



Mail to: Natixis and Loomis Sayles Funds, P.O. Box 219579, Kansas City, MO 64121-9579

Overnight mail:

Natixis and Loomis Sayles Funds, 801 Pennsylvania Ave., Suite 219579, Kansas City, MO 64105-1307
800-225-5478 or im.natixis.com

U.S. RESIDENTS ONLY

NEW ACCOUNT APPLICATION

Do not use this application for IRAs

1. Fund Selection and Investment Amount

\$2,500 minimum investment per fund account or \$1,000 minimum per fund account when you enroll in Automatic Investment Plan.

To qualify for the \$1,000 minimum, you must also complete Section 5.

RETAIL CLASS	Minimum Investment	CLASS N	Minimum Investment
<input type="checkbox"/> Global Bond (4803)	\$2,500 \$ _____	<input type="checkbox"/> Global Bond (4802)	\$1,000,000 \$ _____
<input type="checkbox"/> Income (4807)	\$2,500 \$ _____	<input type="checkbox"/> Income (4806)	\$1,000,000 \$ _____
<input type="checkbox"/> Inflation Protected Securities (4810)	\$2,500 \$ _____	<input type="checkbox"/> Inflation Protected Securities (4809)	\$1,000,000 \$ _____
<input type="checkbox"/> Small Cap Growth (4813)	\$2,500 \$ _____	<input type="checkbox"/> Small Cap Growth (4812)	\$1,000,000 \$ _____
<input type="checkbox"/> Small Cap Value (4817)	\$2,500 \$ _____	<input type="checkbox"/> Small Cap Value (4816)	\$1,000,000 \$ _____
		<input type="checkbox"/> Small/Mid Cap Growth (4819)	\$1,000,000 \$ _____
INSTITUTIONAL CLASS	Minimum Investment		
<input type="checkbox"/> Global Bond (4801)	\$100,000 \$ _____	<input type="checkbox"/> Small Cap Growth (4811)	\$100,000 \$ _____
<input type="checkbox"/> Income (4805)	\$100,000 \$ _____	<input type="checkbox"/> Small Cap Value (4815)	\$100,000 \$ _____
<input type="checkbox"/> Inflation Protected Securities (4808)	\$100,000 \$ _____	<input type="checkbox"/> Small/Mid Cap Growth (4818)	\$100,000 \$ _____

Investment Instructions

Make check payable to Natixis and Loomis Sayles Funds **Checks must be in U.S. dollars. Third party and starter checks will not be accepted.**
Note: Purchases made by check may have a 10-day clearing period before the assets can be redeemed, as stated in the fund's prospectus.

By exchange from another Loomis Sayles Fund. (Account Number or Fund Name) _____
for \$ _____
Note: Please see prospectus for exchange restrictions.

By Federal Funds Wire
Note: To obtain your Natixis and Loomis Sayles Funds account number(s) please call 800-225-5478 once you have submitted your new account application for processing. Please allow for mailing time.

2. Your Account Registration

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

Please choose only one account registration type.

Note: All Account Owners Must Sign in Section 11.

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 _____

See page 2 for Trust, Corporation, Partnership or Other Entity.

2. Your Account Registration (continued)

Choose only **one** account registration type.

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

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 and Loomis Sayles 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) _____	<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 _____

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) _____			

7. Bank Information

Note: 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), Automatic Investment Plan (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 800-633-3330. 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

10. 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