

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

BANK AUTHORIZATION UPDATE FORM

Use this form to add or change the bank account linked to your Lazard Funds account.

For overnight mail:
Lazard Funds
430 W. 7th 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. 7th Street, Suite 219441, Kansas City, MO 64105-1407
Call Lazard Funds for assistance: (800) 986-3455

This form should not be used to set up a systematic purchase or redemption.

- To set up a systematic purchase, please use the Systematic Purchase Form.
- To set up a Non-IRA systematic redemption, use the Systematic Distribution Form for Nonretirement Accounts.
- To set up an IRA systematic redemption, use the IRA Systematic Distribution Form.

1. ACCOUNT REGISTRATION INFORMATION

Owner Name (First Name, MI, Last Name) _____ Social Security Number or Tax ID Number _____

Joint Owner Name (First Name, MI, Last Name) _____

Street Address _____ City _____ State _____ Zip Code _____

Email Address _____ Daytime Phone Number _____ Lazard Funds Account Number _____

Update the existing systematic purchase/redemption on file

2. BANK INFORMATION

New Bank Information

Enter your new bank information (from your checking or savings account). Alternatively, you can provide a copy of a voided check.

Bank account type: Checking Savings

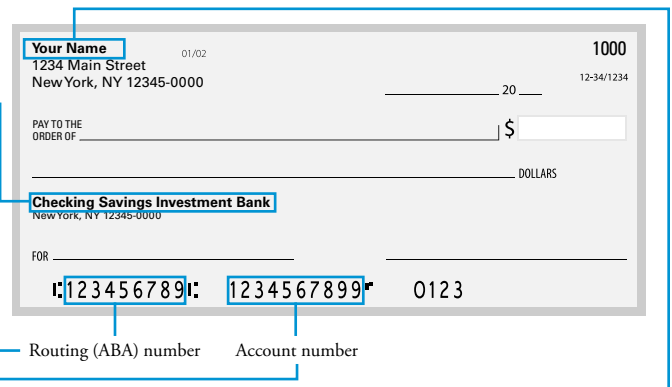
Bank Name: _____

Nine-digit routing (ABA) number: _____

Bank account number: _____

Bank account registration name (include all registration names): _____

Note: If your banking instructions have changed, this form needs to have a Medallion Signature Guarantee to avoid a 15-day hold on redemptions.



Note: A group retirement plan (SIMPLE IRA, SARSEP IRA, 457(b), and 403(b)) must also provide a copy of a voided check or deposit slip for bank account verification purposes; then a Medallion Signature Guarantee is no longer a requirement.

3. DIRECT DEPOSIT OF DISTRIBUTIONS & CAPITAL GAINS

Please select the distribution(s) you would like deposited into the above bank account.

Dividends Capital Gains

4. AUTHORIZED SIGNATURE(S)

Authorized Owner Signature (legal capacity, if needed; for example, trustee, executor, plan administrator, etc.)

Date

Authorized Joint Account Owner Signature (if applicable)

Date

5. MEDALLION SIGNATURE GUARANTEE (OR SIGNATURE GUARANTEE) (IF REQUIRED)

A Medallion Signature Guarantee is required on the Banking Authorization form if the bank account registration does not match at least one of the authorized signatures. When new banking instructions are added or previous ones changed, Lazard Funds places a 15-day hold on redemptions. Funds will be available immediately for redemption if this form has a Medallion Signature Guarantee.

Medallion Signature Guarantees must cover the amount of the requested transaction. There are several different guarantee amounts, so it is important to acquire a guarantee amount equal to or greater than the amount of the transaction(s).

To obtain a Medallion Signature Guarantee, sign this form in the presence of an authorized person at a broker/dealer firm or at another financial institution, such as a bank or trust company. A notarization from a notary public does not meet Medallion Signature Guarantee requirements.

Please place Medallion Signature Guarantee here.

An additional Medallion Signature Guarantee may be needed if the bank account owner is different than the mutual fund owner.

Please place Medallion Signature Guarantee here.