

## 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 - Including Date of Trust Agreement \_\_\_\_\_  
 Trust Tax I.D. Number

- 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 not an Omnibus Account being set up on behalf of a broker-dealer.

An 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 you are a broker-dealer and this account is an 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 \_\_\_\_\_

**3. Primary Registrant Mailing Address**

 Street Address (no P.O. Box please)
 

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 City
 

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 State
 

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 Zip Code
 

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 Daytime Phone Number
 

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 Fax Number
 

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 E-mail
 

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**Account mailing address if different from above:**

 Address
 

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 City
 

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 State
 

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 Zip Code
 

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**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)

Fund	Minimum Initial Investment	Class	Ticker - Fund Number	Subscription Amount
International Equity Portfolio	\$5,000	Investor	HLMNX - 101	\$
	\$100,000	Institutional	HLMIX - 201	\$
	\$10,000,000	Class Z	HLIZX - 401	\$
Global Equity Portfolio	\$5,000	Advisor	HLMGX - 102	\$
	\$100,000	Institutional	HLMVX - 202	\$
	\$10,000,000	Class Z	HLGZX - 402	\$
Emerging Markets Equity Portfolio	\$5,000	Advisor	HLEMX - 103	<i>Fund closed to new investors</i>
Institutional Emerging Markets Equity Portfolio	\$500,000	Class I	HLMEX - 203	<i>Fund closed to new investors</i>
	\$25,000,000	Class II	HLEEX - 303	<i>Fund closed to new investors</i>
International Small Companies Equity Portfolio	\$5,000	Investor	HLMSX - 104	\$
	\$100,000	Institutional	HLMRX - 206	\$
Frontier Emerging Markets Equity Portfolio	\$5,000	Investor	HLMOX - 105	\$
	\$100,000	Institutional - Class I	HLFMX - 204	\$
	\$10,000,000	Institutional - Class II	HLFFX - 304	\$
International Equity Research Portfolio	\$5,000	Investor	HLINX - 107	\$
	\$100,000	Institutional	HLIRX - 207	\$
Global Equity Research Portfolio	\$5,000	Investor	HLGNX - 109	\$
	\$100,000	Institutional	HLRGX - 209	\$
Emerging Markets Research Portfolio	\$5,000	Investor	HLENX - 108	\$
	\$100,000	Institutional	HLREX - 208	\$

### 5. Payment

**Wire Transfer:** \$ \_\_\_\_\_, Will be wired on: \_\_\_\_\_  
Amount Date

Wire Instructions (Please wait for confirmation that your account has been opened before initiating your wire.)

Name of Bank: **Northern Trust Company**  
 ABA Number: **0710 00152**  
 Account Name: **NF HL Wire Transfer**  
 Account Number: **5201691000**  
 FFC Account Name: **Harding, Loevner Funds, Inc.**  
 FFC Account Number: **HLF1037**  
 Reference: **1) Fund Number - Name of Portfolio and 2) Account Number (if available)**

**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 14.

### 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)	<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
International Equity Portfolio, Class Z (HLIZX)	<input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash	<input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash
Global Equity Portfolio, Advisor Class (HLMGX)	<input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash	<input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash
Global Equity Portfolio, Institutional Class (HLMVX)	<input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash	<input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash
Global Equity Portfolio, Class Z (HLGZX)	<input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash	<input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash
Emerging Markets Portfolio, Advisor Class (HLEMX)	<input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash	<input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash
Institutional Emerging Markets Portfolio - Class I (HLMEX)	<input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash	<input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash
Institutional Emerging Markets Portfolio - Class II (HLEEX)	<input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash	<input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash
International Small Companies Portfolio, Inv Class (HLSMX)	<input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash	<input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash
International Small Companies Portfolio, Inst Class (HLMRX)	<input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash	<input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash
Frontier Emerging Markets Portfolio, Investor Class (HLMOX)	<input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash	<input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash
Frontier Emerging Markets Portfolio, Inst - Class I (HLFMX)	<input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash	<input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash
Frontier Emerging Markets Portfolio, Inst - Class II (HLFFX)	<input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash	<input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash
International Equity Research Portfolio, Investor Class (HLINX)	<input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash	<input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash
International Equity Research Portfolio, Inst Class (HLIRX)	<input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash	<input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash
Global Equity Research Portfolio, Investor Class (HLGNX)	<input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash	<input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash
Global Equity Research Portfolio, Institutional Class (HLRGX)	<input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash	<input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash
Emerging Markets Research Portfolio, Investor Class (HLENX)	<input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash	<input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash
Emerging Markets Research Portfolio, Institutional Class (HLREX)	<input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash	<input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash

### 7. Cost Basis Election

The default cost basis method is Average Cost. If you do not specify a cost basis reporting method, the FUND DEFAULT METHOD will be applied to your account(s). If you select the Specific ID method, a secondary method may be selected in Section 8.

Average Cost (AVCS)       Last In, First Out (LIFO)  
 First In, First Out (FIFO)       Average Cost Single Account (AVCC)  
 Specific ID (SPID)

### 8. Specific ID Secondary Method (optional)

If you select Specific ID for your account(s) and would like to use a secondary method as a standing order, please indicate the method below. If you do not provide specific shares at the time of your sale and do not have a secondary method on file, we will sell shares using the First In, First Out (FIFO) method.

First In, First Out (FIFO)       Last In, First Out (LIFO)

**9. Transaction Confirmations/Statements**

Delivery Method For Primary Registrant:

- E-mail
- Hard Copy
- Hard Copy and E-mail

**10. Interested Parties (optional)**

I/we would like duplicate transaction confirmations and statements sent to the following. Interested parties will receive the same delivery method as the primary registrant. **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
E-mail			
2.			
Name: First, Middle Initial, Last	Street Address		
City	State	Zip Code	Daytime Phone Number
E-mail			

**11. 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.

**12. 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 wish to authorize the telephone transaction options, only written instructions will be accepted.

- Do not permit redemption of shares via telephone
- Do not permit exchanging shares via telephone at any time among the Portfolios of the Harding, Loevner Funds, Inc.

### 13. Signatures

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 (c) the IRS has notified me that I am no longer subject to backup withholding; and (3) I am a US person. Cross out item 2 if it does not apply to you. The IRS does not require your consent to any provision on this application other than the certification required to avoid backup withholding.

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.

**Please be advised that abandoned or unclaimed property laws for certain states (to which your account may be subject) require financial organizations to transfer (es-  
cheat) unclaimed property (including shares of a Fund) to the appropriate state if no activity occurs in an account for a period of time specified by state law.**

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

### 14. 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

**Checklist**

Ensure that you have:

Quasar Distributors, L.L.C.

- 1) Enclosed a voided check. (See Section 11 on Account Application)
- 2) Signed a completed Rule 22c-2 Information Sharing Agreement and returned to the distributor (Pooled or Omnibus Accounts only).  
(See Section 2 on Account Application)
- 3) Indicated a primary registrant and interested parties to receive transaction confirmations. (See Sections 8 and 9 on Account Application)
- 4) Signed and dated the Account Application. (See Section 13 on Account Application)
- 5) Supplied the specified formation documentation for the following account types in addition to your Account Application:

**Corporation, Partnership, or Other Entity**

- A) Articles of Incorporation
- B) Authorized Signers List or Corporate Resolution (if applicable)

**Trust**

- A) Declaration of Trust with appropriate amendments (if required)
- B) Resolutions (if required)

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 return your completed Account Application (via mail or fax) and Check (if applicable) to:**

Regular mail:	Harding, Loevner Funds, Inc. PO Box 4766 Chicago, IL 60680-4766
Express delivery:	Harding, Loevner Funds, Inc. c/o Northern Trust Company Attn: Funds Center C5S 801 South Canal Street Chicago, IL 60607
Fax:	(312) 267-3657