

CHANGE OF REGISTRATION FORM

Please complete this form online, then print, sign and mail it to us.

1. Instructions

Please complete this form online, then print, sign and mail it to us.

The paperclip image  indicates that additional documentation is required with this form.

- Use this form to change ownership of your existing Natixis Funds account or to transfer a portion of your Natixis Funds account to a new owner.
- Do not use this form for an IRA account. Use the IRA Distribution Form.

Below are some examples of registration changes and instructions:

Transfer from an Individual Account to a Joint Tenant Account

- 1) The current account owner must complete **Sections 2-4**, sign in **Section 5** and obtain a Medallion Signature Guarantee (MSG) stamp in **Section 6**.
- 2) If the transfer is to a new joint tenant account, the new account owners must complete **Sections 7-15**.

Transfer from a Joint Tenant Account to an Individual Account

- 1) The current account owner must complete **Sections 2-4**, sign in **Section 5** and obtain an MSG stamp in **Section 6**.
- 2) If the transfer is to a new individual account, the new account owner must complete **Sections 7-15**.

Transfer from an Individual or Joint Tenant Account to a Trust Account

- 1) If the current account owner name(s) is identical to the trustee name(s) and the primary Social Security Number (SSN) is identical to the trust Tax Identification Number (TIN), the current account owner(s) must complete **Sections 2-4** and sign in **Section 5**.
- 2) If the names and/or SSN/TIN are not identical, the current account owner(s) must complete **Sections 2-4**, sign in **Section 5** and obtain an MSG stamp in **Section 6**.
- 3) If the transfer is to a new trust account, the trustee(s) must complete **Sections 7-15**.

Transfer from an Individual, Joint Tenant or TOD Account due to Death

- 1) If it is a joint tenant account and one owner is deceased, the surviving joint owner must complete **Sections 2-4**, sign in **Section 5** and obtain an MSG stamp in **Section 6**.
- 2) If it is a joint tenant account and both owners are deceased, the executor must complete **Sections 2-4**, sign and indicate capacity in **Section 5** and obtain an MSG stamp in **Section 6**.
- 3) If it is an individual account, the executor must complete **Sections 2-4**, sign and indicate capacity in **Section 5** and obtain an MSG stamp in **Section 6**.
- 4) If it is a Transfer on Death (TOD) account, each TOD beneficiary must complete a separate form, complete **Sections 2-4**, sign in **Section 5** and obtain an MSG stamp in **Section 6**.
- 5) If mandated by the state, the executor or new account owner must provide an inheritance tax waiver.
- 6) If the transfer is to a new individual account, the new account owner must complete **Sections 7-15**.

Transfer from an UTMA/UGMA Account to an Individual Account (Minor has reached the age of majority)

- 1) The custodian or former minor must complete **Sections 2-4**, sign in **Section 5** and obtain an MSG or Signature Validation Program (SVP) stamp in **Section 6**.
- 2) The former minor must complete **Sections 7-15**.

Change UGMA/UTMA Custodian

- 1) The current custodian must complete **Sections 2-4**, sign in **Section 5** and obtain an MSG stamp in **Section 6**.
- 2) The new custodian must complete **Sections 7-15**.

*For account owners looking to change their name due to marriage, divorce or other please see our name change form.

2. Existing Account Information

Please see your last account statement for this information.

To transfer another account, please complete and attach an additional form.

Name*		Daytime Telephone Number
Name of Joint Owner*		
Address*		
City	State	Zip
Social Security Number*	E-mail address	
<input type="checkbox"/> Please update all accounts under this Social Security Number or		
<input type="checkbox"/> Please update only these account numbers:		
Fund Name /Fund Number	Account Number	
Fund Name /Fund Number	Account Number	
Fund Name /Fund Number	Account Number	

3. Transfer Instructions

A. TRANSFER TYPE

I. Reason for transfer:

To ensure accurate cost basis reporting, indicate the reason for the transfer and, if necessary, provide details.

Check one box:

- Death: Date of Death _____ (MM/DD/YYYY).
See Section III below for Transfer on Death (TOD) accounts.
- Beneficiary is spouse of the deceased shareholder.
- Re-registration, see Section IV and indicate whether to open an account in your name, or redeem.
- Gift: Date of Gift _____ (MM/DD/YYYY). See Section II below for additional requirements.
If no date is provided, the date of receipt will be used.

Fair market value acceptance by gifted share recipient:

If you are the recipient of gifted shares and wish to elect Average Cost as your cost basis method, the Internal Revenue Service requires that you provide acceptance of fair market value (FMV). Fair market value acceptance will only apply if the shares being transferred have depreciated in value since the original purchase date. For additional information, please consult a tax advisor or accountant.

Check one box:

- I do not accept the fair market value of the gifted shares. If this option is chosen or a signature is not provided below, it will be deemed that the fair market value has not been accepted and a new account with a default method of First In, First Out will be established, unless an alternate cost basis method is chosen in **Section 9**.
- I accept the fair market value of the gifted shares as of the gift date referenced above so that I may utilize the Average Cost method. In accepting the fair market value for the shares transferred, I understand there may be potential negative tax implications and I have been advised to consult a tax advisor or accountant.

Fair Market Value Acceptance _____

(Signature(s) of New Account Owner(s))

II. Affidavit for non-probate transfer of Transfer on Death (TOD) account shares:

As duly designated beneficiary of _____,

Name of Account Owner

whose date of death was _____, I am requesting transfer of ownership of the shares to which I am entitled.
MM/DD/YYYY

I affirm that there are no known disputes or competing claims that would affect the transfer of ownership I have requested. In consideration for processing this request, I agree to indemnify DST Data Services, Inc. and each such party's successors and assigns with respect to any direct liabilities, losses, or reasonable expenses arising from compliance with this request.

Name of Beneficiary

Date of Birth (MM/DD/YYYY)

Name of Beneficiary

Date of Birth (MM/DD/YYYY)

3. Transfer Instructions *(continued)*

III. Check one box:

- Transfer shares to an account in my name. Go to Section 3B.
- Redeem my portion of the assets. An account will be established in your name in order to redeem the assets. Provide your name, SSN or TIN, and mailing address below. Please attach an inheritance tax waiver if required by the respective state of the deceased account owner's residence.

Name (First, Middle Initial, Last)	Social Security Number	TIN
Mailing Address	City	State Zip

B. TRANSFER TO ACCOUNT

Check one box:

- Transfer to an existing account _____
- Transfer to a new account. **Complete Sections 7-15.**

C. TRANSFER AMOUNT

Check one box:

- Transfer all shares.
- Transfer the following Funds in the amounts listed below:

Fund Name, Ticker or Number	\$ _____ Transfer Amount	Dollars, Shares or Percent
Fund Name, Ticker or Number	\$ _____ Transfer Amount	Dollars, Shares or Percent
Fund Name, Ticker or Number	\$ _____ Transfer Amount	Dollars, Shares or Percent
Fund Name, Ticker or Number	\$ _____ Transfer Amount	Dollars, Shares or Percent
Fund Name, Ticker or Number	\$ _____ Transfer Amount	Dollars, Shares or Percent

4. Cost Basis Method

Fill out this section only if you want to change your current cost basis method for the transfer.

Non-covered shares (shares purchased prior to 1/1/2012) will be depleted first for the transfer, and upon depletion of non-covered shares, the remaining shares will be depleted using the cost basis method currently on your account.

If you wish to override your current method for this transaction only, please indicate the method below. To permanently change your cost basis method, please complete and attach the Service Options Form.

Check one box:

- First In First Out (FIFO) Last In First Out (LIFO) High Cost First Out (HIFO) Low Cost First Out (LOFO)
- Loss/Gain Utilization (LGUT) Specific Lot Identification (SLID) Average Cost

If this is a partial transfer and your current cost basis method is Specific Lot Identification (SLID) or you are overriding to SLID, please provide the Fund, purchase date and number of shares to indicate the specific lots you wish to use for this transfer.

Fund Name, Ticker or Number	Transfer Amount	Number of Shares
Fund Name, Ticker or Number	Transfer Amount	Number of Shares
Fund Name, Ticker or Number	Transfer Amount	Number of Shares
Fund Name, Ticker or Number	Transfer Amount	Number of Shares

5. Signature(s) Required

Under penalties of perjury, the undersigned whose Social Security or Tax Identification number is shown above certifies (1) that number is the correct taxpayer identification number and (2) currently the undersigned is not under Internal Revenue Service notification that he/she is subject to back-up withholding (Note: If part (2) of this sentence is not true in your case, please strike out that part before signing). The undersigned agrees to indemnify and hold harmless the Custodian and its agents and service providers, including the Funds, from any losses, expenses or penalties incurred if the information the undersigned provided on this form is not correct. Sign below exactly as your name appears in Section 2. If acting in a special capacity, such as trustee, custodian, beneficiary or executor, the capacity must be indicated after your signature.

Signatures of all owners are required.

If this is an UGMA/UTMA account and I am the former minor, by signing below, I certify under penalties of perjury that: (a) I am the beneficial owner of the assets contained in the account(s) listed on this form; (b) I have attained the legal age required by the laws of the state under which the assets were gifted or transferred to me; (c) No designation was made by the donor that requires termination of custodianship for my assets be delayed until I reach a later age; (d) I have not already received equivalent gifts or transfers of money from the custodian that would reduce the value of the assets due to me in the custodial account(s); (e) I am not aware of any competing claims from the custodian or a successor custodian that would prevent me from receiving the assets in the custodial account(s); (f) The custodian or successor custodian has declined to release the assets to me as required by applicable state law.

X _____
Signature Date Title/Capacity (if applicable)

X _____
Signature Date Title/Capacity (if applicable)

X _____
Signature Date Title/Capacity (if applicable)

6. Signature Guarantee Required

A Medallion Signature Guarantee Stamp and a Signature Validation Program Stamp are designed to protect your account against fraudulent activity. They may be executed by any "eligible" issuer participating in the Securities Transfer Agents Medallion Program 2000 (STAMP2000). Eligible issuers include Commercial Banks, Trust Companies, Savings Associations and Credit Unions as defined by the Federal Deposit Insurance Act. Also included are member firms of a domestic stock exchange. **A stamp from a Notary Public is not acceptable.**

Place MSG or SVP Stamp Here

7. New Account Type

Choose only one type of account and provide all requested information.

A. INDIVIDUAL ACCOUNT

Primary Owner's Name

Social Security Number

Date of Birth

B. JOINT ACCOUNT

Account will be registered as "Joint Tenants With Rights of Survivorship" unless you specify a different type of joint registration below, e.g. Tenants in Common.

Joint Account Registration Type: _____

Primary Owner's Name

Social Security Number

Date of Birth

Joint Owner's Name

Social Security Number

Date of Birth

C. GIFT/TRANSFER TO MINOR (UGMA/UTMA) (Only one Custodian per Account)

Minor's Name

Minor's Social Security Number

Date of Birth

Custodian's Name

Custodian's Social Security Number

Date of Birth

under the _____ Uniform Gift/Transfer to Minors Act.
Minor's State

 Please attach a copy of the title and signature pages of the trust agreement and include documentation that identifies who is authorized to act on behalf of the trust.

D. TRUST

Trust Name

Date of Trust Agreement

Tax Identification Number

Trustee Name (First, Middle Initial, Last)

Trustee Social Security Number

Date of Birth

Trustee Name (First, Middle Initial, Last)

Trustee Social Security Number

Date of Birth

 Please attach a copy of the appointment of the executor, personal representative, or administrator.

E. ESTATE

Executor Name (First, Middle Initial, Last)

Estate Tax Identification Number

Estate Name

F. CORPORATION S-CORPORATION PARTNERSHIP RETIREMENT PLAN OTHER ENTITY

Name of Corporation, Partnership, or Other Entity

Trust or Entity Tax ID Number

Name of Authorized Individual #1

Social Security Number

Date of Birth

Name of Authorized Individual #2

Social Security Number

Date of Birth

 Call 800-225-5478 to obtain what is required. (e.g. state certification of incorporation).

8. New Account Contact Information

(*) 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.

Account Mailing Address:		
Address		Daytime Telephone Number
City	State	Zip
Account Owner (Individual, Custodian, Trustee, Authorized Individual #1) Information:		
Residential Address (not a P.O. Box or business address)*		<input type="checkbox"/> Same as Account Mailing Address
City*	State*	Zip*
Joint Owner (Minor, Co-Trustee, Authorized Individual #2) Information:		
Residential Address (not a P.O. Box or business address)*		<input type="checkbox"/> Same as Account Mailing Address
City*	State*	Zip*

9. Dividend and Capital Gain Distributions

Please choose from one of the following distribution options. If no box is chosen, all distributions will be reinvested.

<input type="checkbox"/> All distributions reinvested.	<input type="checkbox"/> All distributions in cash (check to address of record).
<input type="checkbox"/> Direct deposit all distributions to bank account. Please provide your bank information in Section 12.	
<input type="checkbox"/> Invest all distributions in another Natixis Funds account:	
Fund Name /Fund Number	Account Number

10. Cost Basis Method Selection

Note: If you choose Specific Lot Identification (SLID), a secondary reporting method must be selected in the event the lots you have chosen are not available.

Please choose from the following methods for calculating your cost basis. If no selection is made we will automatically enroll you in the funds' default method Average Cost. The cost basis for non-covered shares will not be furnished to the IRS.

<input type="checkbox"/> Average Cost (Funds' Default Method)	<input type="checkbox"/> First In First Out (FIFO)*
<input type="checkbox"/> Last In First Out (LIFO)*	<input type="checkbox"/> High Cost First Out (HIFO)*
<input type="checkbox"/> Low Cost First Out (LOFO)*	<input type="checkbox"/> Loss/Gain Utilization (LGUT)*
<input type="checkbox"/> Specific Lot Identification (SLID)**	

**Secondary Accounting Method Selection
(Average Cost is NOT a valid secondary method) Write selection here

* Non-covered shares will be depleted before the covered shares using the Average Cost Method starting with the oldest shares first (first in, first out). If you have chosen a method other than average cost and would like non-covered shares depleted using that method please check this box. If you choose a method other than average cost you will not receive any cost basis reporting information for non-covered shares.

The above selection will apply to all accounts being opened. If you would like a different selection for a specific fund or funds please list the fund number and cost basis method in the following space provided:

Fund Number	Cost Basis Method
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11. Investment

Initial minimum: \$2,500 or \$1000 if elected in Section 13.

Check to remain in the same Fund(s) as the current registration. If this option is chosen, please do not complete the remainder of this section.

Fund Name, Ticker or Number Investment	Initial Investment	Percentage Must equal 100%
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
	Total Investment	_____ %

12. Bank Information *Optional*

To establish banking information you must affix an investment check, or a voided check or deposit slip with pre-printed ABA and account numbers.

You must complete this section to participate in the following features: Dividend and Capital Gain Distributions (Section 4), Investment Builder Program (Section 5), or Telephone/Internet Redemptions. To add a savings account we will require a letter on bank letterhead verifying the routing number and savings account number signed by a bank employee.

We cannot establish banking services from starter checks, cash management, brokerage, mutual fund or credit card convenience checks.

We require you to obtain either a Medallion Signature Guaranteed Stamp or a Signature Validation Program Stamp with the account owner's signature if the account owner is not named on the check and/or the address as provided in Section 2 does not match the address on the check.

Checking Account Savings Account

Investment Check (If you would like to use another account, please attach a voided check)

13. Investment Builder (Automatic Investment Plan)

If you wish to establish more than one Investment Builder, please complete the **Shareholder Services Form**.

Complete this section and **Section 12** to add this option. Investment Builder allows you to purchase shares into your account on a periodic basis automatically by electronic transfer from your bank account. Transactions will occur on the 15th of the month or the next business day, unless otherwise specified below. The minimum amount is \$50 per Fund. If beginning month is omitted, drafts begin during the current month if day of draft is at least 10 days in the future. Please allow 2 to 3 days before first draft. Investment Builder purchases may not be redeemed for 10 days. Current tax year is assumed.

_____ Fund Name, Ticker or Number _____ Amount (\$50.00 minimum)

Transaction should occur on the _____ day of the month.

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec **or** All Months

14. Authorization

If you do not fill out this section, the dealer information associated with the account(s) will remain the same. If you would like to change the dealer information, please fill out this section.

I/We authorize the Funds to change the accounts listed above as follows:

Change To:

Dealer Name (Please Print)

Dealer Name Dealer/Firm Branch Number

Branch Address

Rep/RIA Number

_____ Representative's First Name	_____ Middle Initial	_____ Last Name	_____ Phone Number
_____ Representative's First Name	_____ Middle Initial	_____ Last Name	_____ Phone Number

**If this is joint business, please provide your Partnership Number.*

X _____
Signature Required of Registered Representative or Authorized Dealer
(If signature is not provided the application and investment will be returned).

15. Signature(s) Required

Sign exactly as name(s) of registered owner(s) appears in Section 7.

Title must be supplied for all accounts except individual or joint registrations.

I am of legal age, have received and read the prospectus, agree to its terms and understand that by signing below (a) my account will automatically have the exchange and telephone redemption capability and that all information provided in the above terms (if applicable) will apply to any fund into which my shares may be exchanged (Note: With regard to the telephone exchange features provided automatically, investors should be aware that the Funds' Transfer Agent will employ reasonable procedures to confirm that your telephone instructions are genuine, and if it does not, it may be liable for any losses due to unauthorized or fraudulent instructions. The Transfer Agent will require a form of personal identification prior to acting on an investor's telephone instructions and will record an investor's instructions. The Transfer Agent will provide an investor with written confirmation of such transaction), (b) it is my responsibility to read the prospectus of any fund into which I exchange, (c) I authorize the registered representative assigned to my account to have access to my account and to act on my behalf with respect to my account, (d) I understand that the Transfer Agent will be fully protected in acting upon any instrument that it believes to be genuine and signed or presented by the proper person and (e) I understand that if my account balance falls below the minimum investment amount, an annual fee may be charged to my account. I certify under penalties of perjury that all information provided in this application is true and correct.

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.

X _____
Signature of Owner Date Title

X _____
Signature of Owner Date Title