

U.S. RESIDENTS ONLY

NEW ACCOUNT APPLICATION

Do not use this application for IRAs

1. Fund Selection and Investment Amount

Class Y Shares

\$100,000 minimum investment per fund, see the fund's summary prospectus for exceptions

Class N shares of the Fund are subject to a \$1,000,000 initial investment minimum. There is no initial investment minimum for certain retirement plans held in an omnibus fashion and fund of funds that are distributed by Natixis Distribution, L.P. (the "Distributor"). There is no subsequent investment minimum for these shares.

Admin Class shares of the Fund are intended primarily for certain retirement plans held in an omnibus fashion and are not available for purchase by individual investors. There are no initial or subsequent investment minimums for these shares.

Class Y N	\$	Class Y N	\$
<input type="checkbox"/> AEW Global Focused Real Estate Fund (1365, 2806)	\$ _____	<input type="checkbox"/> Natixis Oakmark Fund (78, 6105)	\$ _____
<input type="checkbox"/> Gateway Fund (1986, 6102)	\$ _____	<input type="checkbox"/> Natixis Oakmark International Fund (6108, 6106)	\$ _____
<input type="checkbox"/> Gateway Equity Call Premium Fund (2712, 6101)	\$ _____	<input type="checkbox"/> Natixis Target Retirement 2015 Fund 2827	\$ _____
<input type="checkbox"/> Loomis Core Plus Bond Fund (96, 2666)	\$ _____	<input type="checkbox"/> Natixis Target Retirement 2020 Fund 2828	\$ _____
<input type="checkbox"/> Loomis Global Allocation Fund (1397, 2825)	\$ _____	<input type="checkbox"/> Natixis Target Retirement 2025 Fund 2829	\$ _____
<input type="checkbox"/> Loomis Global Growth Fund (2819, 2838)	\$ _____	<input type="checkbox"/> Natixis Target Retirement 2030 Fund 2830	\$ _____
<input type="checkbox"/> Loomis Growth Fund (1444, 2664)	\$ _____	<input type="checkbox"/> Natixis Target Retirement 2035 Fund 2831	\$ _____
<input type="checkbox"/> Loomis High Income Fund (1990, 2820)	\$ _____	<input type="checkbox"/> Natixis Target Retirement 2040 Fund 2832	\$ _____
<input type="checkbox"/> Loomis Intermediate Duration Bond Fund-Y (2745, 2870)	\$ _____	<input type="checkbox"/> Natixis Target Retirement 2045 Fund 2833	\$ _____
<input type="checkbox"/> Loomis International Growth Fund (2435, 2434)	\$ _____	<input type="checkbox"/> Natixis Target Retirement 2050 Fund 2834	\$ _____
<input type="checkbox"/> Loomis Investment Grd Bond Fund (1456, 2665)	\$ _____	<input type="checkbox"/> Natixis Target Retirement 2055 Fund 2835	\$ _____
<input type="checkbox"/> Loomis Limited Term Gov't and Agency Fund (1463, 2826)	\$ _____	<input type="checkbox"/> Natixis Target Retirement 2060 Fund 2836	\$ _____
<input type="checkbox"/> Loomis Sr. Floating Rate/Fixed Income Fund (2627, 2839)	\$ _____	<input type="checkbox"/> Natixis Target Retirement 2065 Fund 2658	\$ _____
<input type="checkbox"/> Loomis Strategic Alpha Fund (2621, 6103)	\$ _____	<input type="checkbox"/> Natixis U.S. Equity Opportunities Fund (229, 6107)	\$ _____
<input type="checkbox"/> Loomis Strategic Income Fund (1472, 2667)	\$ _____	<input type="checkbox"/> Vaughan Nelson Mid-Cap Fund (1999, 2805)	\$ _____
<input type="checkbox"/> Mirova Global Green Bond Fund (2823, 2822)	\$ _____	<input type="checkbox"/> Vaughan Nelson Select Fund (2637, 6109)	\$ _____
<input type="checkbox"/> Mirova Global Sustainable Equity Fund (2816, 6104)	\$ _____	<input type="checkbox"/> Vaughan Nelson Small Cap Value Fund (1478, 2869)	\$ _____
<input type="checkbox"/> Mirova International Sustainable Equity Fund (6112, 6111)	\$ _____	Other _____	\$ _____

ADMIN CLASS SHARES:

Loomis Investment Grd Bond Fund-ADMIN (2603) \$ _____

Loomis Strategic Income Fund-ADMIN (2604) \$ _____

Investment Instructions

Make check payable to Natixis 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 Natixis Fund. (Account Number or Fund Name) _____
 for \$ _____
Note: Please see prospectus for exchange restrictions.

By Federal Funds Wire
Note: To obtain your Natixis 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 (Class Y only) if you are a Natixis affiliated shareholder (as defined in the prospectus).

Please choose only one account registration type.

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

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 _____

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) _____	<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) _____			

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 8.
- 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.

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. Current tax year is assumed.

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. Dealer Information (This Section Must Be Completed)

* If you answer yes, Section 9 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 9 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 8 of this application. The terms and conditions of the Distributor's currently effective Dealer Agreement are incorporated by reference in this Section 9. 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

Representative's First Name Middle Initial Last Name Phone Number

Rep/RIA Number

Representative's First Name Middle Initial Last Name Phone Number

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).**

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

