

New Investor Application Form

Lazard Asset Management Pacific Co.

ABN 13 064 523 619

Australian Financial Services Licence No. 238 432

Section 1: Investment Option

Investors making an initial investment into a Lazard Fund please use this form.

Please note we do not accept any investment in the name of a minor (someone under 18 years of age).

1A – Type of Investor

Please indicate ☒ what type of Investor you are:

Type of Investor

☐ Individual or Sole Trader

☐ Company

Sections to Complete

Section 1 ☐ Section 2 ☐ Section 6 ☐ Individual CRS Form ☐

Section 1 ☐ Section 3 ☐ Section 6 ☐ Entity CRS Form ☐

☐ Trust or Superannuation Fund (e.g. SMSF) **CRS FORM IS NOT REQUIRED FOR AN SMSF**

☐ Trustee is an Individual

Section 1 ☐ Section 2 ☐ Section 4 ☐ Section 6 ☐

☐ Trustee is a Company

Section 1 ☐ Section 3 ☐ Section 4 ☐ Section 6 ☐ Entity CRS Form ☐

☐ Associations

Section 1 ☐ Section 3 ☐ Section 5 ☐ Section 6 ☐

If the above categories do not apply to you, please contact Lazard on 1800 825 287 or investorqueries@lazard.com.

1B – Target Market Determination

Please complete the questions below which relate to the target market for each of the Funds as set out in each Funds' Target Market Determinations available on our [website](#)

1. Have you received personal financial advice from a licensed financial adviser in relation to this investment?

☐ Yes. (if yes, please skip to Section 1C Lazard Fund Selection)

☐ No. (if no, please answer the following questions)

2. What is your primary investment objective for this Fund(s)?

☐ Capital Growth

☐ Capital Guaranteed*

☐ Capital Preservation

☐ Income distribution

*Please note, none of the Lazard Funds offered are Capital Guaranteed

3. What is your intended use of this Fund(s) in your investment portfolio?

☐ Solution / Standalone*

☐ Core Component

☐ Satellite / Small Allocation

*Please note, none of the Lazard Funds offered is a Solution / Standalone Fund

4. What is your intended investment timeframe for this Fund(s)?

☐ Short (≤ 2 years)*

☐ Medium (> 2 years)

☐ Long (> 8 years)

*Please note, none of the Lazard Funds offered have a minimum suggested time frame for holding the investment of 2 years or less.

5. Under normal circumstances, what do you anticipate your withdrawal needs may be?

☐ Daily

☐ Weekly

☐ Monthly

☐ Annually or longer

Please note that in accepting your application, Lazard has not considered your personal objectives, financial situation and needs or that the Fund(s) is suitable for your individual circumstances.

1C – Lazard Fund Selection

A minimum initial investment of **A\$20,000** applies to each of the Lazard Funds. Please indicate ☒ the Fund(s) you would like to invest in and the amount you wish to invest. You should consider whether your own objectives, financial situation and needs are consistent with the target market of the Fund in which you are considering to invest. A copy of the Target Market Determination for each Fund is available at our [website](#).

Fund	ARSN	Initial Investment Amount
<input type="checkbox"/> Lazard Australian Equity Fund (W and I Class)	095 114 631	A\$ <input type="text"/>
<input type="checkbox"/> Lazard Select Australian Equity Fund (W and I Class)	095 115 414	A\$ <input type="text"/>
<input type="checkbox"/> Lazard Defensive Australian Equity Fund	163 078 813	A\$ <input type="text"/>
<input type="checkbox"/> Lazard Global Small Cap Fund (W Class)	093 567 821	A\$ <input type="text"/>
<input type="checkbox"/> Lazard Global Equity Franchise Fund (W Class)	605 065 807	A\$ <input type="text"/>
<input type="checkbox"/> Lazard Global Equity Franchise Fund (Hedged) (W Class)	644 812 742	A\$ <input type="text"/>
<input type="checkbox"/> Lazard Global Listed Infrastructure Fund (W Class)	116 229 675	A\$ <input type="text"/>
<input type="checkbox"/> Lazard Emerging Markets Equity Fund	095 567 616	A\$ <input type="text"/>
<input type="checkbox"/> Lazard Global Convertibles Fund (W Class)	640 152 030	A\$ <input type="text"/>
<input type="checkbox"/> Lazard Global Digital Health Fund (W Class)*	647 504 952	A\$ <input type="text"/>
<input type="checkbox"/> Lazard Emerging Markets Total Return Debt Fund*	162 470 046	A\$ <input type="text"/>
Total		A\$ <input type="text"/>

*For retail investors, you must have received personal financial advice to invest in this Fund. If no adviser is noted in Section 6B of this application form, please provide a certificate confirming that you are a wholesale client within the meaning of Section 761G of the *Corporations Act 2001*.

Please indicate ☒ the source and origin of funds being invested (select all applicable options)

<input type="checkbox"/>	Employment Income
<input type="checkbox"/>	Savings
<input type="checkbox"/>	Superannuation/retirement savings
<input type="checkbox"/>	Inheritance
<input type="checkbox"/>	Sale of assets (e.g. shares, property)
<input type="checkbox"/>	Donation/gift
<input type="checkbox"/>	Other <input type="text"/>

Section 2: Individual or Sole Trader or Individual Trustee

Type of Investor ☒

- ☐ In my name only
(Complete Sections 2A and 2D)
 ☐ Jointly with another Individual
(Complete Sections 2A, 2B and 2D)
 ☐ As a Sole Trader
(Complete Sections 2A, 2C and 2D)
 ☐ As an Individual Trustee for a Trust
(Complete Sections 2A, 2B, 2D and Section 4)

2A – Individual 1

Title	Given Name(s)	Surname	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date of Birth (DD/MM/YYYY)	Country of Birth	Citizenship	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Residential Address (street number and name)			
<input type="text"/>			
Suburb	State	Country	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Tax Information/FATCA and CRS Declaration

1. Are you a tax resident of any other country outside of Australia?

- ☐ Yes (if yes, please go to question 2)
 ☐ No (if no, please provide your TFN or exemption reason below)

Australian Tax File Number (TFN) or Exemption Reason

2. Do you have a Global Intermediary Identification Number (GIIN)/US Tax Payer Identification number (TIN)?

- ☐ Yes (please provide)
 ☐ No

GIIN/TIN Number

3. If you are a tax resident of a country outside of Australia, have you completed and attached the **Individual CRS Form**, found [here](#)

- ☐ Yes (if yes, please provide)
 ☐ No (if no, please complete the Individual CRS Form and attach it to this application form)

2B – Individual 2

Title	Given Name(s)	Surname	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date of Birth (DD/MM/YYYY)	Country of Birth	Citizenship	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Residential Address (street number and name)			
<input type="text"/>			
Suburb	State	Country	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Tax Information/FATCA and CRS Declaration

1. Are you a tax resident of any other country outside of Australia?

☐ Yes (if yes, please go to question 2) ☐ No (if no, please provide your TFN or exemption reason below)

Australian Tax File Number (TFN) or Exemption Reason

2. Do you have a Global Intermediary Identification Number (GIIN)/US Tax Payer Identification number (TIN)?

☐ Yes (if yes, please provide) ☐ No

GIIN/TIN Number

3. If you are a tax resident of a country outside of Australia, have you completed and attached the **Individual CRS Form**, found [here](#)

☐ Yes (if yes, please provide) ☐ No (if no, please complete the Individual CRS Form and attach it to this application form)

2C – Sole Trader

Business Name

ABN

Tax Information/FATCA and CRS Declaration

1. Are you a tax resident of any other country outside of Australia?

☐ Yes (if yes, please go to question 2) ☐ No (if no, please provide your TFN or exemption reason below)

Australian Tax File Number (TFN) or Exemption Reason

2. Do you have a Global Intermediary Identification Number (GIIN)/US Tax Payer Identification number (TIN)?

☐ Yes (if yes, please provide) ☐ No

GIIN/TIN Number

3. If you are a tax resident of a country outside of Australia, have you completed and attached the **Individual CRS Form**, found [here](#)

☐ Yes (if yes, please provide) ☐ No (if no, please complete the Individual CRS Form and attach it to this application form)

2D – Identification Documentation: Individual or Sole Trader or Individual Trustee

The AML/CTF documentation required for processing **Section 2** is outlined below.

You must attach the following **CERTIFIED** copies of documents to this Application Form (the persons who can certify documents are outlined in **Section 6H**). **Please note a relative of the Investor or the Investor CANNOT be the certifier.**

Please provide one document from **Option A** **OR** provide two documents, one from **Option B: Category 1** **AND** one from **Option B: Category 2**

Option A

Please indicate ☒ which **one** you are providing:

- ☐ A current Australian driver's licence containing a photograph of the person
- ☐ A current Australian passport or an Australian passport that has expired within the preceding two years
- ☐ A current card issued by a state or territory for the purpose of proving the card holder's age that contains a photograph of the card holder
- ☐ A current foreign government issued passport or similar travel document containing a photograph and signature of the person (if not in English, accompanied by an English translation prepared by an accredited translator)
- ☐ A current national identity card issued for the purpose of identification by a foreign government that contains a photograph and the signature of the person (if not in English, accompanied by an English translation prepared by an accredited translator)

Option B: Category 1

Please indicate ☒ which **one** you are providing:

- ☐ An Australian birth certificate
- ☐ A current Australian citizenship certificate
- ☐ A current pension card issued by Centrelink

Option B: Category 2

Please indicate ☒ which **one** you are providing:

- ☐ A notice issued by the Commonwealth or a State or Territory within the preceding 12 months that records the provision of financial benefits and contains the individual's name and residential address
- ☐ A notice issued by the Australian Taxation Office within the preceding 12 months that records a debt payable to or by the person by or to the Commonwealth
- ☐ A notice issued by local government body or utilities provider within the preceding three months that records the provision of services to that address or to that person and contains the individual's name and residential address

Section 3: Company or Trustee is a Company

Note: ALL companies, unless you are a company trustee of an Australian Retirement Fund (i.e. SMSF), are required to complete the Entity CRS Form, found here on our [website](#).

Type of Investor ☒

☐ Australian Public Company
(Complete Section 3A)

☐ Australian Proprietary Company
(Complete Sections 3A, 3C and 3D)

☐ Foreign Company*
(Complete Sections 3A, 3B, 3C and 3D)

*Please contact Lazard for AML/CTF documentation details.

3A – Company Details

Company Name (in full)

Contact Name (at Company)

ACN, ABN or ARBN (if registered in Australia)

Registered Address

Suburb

State

Country

Postcode

Address of Principal Place of Business

Suburb

State

Country

Postcode

Listing and Regulatory Details for Australian Companies Only (Select ☒ any of the following categories if applicable)

☐ Australian Public Listed Company or Majority Owned Subsidiary

☐ **Regulated in Australia** (Do not select if the company only has an ACN but does not have a license issued by an Australian regulator, such as an Australian Financial Services License (AFSL) or an Australian Credit License (ACL))

Regulator Name

Licence Details (e.g. AFSL, ACL – please do not include ACN)

Tax Information

Australian Tax File Number (TFN) or Exemption Reason

FATCA Declaration

DO NOT complete if you are a company trustee of an Australian Retirement Fund (i.e. SMSF)

Please select ☒ one of the below categories and complete as appropriate:

☐ a. The Entity is a Specified US Person and the Entity's US Federal Taxpayer Identifying number (US TIN) is as follows:

US TIN :

☐ b. The Entity is a US Person but not a Specified US Person

☐ c. The Entity is not a US Person (Please also complete Entity FATCA Classification below)

Entity's FATCA Classification

Financial Institutions under FATCA

If the Entity is a Financial Institution, please select ☒ one of the below categories and provide the Entity's GIIN:

☐ Australian Financial Institution or a Partner Jurisdiction Financial Institution

☐ Registered Deemed Compliant Foreign* Financial Institution

☐ Participating Foreign* Financial Institution

Please provide the Entity's Global Intermediary Identification number (GIIN):

If the Entity is a Financial Institution but unable to provide a GIIN, please select ☒ one of the below reasons:

☐ The Entity has not yet obtained a GIIN but is sponsored by another entity (or its Trustee if the Entity is a Trustee Documented Trust) which does have a GIIN. Please provide your sponsor/trustee's name and sponsor/trustee's GIIN:

Sponsor/Trustee's Name:

Sponsor/Trustee's GIIN:

☐ Exempt Beneficial Owner

☐ Certified Deemed Compliant Foreign* Financial Institution
(including a deemed compliant Financial Institution under Annex II of the Agreement)

☐ Non-Participating Foreign Financial Institution

☐ Excepted Foreign* Financial Institution

Non-Financial Institutions under FATCA:

If the Entity is not a Financial Institution, please select ☒ one of the below categories:

☐ Active Non-Financial Foreign* Entity

☐ Passive Non-Financial Foreign* Entity (If this box is ticked, please complete Section 3A(i) - Controlling US Persons)

☐ Excepted Non-Financial Foreign* Entity

* Foreign means non-U.S.

3A(i) – Controlling US Persons

This section is only to be completed if you have ticked Passive Non-Financial Foreign *Entity above and if a Controlling Person (s) is a tax resident of the United States. If there are more than 2 Controlling US persons please provide their details on a separate page and attach it to this form.

US Person 1

☐ Controlling Person ☐ Beneficiary ☐ Trustee

☐ Owner ☐ Director

☐ Other – please specify

Full Name

Residential address (PO box is not acceptable)

US Taxpayer Identification Number (TIN)

US Person 2

☐ Controlling Person ☐ Beneficiary ☐ Trustee

☐ Owner ☐ Director

☐ Other – please specify

Full Name

Residential address (PO box is not acceptable)

US Taxpayer Identification Number (TIN)

3B – Foreign Company

Registration status with foreign registration body ☒

☐ Registered Public Company

☐ Registered Private Company

☐ Not Registered

Country in Which Company is Incorporated

Identification Number Issued by the Foreign Registration Body

Name of Foreign Registration Body (if applicable)

Country of Tax Residence (non-Australian residents)

3C – Director Information

Australian Proprietary Companies and Foreign Registered Private Companies to provide full names of each director of the Company.

1

2

3

4

If there are additional directors, please provide details as an attachment.

3D – Beneficial Owner Information

To be completed for all companies that are not Australian Public Listed companies, majority owned by an Australian Public Listed Company or Regulated Companies (as per licensing and regulatory details in Section 3A).

Please provide details of any individuals who ultimately own 25% or more of the company's issued share capital (through direct or indirect shareholdings), or each individual who directly or indirectly controls the company.

Beneficial Owner 1

Title

Given Name(s)

Surname

Date of Birth (DD/MM/YYYY)

Country of Birth

Citizenship

Residential Address (street number and name)

Suburb

State

Country

Postcode

Australian Tax File Number or Exemption Reason

Beneficial Owner 2

Title	Given Name(s)	Surname	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date of Birth (DD/MM/YYYY)	Country of Birth	Citizenship	
<input type="text" value="/ /"/>	<input type="text"/>	<input type="text"/>	
Residential Address (street number and name)			
<input type="text"/>			
Suburb	State	Country	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Australian Tax File Number or Exemption Reason			
<input type="text"/>			

If there are additional beneficial owners, please provide details as an attachment.

Beneficial Owner: Identification Documentation

You must attach the following CERTIFIED copies of documents to this Application Form in respect of each beneficial owner (the persons who can certify documents are outlined in **Section 6H**). **Please note a relative of the Investor or the Investor CANNOT be the certifier.**

Please provide one document from **Option A** OR provide two documents, one from **Option B: Category 1** AND one from **Option B: Category 2**

Option A

Please indicate ☒ which **one** you are providing:

- ☐ A current Australian driver's licence containing a photograph of the person
- ☐ A current Australian passport or an Australian passport that has expired within the preceding two years
- ☐ A current card issued by a state or territory for the purpose of proving the card holder's age that contains a photograph of the card holder
- ☐ A current foreign government issued passport or similar travel document containing a photograph and signature of the person (if not in English, accompanied by an English translation prepared by an accredited translator)
- ☐ A current national identity card issued for the purpose of identification by a foreign government that contains a photograph and the signature of the person (if not in English, accompanied by an English translation prepared by an accredited translator)

Option B: Category 1

Please indicate ☒ which **one** you are providing:

- ☐ An Australian birth certificate
- ☐ A current Australian citizenship certificate
- ☐ A current pension card issued by Centrelink

Option B: Category 2

Please indicate ☒ which **one** you are providing:

- ☐ A notice issued by the Commonwealth or a State or Territory within the preceding 12 months that records the provision of financial benefits and contains the individual's name and residential address
- ☐ A notice issued by the Australian Taxation Office within the preceding 12 months that records a debt payable to or by the person by or to the Commonwealth
- ☐ A notice issued by local government body or utilities provider within the preceding three months that records the provision of services to that address or to that person and contains the individual's name and residential address

Section 4: Trust or Superannuation Fund

Note: All trusts, unless you are an Australian Retirement Fund (i.e. SMSF), are required to complete the Entity CRS Form, found here on our [website](#).

4A – Trust or Superannuation Fund Details

Trust or Superannuation Fund Name (in full)

Business Name (if applicable, in full)

ABN (if applicable)

Tax Information/ FATCA Declaration

1. Are you an Australian Retirement Fund (ie SMSF)?

☐ Yes (If yes, please provide your TFN or exemption reason below and go to Section 4B)

☐ No (if no, go to question 2)

Australian Tax File Number (TFN) or Exemption Reason

2. Please select ☒ one of the below categories and complete as appropriate:

☐ a. The Entity is a Specified US Person and the Entity's US Federal Taxpayer Identifying number (US TIN) is as follows:

US TIN:

☐ b. The Entity is a US Person but not a Specified US Person

☐ c. The Entity is not a US Person (**Please also complete Entity FATCA Classification in question 3**)

3. Entity's FATCA Classification

If the Entity is a Financial Institution, please select ☒ one of the below categories and provide the Entity's GIIN:

☐ Australian Financial Institution or a Partner Jurisdiction Financial Institution

☐ Registered Deemed Compliant Foreign* Financial Institution

☐ Participating Foreign* Financial Institution

Please provide the Entity's Global Intermediary Identification number (GIIN):

If the Entity is a Financial Institution but unable to provide a GIIN, please select ☒ one of the below reasons:

☐ The Entity has not yet obtained a GIIN but is sponsored by another entity (or its Trustee if the Entity is a Trustee Documented Trust) which does have a GIIN. Please provide your sponsor/trustee's name and sponsor/trustee's GIIN:

Sponsor/Trustee's Name:

Sponsor/Trustee's GIIN:

☐ Exempt Beneficial Owner

☐ Certified Deemed Compliant Foreign* Financial Institution (including a deemed compliant Financial Institution under Annex II of the Agreement)

☐ Non-Participating Foreign Financial Institution

☐ Excepted Foreign* Financial Institution

Non-Financial Institutions under FATCA:

If the Entity is not a Financial Institution, please select ☒ one of the below categories:

- ☐ Active Non-Financial Foreign* Entity
- ☐ Passive Non-Financial Foreign* Entity (if this box is ticked, please complete Section 3A(i) - Controlling US Persons)
- ☐ Excepted Non-Financial Foreign* Entity

* Foreign means non-U.S

4B – Type of Trust

Please select ☒ the type of Trust and provide the relevant information:

- | | | |
|---|---|---|
| <input type="checkbox"/> Self Managed Superannuation Fund | <input type="checkbox"/> Registrable Superannuation Entity | <input type="checkbox"/> Government Superannuation Fund |
| <input type="checkbox"/> Registered Managed Investment Scheme | <input type="checkbox"/> Unregistered Managed Investment Scheme | <input type="checkbox"/> Foreign Trust or Fund |
| <input type="checkbox"/> Family Trust | <input type="checkbox"/> Other Trust – please specify: | <input type="text"/> |

Please provide the relevant information below for the type of Trust selected:

Country in which Trust was established

ARSN or applicable Foreign Registration Number

Name of Regulator (e.g. ASIC, ATO) or Foreign Regulator

Provide name of legislation establishing the Trust (Government Superannuation Fund Only)

4C – Beneficiary Details

ONLY complete if you are an Unregistered Managed Investment Scheme, Foreign Trust or Foreign Fund, Family Trust or Other Trust.

Does the Trust Deed name the Beneficiaries ☐ Yes ☐ No – if No, please complete either Section 4C (i) or 4C (ii) and 4C (iii) below.

4C (i) – Provide the full name of each Beneficiary:

1	<input type="text"/>
2	<input type="text"/>
3	<input type="text"/>
4	<input type="text"/>

If there are additional beneficiaries, please provide details as an attachment.

4C (ii) – Describe the class of Beneficiary (e.g. Unit Holders, Charitable Purposes)

4C (iii) – Beneficial Owner Information

Provide the details below for each individual that directly or indirectly controls* the Trust. If this is confirmed to be the individual identified as the Trustee above, they must be listed again below to confirm that they are the Trust's Beneficial Owners.

*Includes control by acting as Trustee; or by means of trusts, agreements, arrangements, understandings and practices; or exercising control through the capacity to direct the Trustees; or the ability to appoint or remove the Trustees.

Beneficial Owner 1

Title	Given Name(s)	Surname	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date of Birth (DD/MM/YYYY)	Country of Birth	Citizenship	
<input type="text" value="/ /"/>	<input type="text"/>	<input type="text"/>	
Residential Address (street number and name)			
<input type="text"/>			
Suburb	State	Country	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Australian Tax File Number or Exemption Reason			
<input type="text"/>			

Beneficial Owner 2

Title	Given Name(s)	Surname	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date of Birth (DD/MM/YYYY)	Country of Birth	Citizenship	
<input type="text" value="/ /"/>	<input type="text"/>	<input type="text"/>	
Residential Address (street number and name)			
<input type="text"/>			
Suburb	State	Country	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Australian Tax File Number or Exemption Reason			
<input type="text"/>			

If there are additional beneficial owners, please provide details as an attachment.

4D – Identification Documentation: Trust or Superannuation Fund

The AML/CTF documentation required for processing **Section 4** is outlined below.

You must attach the following **CERTIFIED** copies of documents to this Application Form (the persons who can certify documents are outlined in **Section 6H**). **Please note a relative of the Investor or the Investor CANNOT be the certifier.**

Please indicate ☒ your selection:

Please provide the following information:

- ☐ If the **Trustee is an Individual**, please provide the identification documentation required for an Individual (**Section 2**)
- ☐ If the **Trustee is a Company**, please provide the identification documentation required for a Company (**Section 3**)
- ☐ If the **Trust is an Unregistered Managed Investment Scheme, Foreign Fund, Family Trust or Other Trust** please provide a current original or certified copy of the trust deed or extract or equivalent.
- ☐ If the **Trust has Beneficial Owners**, please provide the identification documentation required for an Individual (**Section 2**)

Section 5: Associations

5A – General Information

Name of Association (in full)

Title

Given Name(s) of the Chairperson

Surname

Title

Given Name(s) of the Secretary

Surname

Title

Given Name(s) of the Treasurer

Surname

5B – Association Details

1. Association type (select one of the following categories)

☐ Incorporated Association

Provide an ID number issued on incorporation (e.g., registration / incorporation number) if any:

OR

☐ Unincorporated Association

2. Full address of the Association's principal place of administration. If there is no principal place of administration, provide the address of the registered office or the residential address of an office holder of the Association.

☐ Principal place of administration address (street number and name)

Suburb

State

Country

Postcode

OR

☐ Registered office address (street number and name)

Suburb

State

Country

Postcode

OR

☐ Full given name and surname(s) of the public officer (or president, secretary or treasurer if there is no public officer)

Position

Residential address (street number and name)

Suburb

State

Country

Postcode

5C– Beneficial Owner Information

Provide the names of the individual members who directly or indirectly control the Association. Individual members who directly or indirectly control the Association includes exercising control through the capacity to determine decisions about financial or operating policies; or by means of trusts, agreements, arrangements, understanding and practices; voting rights of 25% or more; or power of veto.

Beneficial Owner 1

Title	Given Name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Role		
<input type="text"/>		

Beneficial Owner 2

Title	Given Name(s)	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
Role		
<input type="text"/>		

If there are additional beneficial owners, please provide details as an attachment.

5D – Tax Information/FATCA and CRS Declaration

1. Is the Association a tax resident of any other country outside of Australia?

☐ Yes (if yes, please go to question 2) ☐ No (if no, please provide the Association's TFN or exemption reason below)

Australian Tax File Number (TFN) or Exemption Reason

2. Does the Association have a Global Intermediary Identification Number (GIIN)/US Tax Payer Identification

☐ number (TIN)? Yes (if yes, please provide) ☐ No

GIIN/TIN Number

3. If the Association is a tax resident of a country outside of Australia, has the Entity CRS Form, found here on our [website](#), been completed?

☐ Yes (if yes, please provide) ☐ No (if no, please complete the Entity CRS Form and attach it to this application form)

5E – Identification Documentation: Associations

The AML/CTF documentation required for processing Section 5 is outlined below.

You must attach the following **CERTIFIED** copies of documents to this Application Form (the persons who can certify documents are outlined in **Section 6H**). **Please note a relative of the Investor or the Investor CANNOT be the certifier.**

Please indicate ☒ your selection:

Please provide the following information:

☐ Please provide the identification documentation required for an Individual (Section 2) for all Beneficial Owners

If the Association is incorporated, please attach a certified copy of the proof of incorporation from ASIC or from the rules of the incorporated association showing the:

- a. the full name of the incorporated association; and
- b. any unique identifying number issued to the incorporated association upon its incorporation.

If the Association is unincorporated, please attach a certified copy of:

- a. the rules of the unincorporated association showing the full name of the unincorporated association; and
- b. the current driver's licence or passport of the individuals signing the application on behalf of the unincorporated association.

Section 6: Investor Details

ALL INVESTORS MUST COMPLETE THIS SECTION.

6A – Contact Details

Title	Given Name(s)	Surname	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Postal Address (street number and name)			
<input type="text"/>			
Suburb	State	Country	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone Number (business hours)	Phone Number (home)	Mobile Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email Address	Fax		
<input type="text"/>	<input type="text"/>		

6B – Adviser Details (if applicable)

Adviser Name			
<input type="text"/>			
Adviser Firm Name			
<input type="text"/>			
AFSL Number	ASIC Financial Adviser/Authorised Rep.Number*		
<input type="text"/>			
Adviser Office Address (street number and name)			
<input type="text"/>			
Suburb	State	Country	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address	Phone		
<input type="text"/>	<input type="text"/>		

* To obtain the Financial Adviser Number, please go to the <https://moneysmart.gov.au/financial-advice/financial-advisers-register>

Please tick here ☐ if you would like to register for access to our online Adviser Portal. You will have view only access to statements, and balance/ transaction information. If requesting online access, please also sign in Section 6K of this form.

6C – Investor Communications

If you provide your email address, you agree that we may provide you with information on your investment including statements, transaction confirmations and reports by email. If you wish to change your communication preference, please contact Lazard. Please indicate (☒ one box) your preference for receiving these communications, noting that all communications can be distributed by email.

☐ Investor and Adviser

☐ Adviser Only

☐ Investor Only

6D – Payment Details

Please provide payment reference details and indicate ☒ how your investment will be made:

☐ **Cheque Attached (Cheques must be sent by mail)**

Cheques should be made payable to: Lazard - Applications Account
Please ensure cheques are crossed "Not Negotiable"

☐ **Electronic Funds Transfer**

Account Name: Lazard - Applications Account
BSB: 032 000
Account No: 944 542
Description: Please quote the investor name as per the Application Form

☐ **Austraclear** Austraclear code: SSBS20

☐ **Real Time Gross Settlements (RTGS)**

Bank Name: Westpac Banking Corporation
Account Name: Lazard - Applications Account
BIC: WPACAU2S
BSB: 032 000
Account No.: 944 542
Reference: Please quote the investor name as per the Application Form

Payment Receipt Number

Date (DD/MM/YYYY)

 / /

Please note: Units in a Lazard Fund will only be issued following receipt of a fully completed valid Application Form and other required forms referred to in the Application Form, investor identification documents and cleared funds.

6E – Distribution Payment

Please indicate ☒ how you would like to receive fund distributions:

☐ Re-Invest in Additional Units in the Applicable Lazard Fund

☐ Paid in Cash to Designated Account

If no election is made distributions will be re-invested. Your distribution election will apply to your entire unitholding in each Lazard Fund and cannot apply to only part of your holding. The Manager may suspend or discontinue distribution re-investment at its discretion.

6F – Designated Account Details

The Designated Account Details you nominate will be used to credit your account with any distributions made by the Lazard Fund or withdrawals you request to be paid.

Name of Financial Institution

Branch

BSB Number

Account Number

Account Name (needs to match the name of the Investor)

Austraclear Code (if applicable)

Reference Number for Austraclear or RTGS Payment (if applicable)

6G – Annual Financial Report

Annual Financial Report

The current Annual Financial Report for the Lazard Funds will be made available at our website:

www.lazardassetmanagement.com/au/en_us/funds/annual-financial-reports

Please indicate ☒ whether you would like to receive a printed copy of the Annual Financial Report: ☐ Yes ☐ No

If no elections are made all communications will be emailed and Annual Financial Reports will be available on our website.

6H – Certification of Identification Documents

The list below details the persons who are authorised to certify copies of identification documentation:

Please note a relative of the Investor or the Investor CANNOT be the certifier.

- Lawyer (a person who is enrolled on the roll of the Supreme Court of a State or Territory, or High Court of Australia, as a legal practitioner);
- Medical Practitioner;
- Chiropractor;
- Dentist;
- Financial adviser or financial planner
- Pharmacist;
- Justice of Peace;
- Notary public (for the purposes of the Statutory Declaration Regulations 1993);
- Police officer;
- Legal Practitioner;
- (the post office) a permanent employee of the Australian Postal Corporation with two or more years of continuous service who is employed in an office supplying postal services to the public;
- Optometrist;
- Nurse;
- Physiotherapist
- Officer with 2 or more continuous years of service with one or more financial institutions (for the purposes of the Statutory Declaration Regulations 1993);
- Finance company officer with two or more continuous years of service with one or more financial companies (for the purposes of the Statutory Declaration Regulations 1993);
- Officer with, or authorised representative of, a holder of an Australian financial services licence, having two or more continuous years of service with one or more licensees; and
- (Accountant) member of the institute of Chartered Accountants in Australia, CPA Australia or the National Institute of Accountants with two or more years of continuous membership.

6I – Declaration

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 declare that by signing and lodging this application form, I/we represent and acknowledge that I/we have read and understood the Target Market Determination of the Fund to which the application form relates. I/We consider the Standard Risk Measure of the Fund(s) in the Target Market Determination to be appropriate for my/our individual risk and return profile.

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).

6J – Investor Signature

For all applications except where the Investor is an Individual, please have two authorised persons signing the New Investor Application Form.

Investor 1

Print Name

Signature of Investor 1

Title of Signatory (e.g. Director, Trustee, Power of Attorney)

Date (DD/MM/YYYY)

 / /

Investor 2

Print Name

Signature of Investor 2

Title of Signatory (e.g. Director, Trustee, Power of Attorney)

Date (DD/MM/YYYY)

 / /

If there are more than two signatories please include an attached list of names and signatures

6K– Adviser Declaration (if applicable)

To be completed by the financial adviser described in Section 6B.

By signing below and **submitting the enclosed copy of the relevant Financial Services Council/Financial Planning Association of Australia Identification Form (FSC/FCA Form) in relation to the applicant**, I represent to the issuer of the product to which this application relates (Lazard) that I:

- have followed the FSC/FPA Industry Guidance Note No. 24 and any other applicable guidelines and laws with respect to the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (AML/CTF Laws);
- will make available to Lazard, on request, original verification and identification records obtained by the financial adviser in respect of the applicant, being those records referred to in the FSC/FPA Form;
- will provide details of the customer identification procedures adopted by the financial adviser in relation to the applicant;
- have kept a record of the applicant's identification and verification and will retain these in our file for a period of seven years after the financial adviser's relationship with the applicant has ended;
- will use reasonable efforts to obtain additional information from the applicant if Lazard requests the financial adviser to do so;
- will not knowingly do anything to put Lazard in breach of AML/CTF Laws; and
- will notify Lazard immediately if I become aware of anything that would put Lazard in breach of AML/CTF Laws.

Print Name

Signature of Adviser

Date (DD/MM/YYYY)

 / /

Please Enclose

Ensure you have enclosed a copy of the relevant FSC/FPA of Australia Identification Form.

Where do I send my Application Form?

Completed New Investor Application Forms and Identification Documentation should be mailed to:

The Manager, State Street Unit Registry
State Street Australia Limited
Level 14, 420 George Street
Sydney, NSW 2000

Further Assistance or Information

If you require assistance with completing the New Investor Application Form, please contact Lazard on: **1800 825 287** or investorqueries@lazard.com

Further information regarding our Funds can be accessed on our website: www.lazardassetmanagement.com/au/en_us