

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

**REDEMPTION REQUEST FORM**

Use this form to make a withdrawal from your Lazard Funds account.

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**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address 1

\_\_\_\_\_  
Address 2

**2. REDEMPTION AMOUNT/SHARES**

A signature guarantee (Step 5) is required if the amount of the redemption exceeds \$100,000, if you have chosen C described in Step 3 below, or if you are changing your banking instructions on file.

Please redeem:

Fund Name	Account Number	Redemption Amount (Please check only one box.)	
1. _____	_____	All Shares or	Shares Dollars
2. _____	_____	All Shares or	Shares Dollars
3. _____	_____	All Shares or	Shares Dollars

3. DISTRIBUTION SERVICES (CHOOSE EITHER A, B, OR C.)

- A. Forward a check to the address registered on this account.
- B. Forward distributions directly to my bank:  
 ACH: funding in two or three business days (no fees charged)  
 Wire: funding the next business day (bank fees may apply)

Note: If you request a distribution to be deposited to a bank account not currently on file or if the bank account has been updated within the last 15 days, please provide a Medallion Signature Guarantee to avoid the 15-day hold on redemptions.

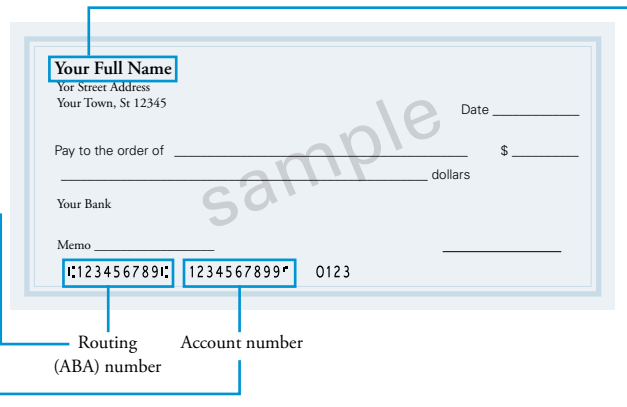
Banking Instructions: Enter your bank information (from your personal checking or savings account). Alternatively, you can provide a copy of a voided check.

Bank account type:    Checking            Savings

Nine-digit routing (ABA) number: \_\_\_\_\_

Bank account number: \_\_\_\_\_

Bank account registration name (include all registration names): \_\_\_\_\_



- C. Forward a check to the following named payee and address. (Step 5—Medallion Guarantee required.)

Payee Name (First Name, MI, Last Name)			
Street Address	City	State	Zip Code

4. AUTHORIZED SIGNATURE(S)

All registered shareholders must sign below.

Authorized Owner Signature (legal capacity, if needed; for example, trustee, executor, etc.)	Daytime Phone Number	Date
Authorized Joint Account Owner Signature (if applicable)	Daytime Phone Number	Date

5. MEDALLION SIGNATURE GUARANTEE (IF REQUIRED)

<p>A Medallion Signature Guarantee is required only if you:</p> <ul style="list-style-type: none"> <li>had an address change within the last 30 days.</li> <li>are requesting a distribution over \$100,000 by fund.</li> <li>are requesting a distribution to be deposited to a bank account that does not have one of the account owners in the account registration.</li> <li>are requesting a distribution to be deposited to a bank account not currently on file or if the bank account has been updated within the last 15 days.</li> <li>are requesting a distribution to be mailed to an address not currently on file.</li> </ul> <p>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).</p> <p>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.</p>	<p>Please place Medallion Signature Guarantee here.</p>
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