

HARDING, LOEVNER FUNDS, INC.

ACCOUNT APPLICATION

Shareholder Inquiries: (877) 435-8105

1. Account Registration (check one box)

Please fill out this section exactly as you wish to register your account. Any changes to the status of your account must be made in writing accompanied by a signature guarantee.

Corporation, Partnership,
or Other Entity

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

Tax I.D. Number

Name of Officer and Title

Type: Corporation Partnership Other (specify) _____

If publicly traded, provide ticker symbol and exchange _____

Individual or
 Joint Account

Owner's Full Legal Name: First, Middle Initial, Last

Owner's Social Security Number

Joint Owner's Full Legal Name: First, Middle Initial, Last

Joint Owner's Social Security Number

Owner's Date of Birth

Joint Owner's Date of Birth

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

Tenancy: In Common Entirety Common Property

If this is an IRA, is it a: Regular IRA Rollover IRA Transfer of Assets Other _____

IRA Beneficiary & Tax ID: _____ - _____

Uniform Gift/Transfer to
Minors (UGMA/UTMA)

Custodian's Full Legal Name (only one permitted)

Minor's Full Legal Name (only one permitted)

Minor's Social Security Number

The State Which Gift or Transfer Was Given Under

Custodian's Date of Birth

Minor's Date of Birth

Custodian's Residential Address

Custodian's Social Security Number

Trust

Trustee(s) Full Legal Names

Trustee(s) Social Security Number(s)

Trustee(s) Residential Address

Trustee(s) Date of Birth

Name of Trust Agreement

Beneficiary's Name

Beneficiary Tax I.D. Number

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 **not** 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 **is** 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. Mailing Address

Street Address (required)

City

State

Zip Code

()

Phone Number

()

Fax Number

4. Initial Investment

Initial amount to be invested is \$ _____, to be allocated initially to the following Portfolios as specified: (If unknown at time of application leave blank)

\$ _____, International Equity Portfolio, Institutional Class (minimum \$100,000)
Ticker HLMIX, Fund Number 4951

\$ _____, International Equity Portfolio, Investor Class (minimum \$5,000)
Ticker HLMNX, Fund Number 4446

\$ _____, Global Equity Portfolio (minimum \$5,000)
Ticker HLMGX, Fund Number 4952

\$ _____, Emerging Markets Portfolio (minimum \$5,000)
Ticker HLEMEX, Fund Number 4954

\$ _____, Institutional Emerging Markets Portfolio (minimum \$500,000)
Ticker HLMEX, Fund Number 4955

\$ _____, International Small Companies Portfolio, Investor Class (minimum \$5,000)
Ticker HLMSX, Fund Number 4451

\$ _____, Frontier Emerging Markets Portfolio, Institutional Class (minimum \$1,000,000)
Ticker HLFMX, Fund Number 4960

5. Payment

\$ _____ Will be wired on: _____
Amount *Date*

To: **State Street Bank and Trust Company**
Boston, Massachusetts

ABA Number:

0110 0002 8

Account Name:

HLF - Purchase Account

Account Number:

00330928

Reference:

(Portfolio Name, Beneficiary Account Name/Number)

6. Dividend and Capital Gains Payment Options

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

<u>Portfolio</u>	<u>Income Dividends</u>		<u>Capital Gains</u>	
International Equity Portfolio Investor Class (HLMNX)	<input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash	<input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash
International Equity Portfolio Institutional Class (HLMIX)	<input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash	<input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash
Global Equity Portfolio (HLMGX)	<input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash	<input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash
Emerging Markets Portfolio (HLEMX)	<input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash	<input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash
Institutional Emerging Markets Portfolio (HLMEX)	<input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash	<input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash
International Small Companies Portfolio, Inv Class (HLMSX)	<input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash	<input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash
Frontier Emerging Markets Portfolio, Inst Class (HLFMX)	<input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash	<input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash

7. Duplicate Confirmations/ Statements

I/we would like duplicate confirmations and statements sent to the following: (Please attach a supplemental sheet if more than one duplicate is necessary.) Only one interested party is available for confirmations (unlimited for monthly statements).

_____		_____
<i>Name</i>		<i>Street Address</i>

_____	_____	_____
<i>City</i>	<i>State</i>	<i>Zip Code</i>

8. 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 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

_____	_____
<i>Registered Account Name</i>	<i>Name of Bank</i>
_____	_____
<i>Address/ Branch</i>	<i>Account Number</i>
_____	_____
<i>Bank Phone Number</i>	<i>Bank Routing Number</i>

Note: Alternate bank instructions may be provided if, on occasion, you would like wires sent to an alternate bank. Please attach alternate instructions if you would like this option. At the time of wire, you must specify use of the alternate bank.

9. Telephone Transaction Option

I/we authorize Quasar Distributors, L.L.C. and State Street Bank and Trust Company 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 at any time among the Portfolios managed by Harding Loevner LLC

10. Transaction Confirmations and Monthly Statements

I would like to receive the following:

I would like my interested party (section 7) to receive the following:

- | | |
|--|--|
| <input type="checkbox"/> Transaction confirmations only | <input type="checkbox"/> Transaction confirmations only |
| <input type="checkbox"/> Monthly statements only | <input type="checkbox"/> Monthly statements only |
| <input type="checkbox"/> Both transaction confirmations and monthly statements | <input type="checkbox"/> Both transaction confirmations and monthly statements |

Note: Either the primary registrant or the interested party must receive transaction confirmations.

11. Authorizations

I/we authorize the following persons to instruct State Street Bank and Trust Company to (a) place purchases and redemptions orders and/or (b) to submit or change redemption and dividend wire instructions. I/we certify that each signature is the authentic signature of the authorized person. (Please check boxes accordingly)

Name	Signature	Capacity
_____	_____	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> both
_____	_____	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> both
_____	_____	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> both

12. Signature

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. _____
Corporate Officer, Partner, Trustee, Etc. Title Date

B. _____
Individual Joint Registrant, if any Date

Please return the Completed Account Application to:

If by regular mail:
Harding, Loevner Funds, Inc.
c/o State Street Bank and Trust Company
Attn: Transfer Agent
PO Box 642
Boston, MA 02117-0642

If by express delivery:
Harding, Loevner Funds, Inc.
c/o State Street Bank and Trust Company
Attn: Transfer Agent
200 Clarendon St.
29th Floor, Mail Code JHT2920
Boston, MA 02116

Shareholder Inquiries: (877) 435-8105

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:

- Enclosed a voided check. *(See Item 8 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/or interested party to receive transactions confirmations. *(See Item 7 on Account Application)*
- Signed and dated the Account Application. *(See Item 12 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/Transfers to Minors (UGMA/UTMA)

- Completed Account Application

Trust

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

IRA

- Completed Account Application
 - IRA Documents (if required)
 - Beneficiary Name and Tax ID
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