zip Code	
Daytime Telephone	Evening Telephone		Email Address	

IMPORTANT NOTICE—THE USA PATRIOT ACT

Attention Customer:

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. In some cases, Federal law also requires us to verify and record information that identifies the natural persons who control and beneficially own a legal entity that opens an account.

What this means to you: When you open an account, we will ask you for names, addresses, dates of birth, and other information that will allow us to identify you and certain other natural persons associated with the account. This information will be verified to ensure the identity of all such natural persons.

Purpose:

This form must be completed by the person opening a new account on behalf of a legal entity. For the purposes of this form, a legal entity includes a corporation, a limited liability company, a general partnership, a non-profit and any similar business entity formed in the United States.

Important Notes:

This form, requires you to provide the name, address, date of birth and Social Security number for the following individuals:

- (i) Each individual, if any, who owns, directly or indirectly, 25 percent or more of the legal entity customer (e.g., each natural person that owns 25 percent or more of the shares of the corporation); and
- (iii) An individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer).

Beneficial Owner(s)

The following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, undertsanding, relationship, or otherwise, owns 25 percent or more of the equity listed above:

Note: Non-profits do not have to complete this section.

Beneficial Owner(s)						
Name/Title	Date of Birth (mm/dd/yyyy)	Address (Residential or Business Address)	Social Security Number	Control	Ownership	Both
	; or Any other individual who	Financial Officer, Chief Operating C regularly performs similar function				
Control Person Name/Title	Date of F (mm/dd/y		(Residential or		Social Secu Numbe	•
FOREIGN CITIZENS (Foreign citizens must atta	ach a photocopy of a governm	ent-issued ID and fill out a US IRS f	form W-8 ben.)			
Country of Citizenship						
Immigration Status:	Resident Alien	☐ Non-Resident Alie	en 🔲 I	Non-Residen	t	

3. INVESTMENT INSTRUCTIONS

Checks: Make checks out to The Lazard Funds, Inc. and mail them to The Lazard Funds, Inc. PO Box 219441, Kansas City, MO, 64121-9441

For overnight mail: The Lazard Funds, Inc., 430 S 7th STE 219441, Kansas City, MO 64105-1407

Attention: (Name of Portfolio and Class of Shares)

Lazard does not accept cash, starter, or third party checks or checks drawn on foreign financial institutions.

Wire: Instruct the wiring bank to transmit the specified amount in federal funds, giving the wiring bank the account name(s) and assigned

account number, to State Street:

ABA#: 011000028

State Street Bank and Trust Company, Boston, Massachusetts

Custody and Shareholder Services Division

DDA 9905-2375

Attention: (Name of Portfolio and Class of Shares)

The Lazard Funds, Inc., Shareholder's Name and Account Number

Open Shares (\$2,500 minimum)	Institutional Shares (\$100,000 minimum
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Dollar Amount
\$
\$
\$
\$
\$
\$
\$
\$
\$
\$
\$
\$
\$
\$
\$
\$
\$
\$
\$
\$

Portfolio Name	Dollar Amount
Fixed Income	
Lazard Real Assets Portfolio	\$
Lazard US Convertibles Portfolio	\$
Lazard US Corporate Income Portfolio	\$
Lazard US Short Duration Fixed Income Portfolio	\$
Multi-Asset	
Lazard Global Dynamic Multi-Asset Portfolio	\$
Lazard Opportunistic Strategies Portfolio	\$
Alternatives	
Lazard Enhanced Opportunities Portfolio	\$

4. DISTRIBUTION OPTIONS
If no option is selected, all distributions will be reinvested in additional shares of the Portfolio.
Dividends: Reinvest Pay in Cash
Capital Gains: Reinvest Pay in Cash
Check this box to have your distributions sent to your US bank account via the Automated Clearing House. (Please complete Section 8)
5. COST BASIS INFORMATION
Federal law requires mutual fund companies to report cost basis information to shareholders and to the Internal Revenue Service (IRS) on mutual fund shares acquired, and subsequently redeemed ("covered shares"). In order to provide you and the IRS with this required information, you are being asked to select a cost basis method to be applied to your covered shares.
You may want to consult your tax adviser to determine which method best suits your individual tax situation.
If you do not elect a method, the Funds' default method of Average Cost will apply until such time that you elect to change your method.
Please choose one of the following cost basis methods:
Average Cost (ACST) – Depletes shares based on the average cost of all shares in the account
First In, First Out (FIFO) – Depletes shares with the earliest acquisition date
Last In, First Out (LIFO) – Depletes shares with the most recent acquisition date
High Cost, First Out (HIFO) – Depletes shares with the most expensive cost
Low Cost, First Out (LOFO) – Depletes shares beginning with the least expensive cost
$ \begin{tabular}{ll} Loss/Gain\ Utilization\ (LGUT)-Depletes\ shares\ in\ the\ following\ order:\ short-term\ losses,\ long-term\ losses,\ long-term\ gains,\ short-term\ gains,\ short-$
Specific Lot Identification (meaning you will inform us at the time of each redemption as to specific share lots you want redeemed), please choose a secondary method to be used in the event that specific lot depletion information is not provided. Please choose one of the following [First In, First Out (FIFO)
Last In, First Out (LIFO)
High Cost, First Out (HIFO)
Low Cost, First Out (LOFO)
Loss/Gain Utilization (LGUT)
Your elected cost basis method will be applied to all covered shares in this account and future accounts opened with the Lazard Funds that have tidentical account type and registration.
6. TELEPHONE PURCHASE, EXCHANGE, AND REDEMPTION PRIVILEGES
Yes, I want telephone purchase privileges. I acknowledge that my account(s) will be subject to telephone privileges described in the Fund's current prospectus and agree that the Fund, its Distributor, and Transfer Agent will not be liable for any loss in acting on telephone instructions reasonably believed to be authentic.
Yes, I want telephone exchange and redemption privileges. I acknowledge that my account(s) will be subject to telephone privileges described in the Fund's current prospectus and agree that the Fund, its Distributor, and Transfer Agent will not be liable for any local in acting on telephone instructions reasonably believed to be authentic.
Please check one: By ACH By Wire
No, I do not want telephone purchase, exchange, or redemption privileges on my account.(Default)

7. AUTOMATIC INVESTMENT PLAN

You may systematically purchase share To establish this service please comple		Lazard Automatic Investment Progr	ram (Open Shares only).
	/ (mm		ne 15th of the month will be the default
Portfolio Name		Dollar Amount (minimum \$50	0)
Investment Frequency:			
Biweekly	indicate date(s)	Semiannually	indicate date(s)
Monthly	indicate date	Annually	indicate date
Quarterly	indicate date		
8. BANK INFORMATION			
	omatic investment plan. If you	•	y into your account, purchase additional roceeds from distributions and redemptions
Name of US Bank		Savings Account (provide ABA	A and account number)
Checking Account Number and Regis	tered Name on Account (attac	h voided check)	
9. BROKER USE ONLY			
Broker/Dealer Name			
Branch Office Address			
Representative Name		Phone Number	
Broker/Dealer Number		Branch Office Number	Representative Number

10. SIGNATURE(S)

By signing this application, I certify that:

- I have received the current Fund prospectus or summary prospectus and agree to be bound by its terms.
- I have the authority and legal capacity to purchase Fund shares.
- All information provided in the application is true and accurate.
- I agree to indemnify and hold harmless Lazard Asset Management Securities LLC, each of the mutual funds for which it acts as Distributor ("Lazard Funds") and each of their respective partners, affiliates, directors, officers, employees, and agents from any losses, expenses, costs, or liability which I may incur in connection with this application and any other instructions given in writing or by telephone that are reasonably believed to be genuine.
- I acknowledge that Lazard Funds and the Transfer Agent are required by law to perform a due diligence review of each
 customer and comply with Federal Anti-Money Laundering policies and procedures.

For	Can	adian	Citize	nc
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- I am a "permitted client" and an "accredited investor" under category ______ (please select category from Appendix A) for purposes of National Instrument 45-106-Prospectus Exemptions.
- I have received the Canadian offering memorandum and acknowledge the representations made are true and accurate.

For US Citizens and Resident Aliens

Under penalties of perjury, I certify that:

- The TIN shown on this application is correct.
- I am a US person (including a US resident alien).
- I am not subject to backup withholding because I am exempt from backup withholding or I have not been notified by the IRS that I am subject to backup withholding as a result of failure to report all interest or dividends; or the IRS has notified me that I am no longer subject to backup withholding. Cross out this section if you have been notified by the IRS that you currently are subject to backup withholding.
- I am exempt from FATCA reporting

The IRS does not require your consent to any provision of this document other than the certification required to avoid backup withholding.
Signature as registered in Section 1 (owner, trustee, custodian, etc.)
Signature as registered in Section 1 (joint owner, co-trustee, etc.)

APPENDIX A - CANADIAN ACCREDITED INVESTOR CATEGORIES

- a. a Canadian financial institution, or a Schedule III bank;
- b. the Business Development Bank of Canada incorporated under the Business Development Bank of Canada Act (Canada);
- c. a subsidiary of any person referred to in paragraphs (a) or (b), if the person owns all of the voting securities of the subsidiary, except the voting securities required by law to be owned by directors of that subsidiary;
- d. a person registered under the securities legislation of a jurisdiction of Canada as an adviser or dealer;
- e. an individual registered under the securities legislation of a jurisdiction of Canada as a representative of a person referred to in paragraph (d);
- f. an individual formerly registered under the securities legislation of a jurisdiction of Canada, other than an individual formerly registered solely as a representative of a limited market dealer under one or both of the Securities Act (Ontario) or the Securities Act (Newfoundland and Labrador);
- g. the Government of Canada or a jurisdiction of Canada, or any crown corporation, agency or wholly owned entity of the Government of Canada or a jurisdiction of Canada;
- h. a municipality, public board or commission in Canada and a metropolitan community, school board, the Comité de gestion de la taxe scolaire de l'île de Montréal or an intermunicipal management board in Québec;
- i. any national, federal, state, provincial, territorial or municipal government of or in any foreign jurisdiction, or any agency of that government;
- j. a pension fund that is regulated by either the Office of the Superintendent of Financial Institutions (Canada) or a pension commission or similar regulatory authority of a jurisdiction of Canada;
- k. an individual who, either alone or with a spouse, beneficially owns financial assets having an aggregate realizable value that, before taxes but net of any related liabilities, exceeds C\$1,000,000;
- l. an individual who beneficially owns financial assets having an aggregate realizable value that, before taxes but net of any related liabilities, exceeds C\$5,000,000;
- m. an individual whose net income before taxes exceeded C\$200,000 in each of the 2 most recent calendar years or whose net income before taxes combined with that of a spouse exceeded C\$300,000 in each of the 2 most recent calendar years and who, in either case, reasonably expects to exceed that net income level in the current calendar year;
- n. an individual who, either alone or with a spouse, has net assets of at least C\$5,000,000;
- o. a person, other than an individual or investment fund, that has net assets of at least C\$5,000,000 as shown on its most recently prepared financial statements;
- p. an investment fund that distributes or has distributed its securities only to:
 - i. a person that is or was an accredited investor at the time of the distribution,
 - ii. a person that acquires or acquired securities in the circumstances referred to in section 2.10 [Minimum amount investment], or section 2.19 [Additional investment in investment funds] of NI 45-106, or
 - iii. a person described in sub-paragraph (i) or (ii) that acquires or acquired securities under section 2.18 [Investment fund reinvestment] of NI 45-106,

	1) 100,
	NAME OF FUND:
q.	n investment fund that distributes or has distributed securities under a prospectus in a jurisdiction of Canada for which the regulator or, in Québec, the securities regulatory authority, has issued a receipt;
	NAME OF FUND:

- r. a trust company or trust corporation registered or authorized to carry on business under the *Trust and Loan Companies Act* (Canada) or under comparable legislation in a jurisdiction of Canada or a foreign jurisdiction, acting on behalf of a fully managed account managed by the trust company or trust corporation, as the case may be;
- s. a person acting on behalf of a fully managed account managed by that person, if that person is registered or authorized to carry on business as an adviser or the equivalent under the securities legislation of a jurisdiction of Canada or a foreign jurisdiction;
- t. a registered charity under the *Income Tax Act* (Canada) that, in regard to the trade, has obtained advice from an eligibility adviser or an adviser registered under the securities legislation of the jurisdiction of the registered charity to give advice on the securities being traded;
- u. an entity organized in a foreign jurisdiction that is analogous to any of the entities referred to in paragraphs (a) to (d) or paragraph (j) in form and function;
- v. a person in respect of which all of the owners of interests, direct, indirect or beneficial, except the voting securities required by law to be owned by directors, are persons that are accredited investors;

- w. an investment fund that is advised by a person registered as an adviser or a person that is exempt from registration as an adviser;
- x. a person that is recognized or designated by the securities regulatory authority or, except in Ontario and Québec, the regulator as an accredited investor; or
- y. a trust established by an accredited investor for the benefit of the accredited investor's family members of which a majority of the trustees are accredited investors and all of the beneficiaries are the accredited investor's spouse, a former spouse of the accredited investor or the parent, grandparent, brother, sister, child or grandchild of that accredited investor, of that accredited investor's spouse or of that accredited investor's former spouse.