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

NATIXIS FUNDS

IRA BENEFICIARY DESIGNATION FORM

Use this form to indicate the person or persons to whom your retirement plan assets should be paid in the event of your death. If you are not survived by a validly designated beneficiary, your benefits will be paid to your estate. The beneficiaries named on this form and the percentage of distribution may be changed or revoked at any time by completing a new Beneficiary Designation Form. This designation revokes any previous one you may have filed with the Funds, it's transfer agent or the custodian of your IRA and will become effective only upon receipt by the transfer agent as agent for the custodian.

ACCOUNT OWNERSHIP

_____
Account Owner's Name

_____
Social Security Number

_____
Daytime Phone Number

_____
E-mail address

X _____
Account Owner's Signature

_____
Date

_____
Signature of Spouse*

_____
Date

* Only required if IRA owner lives in a community property state and the designated beneficiary is not the account owner's spouse. (The following are defined as community property states: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)

Upon my death, distribute any interest I may have in the accounts listed below to the following primary beneficiaries based on the percentages provided. If percentages are not indicated, distributions will be made equally to the primary beneficiaries that survive me. Secondary beneficiaries receive distributions only if there are no surviving primary beneficiaries. Distributions to secondary beneficiaries will be made according to the rules described above for primary beneficiaries.

☐ Check here if you would like all fiduciary accounts under the above listed Social Security Number to be updated.

_____
Fund Name

_____
Account Number

_____
Fund Name

_____
Account Number

_____
Fund Name

_____
Account Number

PRIMARY BENEFICIARIES (Please print clearly)

			%
Name	Relationship to You	Date of Birth	
			%
Name	Relationship to You	Date of Birth	
			%
Name	Relationship to You	Date of Birth	
			%
Name	Relationship to You	Date of Birth	
		TOTAL=	**100%**

SECONDARY BENEFICIARIES (Please print clearly)

			%
Name	Relationship to You	Date of Birth	
			%
Name	Relationship to You	Date of Birth	
			%
Name	Relationship to You	Date of Birth	
			%
Name	Relationship to You	Date of Birth	
		TOTAL=	**100%**