

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 Natixis and Loomis Sayles Beneficial Owner application.

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

Effective May 11th 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 esheatment 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.
 Invest all distributions in another Loomis Sayles Funds account:

_____ Loomis Sayles Fund (Account must meet fund minimum requirements.)

_____ Account Number

5. Automatic Investment Plan

*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.

Automatic Investment Plan enables you to invest automatically. Once you've invested the minimum initial investment, we will draft an amount from your bank checking or savings account each month to be invested in your Loomis Sayles Fund.

_____ Loomis Sayles Fund	\$ _____ Amount (\$50 minimum per account)	_____ Day of Monthly Investment*
_____ Loomis Sayles Fund	\$ _____ Amount (\$50 minimum per account)	_____ Day of Monthly Investment*
_____ Loomis Sayles Fund	\$ _____ Amount (\$50 minimum per account)	_____ Day of Monthly Investment*
_____ Loomis Sayles Fund	\$ _____ Amount (\$50 minimum per account)	_____ Day of Monthly 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.

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. All shares purchased prior to January 1, 2012 are considered non-covered securities. The cost basis for non-covered shares will not be furnished to the IRS. 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).

- 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. Convenient Access to your Investments

 Please attach a check marked "void" and provide your bank information in Section 8.

By calling us at 800-225-5478 or by accessing our website, im.natixis.com, you will be able to purchase, exchange and redeem shares. If you want to add your bank account information to your account, please complete Section 8. Also, we cannot establish these services from cash management, brokerage or mutual fund checks. Your signature on this form authorizes the Funds' custodian to honor any requests to redeem amounts from your account and to wire or mail these amounts or to electronically transmit these amounts through the Federal Funds or ACH networks to your designated bank account. The Fund, its agents and the bank will not be liable for any loss, liability, cost or expense for acting upon such instructions. You bear the risk of loss resulting from actions taken by the Fund and its agents pursuant to unauthorized and fraudulent telephone transactions.

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 Privilege 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 Funds' 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 Funds' 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 Funds' 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

11. Dealer Information

Check here if not using a dealer for this investment.

If you have an agent of record and this Section is not filled out he/she will be notified.

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 Funds' Transfer Agent of any purchase made under a Combined Purchase Discount or Letter of Intent. If this form includes a Telephone or Internet Authorization, the dealer guarantees the signature(s) in Section 10 of this application. The terms and conditions of the Distributor's currently effective Dealer Agreement are incorporated by reference in this Section 11. The Dealer represents that it has a currently effective Dealer Agreement with the Distributor authorizing the Dealer to sell shares of the Loomis Sayles 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 Address (No., Street, City, State, Zip Code)	Dealer/Firm Branch Number

FINANCIAL REPRESENTATIVE INFORMATION

_____	_____	_____	_____
Representative First Name	Last Name	Phone Number	Rep Number
_____	_____	_____	_____
Representative First Name	Last Name	Phone Number	Rep Number

X _____
Signature Required of Registered Representative or Authorized Dealer.

(If signature is not provided, the application and investment may be returned.)



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

BENEFICIAL OWNER APPLICATION

This form must be completed by the person opening a new account on behalf of a legal entity. For the purposes of this form, a legal entity includes a corporation, a limited liability company, a general partnership, a non-profit and any similar business entity formed in the United States.

Account Information

Name of Natural Person Opening Account Title

Legal Entity Name Legal Entity Address

Beneficial Owner(s)

The following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship, or otherwise, owns 25 percent or more of the entity interests of the legal entity listed above:

Note: Non-profits do not have to complete this section

Name/Title	Date of Birth (mm/dd/yyyy)	Address (residential or business street address)	Social Security Number

Please check one of the following for each of the Beneficial Owner(s) named above.

- | | | | |
|--------------|----------------------------------|---|---|
| Citizenship: | <input type="checkbox"/> Citizen | <input type="checkbox"/> Resident Alien | <input type="checkbox"/> Non-Resident Alien |
| Citizenship: | <input type="checkbox"/> Citizen | <input type="checkbox"/> Resident Alien | <input type="checkbox"/> Non-Resident Alien |
| Citizenship: | <input type="checkbox"/> Citizen | <input type="checkbox"/> Resident Alien | <input type="checkbox"/> Non-Resident Alien |
| Citizenship: | <input type="checkbox"/> Citizen | <input type="checkbox"/> Resident Alien | <input type="checkbox"/> Non-Resident Alien |

For a Foreign person without a (SSN/ITIN), attach a copy of your passport and provide the Passport Number and Country of Issuance below. In lieu of a passport, foreign persons may also provide a U.S. government-issued Alien ID or other foreign government-issued documents evidencing nationality or residence and bearing a photograph or similar safeguard.

Control Person

The following information for on individual with significant responsibility for managing the legal entity listed above, such as: An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or any other individual who regularly performs similar functions. (If appropriate, an individual listed under section (Beneficial Owner) above may also be listed in this section (Control Person)).

Name/Title	Date of Birth (mm/dd/yyyy)	Address (residential or business street address)	Social Security Number

Citizenship: Citizen Resident Alien Non-Resident Alien

For a Foreign person without a (SSN/ITIN), attach a copy of your passport and provide the Passport Number and Country of Issuance below. In lieu of a passport, foreign persons may also provide a U.S. government-issued Alien ID or other foreign government-issued documents evidencing nationality or residence and bearing a photograph or similar safeguard.

Certification

I, _____ (name of natural person opening account), hereby certify, to the best of my knowledge that the information provided above is complete 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.

Signature: _____ Date (mm/dd/yyyy): _____