



## 2. Your Account Registration (continued)

Please choose only one account registration type.

Please attach copies of the title and signature page of the Trust Instrument and complete the Beneficial Owner application.

Please attach a copy of the appointment of the executor, personal representative, or administrator and complete the Beneficial Owner application.

For account types listed in sections E and F please fill out the Beneficial Owner application located at the end of this form.

### 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 \_\_\_\_\_

### E. STATUTORY TRUST (Please complete the Beneficial Owner application located at the end of this form.)

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 \_\_\_\_\_

### 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 \_\_\_\_\_

## 3. Account Contact Information

Please note this is for U.S. RESIDENTS ONLY. If your address is outside the US you are not able to invest in Natixis Funds.

### Account Mailing Address:

Address \_\_\_\_\_ Telephone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Account Owner (Individual, Custodian, Trustee, Authorized Individual #1) Information:

Residential Address (not a P.O. Box or business address) \_\_\_\_\_  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) \_\_\_\_\_  Same as Account Mailing Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Designated Representative:

Texas Residents ONLY. As a resident of Texas, you have the option to designate a representative to receive a copy of the state escheatment due diligence letter.

Representative Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (area code and number) \_\_\_\_\_

#### 4. Dividend and Capital Gain Distributions

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

- All distributions reinvested.
  All distributions in cash (check to address on your account).
  Direct deposit all distributions to bank account. Please provide your bank information in Section 9.
  Invest all distributions in another Natixis Funds account:

\_\_\_\_\_ Fund Name

\_\_\_\_\_ Account Number

#### 5. Investment Builder Program

**Please attach a check marked "void" and provide your bank information in Section 7.**

**Note: \$1,000 minimum per fund account when you enroll in Investment Builder.**

Investment Builder enables you to invest automatically. Once you've invested the initial \$1,000 we will draft the amount you specify below from your bank account each month to be invested in your Fund(s).

\_\_\_\_\_ Fund Name                      \$ \_\_\_\_\_ Amount                      \_\_\_\_\_ Month/Day of Investment\*

\_\_\_\_\_ Fund Name                      \$ \_\_\_\_\_ Amount                      \_\_\_\_\_ Month/Day of Investment\*

\_\_\_\_\_ Fund Name                      \$ \_\_\_\_\_ Amount                      \_\_\_\_\_ Month/Day of Investment\*

I authorize the Funds' Transfer Agent to add this service to my account as indicated above. I consent to the service provisions and conditions in the Funds' Statement of Additional Information which is available free upon request.

\* If beginning month is omitted, drafts begin during the current month if day of draft is at least 10 days in the future. If day of investment is omitted, drafts will default to the 15th of the month. Please allow 2 to 3 days before first draft. Investment Builder purchases may not be redeemed for 10 days.

#### 6. 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.

- Average Cost (Funds' Default Method)
  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)\*\*

\*\*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

## 7. Bank Information

**WE CANNOT ESTABLISH BANKING SERVICES FROM STARTER CHECKS, CASH MANAGEMENT, BROKERAGE OR CREDIT CARD CONVENIENCE CHECKS.**

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 if the account owner as provided in Section 2 is not named on the check and/or the address as provided in Section 3 does not match the address on the check.**

- Checking Account       Savings Account       Investment Check (If you would like use another account, please attached a voided check)

A Stamp2000 Medallion Signature Guaranteed Stamp and a Signature Validation Program Stamp 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.**

If the account is registered in the name of a Corporation, Trust, or other organization, the undersigned certify that such entity is duly organized, has the power to utilize this checkwriting service (if applicable), and that the signatures of the persons on the signature card are authentic and represent individuals with legal capacity to act on behalf of such entity.

Place Stamp Here

Signature of bank account owner \_\_\_\_\_

Signature of bank account owner \_\_\_\_\_  
(if joint account)

## 8. Mail Delivery Options

**Important Notice  
Regarding Delivery  
of Shareholder  
Documents**

### HOUSEHOLD DELIVERY OPTION

The Funds will automatically mail a single proxy statement, prospectus, annual report and semiannual report to a household, thus eliminating duplicate mail, unless you decline this option below. If you revoke your consent, we will resume mailing individual prospectuses, reports, and proxy statements to each investor in your household within 30 days of your request.

I/We consent to the delivery of a single prospectus, annual or semiannual report, as well as any proxy statement, to my/our household. I/We understand that by providing this consent, if more than one family member in my/our household owns the same fund or funds described in a single prospectus, report, or proxy statement, we will receive one mailing. Additional copies of the prospectuses, reports, and proxy statements may be obtained by calling 800-225-5478. I/We understand that my/our consent to mailing documents on the basis of the household will remain in effect until such time as I/we revoke it. Consent may be revoked at any time.

Please do not mail on a household basis (check all that apply):

- prospectuses and annual/semiannual reports       proxy statement

### INTERESTED PARTY OPTION

Please fill out the following information to add an interested party to your newly established accounts account(s). This person/entity will receive a copy of your quarterly statements and be allowed to obtain account information by calling the toll-free number. **This will stay in effect until you request that they are removed by calling the toll-free number above, or in writing at the address above.**

\_\_\_\_\_  
Name of Interested Party

\_\_\_\_\_  
Address of Interested Party

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

**9. Reduced Sales Charge**

**Class A Only**

**I qualify for a Net Asset Value account.**

Check this box if you are a Natixis affiliated shareholder (as defined in the prospectus).

Please explain \_\_\_\_\_

**Combined Purchase Discount.** You may apply for a reduced sales charge under the Funds' Combined Purchase Privilege. Please list below any other accounts in the Funds owned by you and your family that qualify. (See your prospectus for details.)

Fund Name	Account Number
Fund Name	Account Number

**Letter of Intent.** If you wish to apply for a reduced sales charge, please indicate which amount (equal or exceed) you intend to invest over a 13-month period and list other accounts in the Funds you would like to include. (See your prospectus for details.)

\$50,000     \$100,000     \$250,000     \$500,000     \$1,000,000

Fund Name	Account Number
Fund Name	Account Number

**10. Dealer Information (This Section Must Be Completed)**

**\* If you answer yes, Section 10 must be completed and signed by the Registered Representative or Authorized Dealer. If the signature is not provided, then the application and investment will be rejected. If you have an agent of record and Section 10 is not filled out he/she will be notified.**

**Are you using a dealer for this investment (You must select "Yes" or "No")?**     **Yes\***     **No**

The Dealer noted below authorizes the Funds' Transfer Agent to act as the Servicing Agent in connection with transactions authorized by this application form, and will notify the Transfer Agent of any purchase made under a Combined Purchase Discount or Letter of Intent. If this form includes a Telephone, Internet, or Checkwriting Redemption Authorization, the Dealer guarantees the signature(s) in Section 11 of this application. The terms and conditions of the Distributor's currently effective Dealer Agreement are incorporated by reference in this Section 10. The Dealer represents that it has a currently effective Dealer Agreement with the Distributor authorizing the Dealer to sell shares of the Funds. The Dealer guarantees the signature and legal capacity of the shareholder and represents that it has provided a current Prospectus to the Applicant and that the application is properly executed by a person authorized by the Dealer to guarantee signatures.

\_\_\_\_\_  
Dealer's Name (Please Print)

Dealer Number	Dealer/Firm Branch Number
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Representative's First Name	Middle Initial	Last Name	Phone Number
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\_\_\_\_\_  
Rep/RIA Number

Representative's First Name	Middle Initial	Last Name	Phone Number
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\_\_\_\_\_  
Rep/RIA 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).**

**(All Account Owners Must Sign on Following Page)**

## 11. Signature and TIN Certification

Sign exactly as name(s) of registered owner(s) appears in Section 2.

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

I am of legal age, have received and read the current 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 items (if applicable) will apply to any fund into which my shares may be exchanged (Note: With regard to the telephone exchange feature 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.

**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.**

X \_\_\_\_\_  
Signature of Owner Date Title

X \_\_\_\_\_  
Signature of Owner Date Title