



Mail this form to:
Natixis Funds, P.O. Box 219579, Kansas City, MO 64121-9579
Overnight mail: 801 Pennsylvania Ave. Suite 219579,
Kansas City, MO 64105-1307
Questions? Call 800-225-5478
im.natixis.com

BENEFICIAL OWNER APPLICATION

This form must be completed by the person opening a new account on behalf of a legal entity. For the purposes of this form, a legal entity includes a corporation, a limited liability company, a general partnership, a non-profit and any similar business entity formed in the United States.

Account Information

Name of Natural Person Opening Account

Title

Legal Entity Name

Legal Entity Address

Beneficial Owner(s)

The following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship, or otherwise, owns 25 percent or more of the entity interests of the legal entity listed above:

Note: Non-profits do not have to complete this section

Name/Title	Date of Birth (mm/dd/yyyy)	Address (residential or business street address)	Social Security Number

Please check one of the following for each of the Beneficial Owner(s) named above.

Citizenship: ☐ Citizen ☐ Resident Alien ☐ Non-Resident Alien

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For a Foreign person without a (SSN/ITIN), attach a copy of your passport and provide the Passport Number and Country of Issuance below. In lieu of a passport, foreign persons may also provide a U.S. government-issued Alien ID or other foreign government-issued documents evidencing nationality or residence and bearing a photograph or similar safeguard.

Control Person

The following information for on individual with significant responsibility for managing the legal entity listed above, such as: An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or any other individual who regularly performs similar functions. (If appropriate, an individual listed under section (Beneficial Owner) above may also be listed in this section (Control Person)).

Name/Title	Date of Birth (mm/dd/yyyy)	Address (residential or business street address)	Social Security Number

Citizenship: ☐ Citizen ☐ Resident Alien ☐ Non-Resident Alien

For a Foreign person without a (SSN/ITIN), attach a copy of your passport and provide the Passport Number and Country of Issuance below. In lieu of a passport, foreign persons may also provide a U.S. government-issued Alien ID or other foreign government-issued documents evidencing nationality or residence and bearing a photograph or similar safeguard.

Certification

I, _____ (name of natural person opening account), hereby certify, to the best of my knowledge that the information provided above is complete and correct.

Federal Regulations require us to obtain certain personal information from you and to use that information to verify your identity. If you do not provide the information requested then we may not be able to open your account. In the event that we are unable to verify your identity, we reserve the right to refuse to open an account, close your account or take other such steps as we deem necessary to comply with the Federal Regulations.

As required by federal law, I certify under penalties of perjury (1) that the Social Security or Taxpayer Identification Number provided above is correct, (2) that the IRS has never notified me that I am subject to backup withholding, or has notified me that I am no longer subject to such backup withholding, and (3) I am a U.S. person (including a U.S. resident alien). (Note: if part (2) of this sentence is not true in your case, please strike out that part before signing.) I am exempt from FATCA reporting (4). The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Signature: _____ Date (mm/dd/yyyy): _____