



Additional Application Form

APPLICATION OPTIONS:

Please complete this form in accordance with the instructions below.

1. READ THE OFFER DOCUMENTS

Please read and ensure you understand the Product Disclosure Statement and the Additional Information Document for the relevant Lazard fund.

2. COMPLETE THIS APPLICATION FORM

Please write in BLOCK letters, using a black pen. If you make an error while completing this form, please do not use correction fluid, simply cross out your mistakes and initial your changes.

3. SEND YOUR DOCUMENTS

Return your Application Form to:



By email:

Lazard Asset Management Pacific Co.
lazard@automicgroup.com.au



By Post:

Lazard Asset Management Pacific Co.
GPO Box 5193
Sydney NSW 2000

4. MAKE YOUR PAYMENT.

When your application is processed, you will be sent an automated email confirmation which will provide you with your personalised payment instructions.



IMPORTANT: You must ensure that you use the unique payment ID that is provided in the email confirmation otherwise we may not be able to identify your funds and your application may be delayed.

ASSISTANCE:

Need help with your application, then please contact us on:



Email: lazard@automicgroup.com.au
Phone (within Australia): 1300 441 609
Phone (outside Australia): +61 (0)2 9934 0521

1. INVESTOR DETAILS

Security Holder Reference Number (SRN)

I												
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Account Name: _____

2. APPLICATION DETAILS

2.1 INVESTMENT AMOUNT: Please specify the fund/s and the investment amount.

FUND	INVESTMENT AMOUNT
<input type="checkbox"/> Lazard Global Listed Infrastructure Active ETF	AUD \$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
<input type="checkbox"/> Lazard Global Equity Franchise Fund – Class W	AUD \$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
<input type="checkbox"/> Lazard Global Equity Franchise Fund (Hedged) – Class W	AUD \$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
<input type="checkbox"/> Lazard Japanese Strategic Equity Fund	AUD \$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Total:	AUD \$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>

a) you consent to the Responsible Entity disclosing your personal information to any Responsible Entity's service providers, in relation to any identification and verification that the Responsible Entity is required to undertake on me/us, as required under the AML/CTF Act. This shall include any information:

- required by any third-party document verification service provider; and/or
- provided to any third-party document verification service provider.

3. DECLARATIONS, ACKNOWLEDGEMENTS AND SIGNATURES

4.1 DECLARATIONS AND ACKNOWLEDGEMENTS: When you apply to invest, you (the applicant(s)) confirm:

The named that is applying for investments in the selected Fund(s), declares that the details given in this Application Form are true and correct. By completing this application I/we acknowledge that I/we were given access to a complete copy of the PDS(s) at the same time (and by the same means) as accessing this application. I/We declare that by signing and lodging this Application Form, I/we represent and acknowledge that I/we have read and understood the Offering Document(s) to which the Application Form relates. I/We acknowledge that by signing the application, I/we:

- a. agree to become bound by the provisions of the Constitution(s) of the Fund(s), as may be amended from time to time;
- b. agree to be bound by the terms of the relevant Offering Document(s);
- c. agree that the Constitution(s) and the Offering Document(s) contain all of the terms and conditions that govern my/our investment in the Fund(s);
- d. provide consent to Lazard to use and disclose the information I/we have provided in this application as outlined in the "Privacy" section in the Offering Document(s);
- e. have the permission of any other person whose personal information we have provided, to disclose their information to Lazard and have their consent for their information to be used and disclosed as outlined in the "Privacy" section in the Offering Document(s) and any Updated Information;
- f. represent that if outside Australia, my/our application and its acceptance by Lazard does not breach applicable laws of the jurisdiction of the applicant;
- g. agree that Lazard may decide to delay or refuse any application or redemption if I/we do not provide the AML/CTF, FATCA and/or CRS information requested or Lazard is not satisfied as to my/our identity and Lazard will not incur any liability to me/us if it does so;
- h. have considered the appropriateness of the Fund(s) to my investment objectives and needs and have not received advice from Lazard;
- i. warrant that I/we am/are not a United States citizen(s) or a resident(s) of the United States for taxation purposes (US Person), nor do I/we act on behalf of or for the benefit of any US Person unless otherwise disclosed and I/we agree to promptly notify Lazard if I/we become a US Person
- j. agree to promptly provide Lazard any information required from time to time to enable Lazard to comply with the US Foreign Account Tax Compliance Act and the Common Reporting Standard, together with the supporting regulations and any related Australian law designed to implement these regimes, and consent to Lazard to report relevant information to the ATO and exchanged with tax authorities of another country or countries in which I/we may be tax resident where those countries (or tax authorities in those countries) have entered into agreements with Australia to exchange financial account information. I/we agree to promptly provide an updated self-certification where any change in circumstance occurs which causes any of the information contained in this form to be incorrect
- k. if this application is signed by an attorney, the attorney states that there is no notice of revocation of the power of attorney under which this application is signed;
- l. any tax file number supplied at any time may be applied to this investment and previous or future investments in my/our name(s)
- m. agree that any election I/we have made to receive annual reports electronically is taken to be given by me the time I/we are registered as a unit holder of the selected Fund(s) on this application; and
- n. to the extent this form has been completed, or is accompanied by documentation completed or prepared, by the holder of an Australian Financial Services Licence (an AFS Licensee) who, in its capacity as an AFS Licensee, has arranged or is arranging the investment to which this Application Form relates, represent and warrant that all information given to the relevant AFS Licensee in connection with such arrangement is true and correct.

I/We acknowledge and understand that:

- a. units in the Fund(s) do not represent deposits or other liabilities of the Lazard Group;
- b. investing in the Fund(s) is subject to investment risk, including possible delays in repayment and loss of income and principal invested; and
- c. neither Lazard, Lazard Group nor any other entity guarantee the performance of the Fund(s) or the repayment of capital invested in the Fund(s).

If, in this Application Form, you have authorised a financial adviser to operate your account, you agree to indemnify, release and hold harmless the Responsible Entity and the Unit Registry, from and against any and all losses, liabilities, actions, claims, proceedings and demands arising from the Responsible Entity and the Unit Registry or any of their related bodies corporate acting on the instructions of the financial adviser set out in this Application Form.

4.2 SIGNING: Applicants must sign in accordance with the instructions below in the boxes provided

Individual	Where the investment is in one name, the sole investor must sign.
Joint Holding	Where the investment is in more than one name, all investors must sign. If more than two signatures are required, please attach an additional page with the full names of each account holder, their signatures, and date.
Companies	Where the company has a sole director who is also the sole company secretary, this form must be signed by that person. If the company (pursuant to section 204A of the Corporations Act 2001) does not have a company secretary, a sole director can also sign alone. Otherwise this form must be signed by a director jointly with either another director or a company secretary. Please indicate the capacity in which the form is signed.
Trust	The trustee(s) must sign this form. Trustee(s) signing on behalf of the trust confirm that the trustee(s) is/are acting in accordance with such designated powers and authority under the trust deed.
Power of Attorney	If signing under a Power of Attorney and you have not already lodged the Power of Attorney document, please attach a certified copy of the Power of Attorney annotated with the following: I/We attest that the Power of Attorney has not been rescinded or revoked and that the person who gave the Power of Attorney is still living.

Signature of investor 1, Director or Authorised Signatory

Please print full name

Date

/ /

Signature of investor 2, Director/Company Secretary or Authorised Signatory

Please print full name

Date

/ /

Company officer (please indicate company capacity):

- Director
- Sole Director and Company Secretary
- Authorised Signatory

Company officer (please indicate company capacity):

- Director
- Company Secretary
- Authorised Signatory