HARDING LOEVNER FUNDS

Account Application
Shareholder Inquiries: (877) 435-8105
HardingLoevnerFunds@ntrs.com

1. Account Registration

Please fill out this section exactly as you wish to register your account. Any subsequent changes to the status of your account must be made in writing and may need to be accompanied by a medallion signature guarantee. **If this is an IRA, please call us at (877) 435-8105 for an IRA application. Do not fill out this application.**

(Please check one box)

☐ **Corporation**

☐ **Partnership**

☐ **Other***

Name of Corporation, Partnership or Other Entity (provide DBA name if applicable) ______________________

Tax I.D. Number ______________________

Name of Officer and Title ______________________

*If Other, please specify the type of entity: ______________________

If publicly traded, provide ticker symbol and exchange ______________________

☐ **Individual**

☐ **Joint Account**

Owner's Name: First, Middle Initial, Last ______________________ Social Security Number/Tax I.D. Number ______________________ Date of Birth (MM/DD/YYYY) ______________________

Joint Owner's Name: First, Middle Initial, Last (if applicable) ______________________ Social Security Number/Tax I.D. Number (if applicable) ______________________ Date of Birth (MM/DD/YYYY) (if applicable) ______________________

Joint accounts will be registered joint tenants with the right of survivorship unless otherwise indicated.

Tenancy: ☐ In Common ☐ Entirety ☐ Common Property

☐ **Trust**

Trustee(s) Name(s): First, Middle Initial, Last ______________________ Social Security Number/Tax I.D. Number ______________________ Date of Birth (MM/DD/YYYY) ______________________

Beneficiary's Name: First, Middle Initial, Last ______________________ Social Security Number/Tax I.D. Number ______________________ Date of Birth (MM/DD/YYYY) ______________________

Legal Name of Trust ______________________

☐ **Uniform Gift/ Transfer to Minor (UGMA/UTMA)**

Custodian's Name: First, Middle Initial, Last (one permitted) ______________________ Social Security Number/Tax I.D. Number ______________________ Date of Birth (MM/DD/YYYY) ______________________

Minor's Name: First, Middle Initial, Last (one permitted) ______________________ Social Security Number/Tax I.D. Number ______________________ Date of Birth (MM/DD/YYYY) ______________________

The State Which Gift or Transfer Was Given Under ______________________

2. Investor Account Type

Please indicate specifically what type of entity you are in the space provided below: (i.e. Pension Plan, Foundation, Corporate Cash, Trustee, etc.) Be as specific as possible.

I certify that this account is <u>not</u> a Pooled or Omnibus Account. A Pooled or Omnibus Account is a single account that pools the holdings of more than one beneficial owner, whose identities are not disclosed to the Fund, in which case the beneficial owners have the ability to affect transactions, and for which sub-accounting is performed by the Omnibus Account holder or a third party.

If this account <u>is</u> a Pooled or Omnibus Account, additional information will be required. Please contact Quasar Distributors L.L.C at dealeragreements@usbank.com for the necessary agreements, which must be executed prior to opening an Account.

Investor Account Type ______________________

Pooled or Omnibus Account ☐ Yes ☐ No

3. Primary Registrant Mailing Address

____
Street Address (required)

____________________	____________________	____________________
City	State	Zip Code
____________________	____________________	____________________
Daytime Phone Number	Fax Number	E-Mail

4. Initial Investment

Initial amount to be invested is $__________________________, to be allocated initially to the following Portfolios as specified: (Leave blank if unknown at time of application)

$__________________________, **International Equity Portfolio**, Investor Class (minimum $5,000)
Ticker HLMNX, Fund Number 101

$__________________________, **International Equity Portfolio**, Institutional Class (minimum $100,000)
Ticker HLMIX, Fund Number 201

$__________________________, **Global Equity Portfolio**, Advisor Class (minimum $5,000)
Ticker HLMGX, Fund Number 102

$__________________________, **Global Equity Portfolio**, Institutional Class (minimum $100,000)
Ticker HLMVX, Fund Number 202

$__________________________, **Emerging Markets Portfolio** (minimum $5,000)
Ticker HLEMX, Fund Number 103

$__________________________, **Institutional Emerging Markets Portfolio** (minimum $500,000)
Ticker HLMEX, Fund Number 203

$__________________________, **International Small Companies Portfolio**, Investor Class (minimum $5,000)
Ticker HLMSX, Fund Number 104

$__________________________, **Frontier Emerging Markets Portfolio**, Institutional Class (minimum $100,000)
Ticker HLFMX, Fund Number 204

5. Payment

☐ **Wire Transfer**: $__________________________, Will be wired on:______________________________
Amount Date

Wire Instructions

Name of Bank:	**Northern Trust Company**
ABA Number:	**0710 00152**
Account Name:	**NF Third Party HL Wire Transfer**
Account Number:	**5201691000**
FFC Account Name:	**Harding, Loevner Funds, Inc.**
FFC Account Number:	**1037**
Reference:	**(Name of Portfolio and Account Number)**

☐ **Check**: All checks should be made payable to **Harding, Loevner Funds, Inc.** Please enclose your check with this application or mail it separately to one of the addresses listed in Section 12.

6. Dividend and Capital Gain Payment Options

Unless a box is checked for both income dividends and capital gains, all distributions will be reinvested in shares.

Portfolio	**Income Dividends**		**Capital Gains**	
International Equity Portfolio, Investor Class (HLMNX)	☐ Reinvest	☐ Cash	☐ Reinvest	☐ Cash
International Equity Portfolio, Institutional Class (HLMIX)	☐ Reinvest	☐ Cash	☐ Reinvest	☐ Cash
Global Equity Portfolio, Advisor Class (HLMGX)	☐ Reinvest	☐ Cash	☐ Reinvest	☐ Cash
Global Equity Portfolio, Institutional Class (HLMVX)	☐ Reinvest	☐ Cash	☐ Reinvest	☐ Cash
Emerging Markets Portfolio (HLEMX)	☐ Reinvest	☐ Cash	☐ Reinvest	☐ Cash
Institutional Emerging Markets Portfolio (HLMEX)	☐ Reinvest	☐ Cash	☐ Reinvest	☐ Cash
International Small Companies Portfolio, Inv Class (HLMSX)	☐ Reinvest	☐ Cash	☐ Reinvest	☐ Cash
Frontier Emerging Markets Portfolio, Inst Class (HLFMX)	☐ Reinvest	☐ Cash	☐ Reinvest	☐ Cash

7. Transaction Confirmations/Statements

Delivery Method For Primary Registrant:
☐ E-Mail: ______________________
☐ Hard Copy
☐ Hard Copy and E-Mail: ______________________

8. Interested Parties

I/we would like duplicate transaction confirmations and statements sent to the following. **Please attach a supplemental sheet if there are more than two interested parties.**

1.______________________ ______________________
Name: First, Middle Initial, Last | Street Address

______________________ ______________________ ____________ ____________
City | State | Zip Code | Daytime Phone Number

Delivery Method For Interested Party #1:
☐ E-Mail: ______________________
☐ Hard Copy
☐ Hard Copy and E-Mail: ______________________

2.______________________ ______________________
Name: First, Middle Initial, Last | Street Address

______________________ ______________________ ____________ ____________
City | State | Zip Code | Daytime Phone Number

Delivery Method For Interested Party #2:
☐ E-Mail: ______________________
☐ Hard Copy
☐ Hard Copy and E-Mail: ______________________

9. Redemption and Dividend Wire Instructions

Proceeds of any redemptions and dividend disbursements (if applicable) should be wired to my/our bank as follows. **Any changes to your redemption or dividend wire instructions must be accompanied by a medallion signature guarantee. If instructions are not indicated, all cash dividends and redemptions will be paid by check to the address indicated under Section 3 (Mailing Address). Please attach a voided check.**

Primary Bank Instructions

______________________ ______________________ ______________________
Name of Bank | Bank Routing Number | Address/ Branch

______________________ ______________________ ______________________
Registered Account Name | Account Number | Bank Phone Number

Note: Redemption proceeds will only be paid to the shareholder of record, or to a court-appointed guardian or executor of the shareholder of record.

10. Telephone Transaction Option

I/we authorize Quasar Distributors, L.L.C. and Northern Trust to honor telephone instructions for my/our account. Both may employ procedures designed to confirm that instructions communicated by telephone are genuine. If the Portfolio does not employ such procedures, it may be liable for losses due to unauthorized or fraudulent instructions. No wire instruction changes or other account registration changes will be accepted via telephone. If you do not authorize the below-listed telephone transaction option, only written instructions will be accepted.

☐ Permits redemption of shares via telephone
☐ Permits exchanging shares via telephone at any time among the Portfolios of the Harding, Loevner Funds, Inc.

11. Signatures

Each of the undersigned warrants that he/she has full authority and, if a natural person, is of legal age to purchase shares pursuant to this Application, and that he/she has received a current Prospectus for the Portfolio and agrees to be bound by the terms stated in the Prospectus.

A.____________________ ____________________ ______________ __________
Name of Corporate Officer, Partner, Trustee, Etc. | Signature | Title | Date

B.____________________ ____________________ ______________ __________
Name of Individual | Signature | Title | Date

____________________ ____________________ ______________ __________
Name of Joint Registrant (If applicable) | Signature | Title | Date

12. Additional Authorized Persons

I/we authorize the following persons to instruct Northern Trust to place purchase and redemption orders and submit or change redemption and dividend wire instructions. I/we certify that each signature is the authentic signature of the authorized person. Please attach a supplemental sheet if there are more than three additional authorized persons.

____________________ ____________________
Name | Signature

____________________ ____________________
Name | Signature

____________________ ____________________
Name | Signature

Please return your completed Account Application and Check (if applicable) to:

If by regular mail:	Harding, Loevner Funds, Inc. PO Box 4766 Chicago, IL 60680-4766
If by express delivery:	Harding, Loevner Funds, Inc. c/o Northern Trust Company Attn: Funds Center C5S 801 South Canal Street Chicago, IL 60607
Shareholder Inquiries:	(877) 435-8105 HardingLoevnerFunds@ntrs.com

Substitute Form W-9

Request for Taxpayer Identification Number and Certification

☐ Exempt from backup withholding

Taxpayer Identification Number (TIN)
Enter your TIN on the appropriate line. The TIN provided must match the name given for the registration of your account to avoid backup withholding. For individuals, this is your social security number (SSN). For other entities, it is your employer identification number (EIN).

Social Security Number **or** **Employer Identification Number**

_________ - ______ - ____________ _____ - _____________________

Certification
Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien)

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature of
U.S. person:____ Date:________________

Please check that you have:

Quasar Distributors, L.L.C.

- Enclosed a voided check. (See Item 9 on Account Application)
- Signed a completed Rule 22c-2 Information Sharing Agreement and returned to the distributor (Pooled or Omnibus Accounts only) (See Item 2 on Account Application)
- Indicated primary registrant and interested parties to receive transaction confirmations. (See Items 7 and 8 on Account Application)
- Signed and dated the Account Application. (See Item 11 on Account Application)
- Signed and dated the Substitute Form W-9.

In order to comply with Customer Identification Program regulations of the USA Patriot Act passed by Congress in 2001, all financial institutions are required to obtain, verify and record information that identifies each person who opens an account. When you open an account, we will ask for your name, address, date of birth and other information that will allow us to confirm your identity. Additional information such as your driver's license or other identifying documents may also be requested. Furthermore, we may also confirm your information with credit bureaus (this will not affect your credit, and no data of a financial nature will be accessed). In the event that we are unable to verify the identity of investors, the Fund reserves the right to close the account if required by applicable law.

Please include the following for:

Corporation, Partnership, or Other Entity

- Completed Account Application
- Articles of Incorporation

Individual or Joint Account

- Completed Account Application

Uniform Gift/Transfer to Minors (UGMA/UTMA)

- Completed Account Application

Trust

- Completed Account Application
- Declaration of Trust with appropriate amendments (if required)
- Resolutions (if required)