

SIMPLE IRA DISTRIBUTION FORM

Use this form to take a distribution from a SIMPLE IRA. You may be subject to a premature distribution penalty and other tax. For more information, please consult a tax advisor or IRS Publication 560. Other fees may be taken from distributions, as detailed in your fund prospectus and SIMPLE IRA Custodial Account and Disclosure Statement.

STEP 1. ACCOUNT OWNERSHIP (please print)

SIMPLE IRA Account Owner's Name (Participant)	Address
Social Security Number	City State Zip Code
Date of Birth	Daytime Telephone Number

I have been participating in this SIMPLE IRA for: 2 years or more less than 2 years. (If left blank, under 2 years is assumed and a 25% distribution penalty may apply)

STEP 2. TYPE OF DISTRIBUTION (choose *only* one)

Normal Distribution: participant is over age 59½. Participant will receive a distribution check made payable to participant and mailed to participant's address on file unless indicated otherwise.

Rollover Distribution: participant will be rolling the proceeds into another Qualified Retirement Plan within 60 days. If payable to the shareowner the distribution will be reflected as Premature or Normal on the appropriate Internal Revenue Service (IRS) tax form.

Note: Participants with a SIMPLE IRA for less than 2 years are only eligible to roll over to another SIMPLE IRA.

Required Minimum Distribution (RMD): distribution must begin by April 1st of the year following the year participant reaches age 70½ (if you turned 70½ before 12/31/2019), or age 72 (if you turned 70½ after 12/31/2019) and participant must receive another distribution by December 31st of that year. Each year thereafter, the participant must take a distribution by December 31st.

Premature Distribution: participant is under age 59½ and acknowledges the possible tax consequences and penalties. (Not for Systematic Withdrawals.) Participant will receive a distribution check made payable to participant which will be mailed to the participants address on file, unless indicated otherwise.

Substantially Equal Payments: participant is under age 59½, distributions are made at least annually using the life expectancy method, and the distributions must continue for at least 5 years or until the participant reaches age 59 1/2, whichever is longer. Please consult your financial or tax advisor for more information.

Disability: participant is unable to engage in any substantial gainful activity because of mentally determinable or physical impairment and the medical condition is expected to be of long-continued and indefinite duration.

I have enclosed a statement on doctor's letterhead, IRS Form 1040 Schedule R "Credit for the Elderly or the Disabled" (or a copy of a determination of disability letter from the Social Security Administration). **Required.**

Distribution to Beneficiary: participant is deceased. Please use one SIMPLE IRA Distribution Form per beneficiary. The beneficiary must sign in Step 6 and a medallion signature guarantee is required in Step 7.

Beneficiary's Name	Beneficiary's Social Security Number
I have enclosed a certified death certificate or its equivalent (a copy of the original death certificate bearing an original certification by the issuing authority state/municipal government). Required.	

Distribution to Estate: participant is deceased and a beneficiary is not named on the account. The executor of the estate must sign in Step 6 and a medallion signature guarantee is required in Step 7.

Executor's Name	Estate Tax Identification Number
I have enclosed a certified copy of letters testamentary (probate court documents) and a tax waiver (if mandated by my state). Required.	

STEP 2. TYPE OF DISTRIBUTION (continued)

Distribution Due to Divorce: The receiving spouse must sign in Step 6 and a medallion signature guarantee is required in Step 7.

Receiving Spouse's Name _____

Receiving Spouse's Social Security Number _____

I have enclosed a certified copy of the Divorce Decree or Qualified Domestic Relations Order (QDRO). *Required.*

STEP 3. DISTRIBUTION METHOD (choose only one)

OPTION 1. I would like a **Total Distribution/Account Termination**, a **Partial Distribution**

1. **Earnings Payout:** All dividends and capital gains paid to participant between age 59½ and 70½ (if you turned 70½ before 12/31/2019), or age 72 (if you turned 70½ after 12/31/2019). When the participant turns 70½ (or 72) he/she may need to increase the amount taken to satisfy minimum distribution requirements. (Go to Step 6 on Page 4)

2. **Systematic Withdrawal Plan**

A. **Payment Schedule:** Make my withdrawals in the following months (check all that apply):

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec **or** All Months

B. **Payment Day:** Start my Systematic Withdrawal on or about this day of the month: _____
(If you do not select a day, we will process your withdrawal on or about the 24th of the month.)

C. **Instructions*:**

Distribute a fixed dollar amount of \$ _____ each period.

Distribute a fixed share amount of _____ each period.

Distribute _____% of account value yearly.

*In the case of shares subject to a CDSC, the amount or percentage specified may not exceed, on an annualized basis, 10% of the value of the fund account.

3. **Life Expectancy Distribution**** **The attached IRS Form W-4R must be completed.**

A. **Payment Schedule:** Make my withdrawals in the following months (check all that apply):

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec **or** All Months

B. **Payment Day:** Start my Systematic Withdrawal on or about this day of the month: _____
(If you do not select a day, we will process your withdrawal on or about the 24th of the month.)

C. **Instructions:**

Distribute based on my life expectancy or the life expectancy of my non-spouse beneficiary and myself.

Distribute based on the joint life expectancy of my spouse and myself. My spouse's birth date is _____

D. Check here if you have multiple IRAs outside of Natixis Funds and would like to take your minimum distribution from your Natixis Funds SIMPLE IRA. Please supply the value, as of December 31st of the year preceding the year of distribution, for those IRAs you wish to include in the calculation. **The distribution from multiple IRAs will be calculated on a one-time basis only. You must submit a new SIMPLE IRA Distribution Form each year.** You are responsible for assuring that the total RMD has been taken. If you do not provide the year-end value for all IRAs you wish to include, the calculation may be incorrect. Not taking or miscalculating your RMD may result in the payment of a 50% excise tax on the amount not distributed as required.

\$ _____	_____	_____
12/31 Valuation	Fund Name	Account Number
\$ _____	_____	_____
12/31 Valuation	Fund Name	Account Number

Payments based on life expectancy will be determined from the IRS Uniform Lifetime Table. If your spouse is the sole beneficiary and is more than ten (10) years younger, the life expectancy factors used are adjusted, and the distribution is based on the IRS Joint Life and Last Survivor Expectancy Table. We use the following formula to calculate the distribution: **Value of SIMPLE IRA ÷ Life Expectancy = Minimum Withdrawal This Year. The SIMPLE IRA account value used to calculate the distribution is equal to the value as of December 31st of the year preceding the year of distribution.

STEP 4. PAYEE (choose only one)

Invest distribution into my existing non-retirement account with the Funds:

_____	_____	\$ _____	or	_____ %
Fund Name	Account Number			
_____	_____	\$ _____	or	_____ %
Fund Name	Account Number			
_____	_____	\$ _____	or	_____ %
Fund Name	Account Number			
_____	_____	\$ _____	or	_____ %
Fund Name	Account Number			

- Establish a new non-retirement account with the Funds. I have attached a completed New Account Application.
- Make check payable to current name and address on file for the participant. *(Medallion Signature Guarantee required in Step 7 if this address has changed within the last 30 days.)*
- Make check payable to another payee, such as a beneficiary, spouse, etc. *(Medallion Signature Guarantee required in Step 7.)*

Name

Address

City State Zip Code

- Systematic Withdrawal Plan only:** Send the proceeds by ACH electronic transfer to the bank checking account listed on the attached, voided check or preprinted deposit slip. *(Medallion Signature Guarantee required in Step 7 if you are adding your bank account for the first time and/or the names on the voided check do not match your account registration with the Funds.)*
- By direct deposit send proceeds by ACH electronic transfer to the bank account on file, or the bank account listed on the attached, voided check. *(Medallion Signature Guarantee required in Step 7 if you are adding your bank account for the first time.)*

Tape your VOIDED check here.

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

STEP 5. INCOME TAX WITHHOLDING (Form W-4P)

Please complete the attached Form W-4R for SIMPLE IRA Plans only. **If you do not make an income tax withholding election below and elect to take a distribution from your SIMPLE IRA plan, we are required by the Internal Revenue Service to withhold 10% of your distribution.** If you elect to have federal taxes withheld, and you live in a state that requires withholding on retirement distributions, we will also withhold your required state tax. You may elect not to have withholding apply to your distribution by checking the appropriate box below. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. Your election will remain in effect until you revoke it. You may revoke your withholding election at any time by notifying us in writing (Natixis Funds, P.O. Box 219011 Kansas City MO 64121-9011). Any election or revocation will be effective no later than 30 days after such notice of such election or revocation has been received. If you do not complete and sign Form W-4R, we will apply 10% withholding to your distribution request as required by the Internal Revenue Service.

STEP 6. SIGNATURE (required)

The undersigned individual authorizes the withdrawal amount and type specified on this form. The undersigned acknowledges that the boxes checked under Type of Distribution (Step 2) and the Income Tax Withholding election made (Step 5) are correct. The undersigned acknowledges that it is his/her responsibility to properly calculate, report, and pay all taxes due with respect to the withdrawal specified and when calculating minimum distribution payments determine the amount of federal and/or state tax which may be due based on all IRA accounts the undersigned may own (including those unknown by or not under the control of the Custodian). The undersigned understands that if an Income Tax Withholding election is not made in Step 5, the Custodian is required by federal regulations to withhold 10% of the requested distribution. The undersigned fully understands that he/she is responsible for determining that the minimum distribution requirements are met each year and that failure to meet the minimum distribution requirements may result in significant tax penalties. The undersigned agrees to indemnify and hold harmless the Custodian and its agents and service providers, including the Funds, from any losses, expenses or penalties incurred if the information the undersigned provided on this form is not correct.

As required by federal law, I certify under penalties of perjury (1) that the Social Security or Taxpayer Identification Number provided in Step 1 or Step 2 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 _____ Capacity _____ Date _____

If acting in a special capacity (such as beneficiary, executor, etc.), the capacity must be indicated after your signature.

STEP 7. MEDALLION SIGNATURE GUARANTEE

A STAMP 2000 Signature Guarantee is designed to protect your account against fraudulent distributions. You can obtain a medallion signature guarantee from most commercial banks, trust companies, savings associations, credit unions and member firms of domestic stock exchanges. *We are unable to accept a guarantee from a notary public.*

A MEDALLION SIGNATURE GUARANTEE IS REQUIRED IF:

- The address on the account has changed within the last 30 days.
- The distribution amount exceeds \$100,000.
- The account owner or beneficiary has changed his/her name.
- Banking is being added for the first time.

OR IF THE DISTRIBUTION IS SENT TO:

- A different payee or address than what is listed on the account.
- A bank checking account where the names on the voided check do not match your account registration.
- A beneficiary.
- The recipient of a divorce settlement.

Name of Institution Providing Medallion Signature Guarantee

X

Authorized Signature _____ Date _____

Title

Place Medallion Signature Guarantee Stamp Here:

Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions

Department of the Treasury
Internal Revenue Service

Give Form W-4R to the payer of your retirement payments.

2023

1a First name and middle initial	Last name	1b Social security number
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Address

City or town, state, and ZIP code

Your withholding rate is determined by the type of payment you will receive.

- For nonperiodic payments, the default withholding rate is 10%. You can choose to have a different rate by entering a rate between 0% and 100% on line 2. Generally, you can't choose less than 10% for payments to be delivered outside the United States and its territories.
- For an eligible rollover distribution, the default withholding rate is 20%. You can choose a rate greater than 20% by entering the rate on line 2. You may not choose a rate less than 20%.

See page 2 for more information.

2 Complete this line if you would like a rate of withholding that is different from the default withholding rate. See the instructions on page 2 and the Marginal Rate Tables below for additional information. Enter the rate as a whole number (no decimals)	2	%
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Sign Here	Your signature (This form is not valid unless you sign it.)	Date
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General Instructions

Section references are to the Internal Revenue Code.

Future developments. For the latest information about any future developments related to Form W-4R, such as legislation enacted after it was published, go to www.irs.gov/FormW4R.

Purpose of form. Complete Form W-4R to have payers withhold the correct amount of federal income tax from your nonperiodic payment or eligible rollover distribution from an employer retirement plan, annuity (including a commercial annuity), or individual retirement arrangement (IRA). See page 2 for the rules and options that are available for each type of payment. Don't use Form W-4R for periodic payments (payments made in installments at regular

intervals over a period of more than 1 year) from these plans or arrangements. Instead, use Form W-4P, Withholding Certificate for Periodic Pension or Annuity Payments. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. Your withholding choice (or an election not to have withholding on a nonperiodic payment) will generally apply to any future payment from the same plan or IRA. Submit a new Form W-4R if you want to change your election.

2023 Marginal Rate Tables

You may use these tables to help you select the appropriate withholding rate for this payment or distribution. Add your income from all sources and use the column that matches your filing status to find the corresponding rate of withholding. See page 2 for more information on how to use this table.

Single or Married filing separately		Married filing jointly or Qualifying surviving spouse		Head of household	
Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more
\$0	0%	\$0	0%	\$0	0%
13,850	10%	27,700	10%	20,800	10%
24,850	12%	49,700	12%	36,500	12%
58,575	22%	117,150	22%	80,650	22%
109,225	24%	218,450	24%	116,150	24%
195,950	32%	391,900	32%	202,900	32%
245,100	35%	490,200	35%	252,050	35%
591,975*	37%	721,450	37%	598,900	37%

* If married filing separately, use \$360,725 instead for this 37% rate.

General Instructions (continued)

Nonperiodic payments—10% withholding. Your payer must withhold at a default 10% rate from the taxable amount of nonperiodic payments **unless** you enter a different rate on line 2. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. Note that the default rate of withholding may not be appropriate for your tax situation. You may choose to have no federal income tax withheld by entering “-0-” on line 2. See the specific instructions below for more information. Generally, you are not permitted to elect to have federal income tax withheld at a rate of less than 10% (including “-0-”) on any payments to be delivered outside the United States and its territories.

Note: If you don't give Form W-4R to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer must withhold 10% of the payment for federal income tax and can't honor requests to have a lower (or no) amount withheld. Generally, for payments that began before 2023, your current withholding election (or your default rate) remains in effect unless you submit a Form W-4R.

Eligible rollover distributions—20% withholding. Distributions you receive from qualified retirement plans (for example, 401(k) plans and section 457(b) plans maintained by a governmental employer) or tax-sheltered annuities that are eligible to be rolled over to an IRA or qualified plan are subject to a 20% default rate of withholding on the taxable amount of the distribution. You can't choose withholding at a rate of less than 20% (including “-0-”). Note that the default rate of withholding may be too low for your tax situation. You may choose to enter a rate higher than 20% on line 2. Don't give Form W-4R to your payer unless you want more than 20% withheld.

Note that the following payments are **not** eligible rollover distributions: (a) qualifying “hardship” distributions, and (b) distributions required by federal law, such as required minimum distributions. See Pub. 505 for details. See also *Nonperiodic payments—10% withholding* above.

Payments to nonresident aliens and foreign estates. Do not use Form W-4R. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, enter “-0-” on line 2. See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

Line 1b

For an estate, enter the estate's employer identification number (EIN) in the area reserved for “Social security number.”

Line 2

More withholding. If you want more than the default rate withheld from your payment, you may enter a higher rate on line 2.

Less withholding (nonperiodic payments only). If permitted, you may enter a lower rate on line 2 (including “-0-”) if you want less than the 10% default rate withheld from your payment. If you have already paid, or plan to pay, your tax on this payment through other withholding or estimated tax payments, you may want to enter “-0-”.

Suggestion for determining withholding. Consider using the Marginal Rate Tables on page 1 to help you select the appropriate withholding rate for this payment or distribution. The tables are most accurate if the appropriate amount of tax on all other sources of income, deductions, and credits has been paid through other withholding or estimated tax payments. If the appropriate amount of tax on those sources of income has not been paid through other withholding or estimated tax payments, you can pay that tax through withholding on this payment by entering a rate that is greater than the rate in the Marginal Rate Tables.

The marginal tax rate is the rate of tax on each additional dollar of income you receive above a particular amount of income. You can use the table for your filing status as a guide to find a rate of withholding for amounts above the total income level in the table.

To determine the appropriate rate of withholding from the table, do the following. Step 1: Find the rate that corresponds with your total income not including the payment. Step 2: Add your total income and the taxable amount of the payment and find the corresponding rate.

If these two rates are the same, enter that rate on line 2. (See *Example 1* below.)

If the two rates differ, multiply (a) the amount in the lower rate bracket by the rate for that bracket, and (b) the amount in the higher rate bracket by the rate for that bracket. Add these two numbers; this is the expected tax for this payment. To get the rate to have withheld, divide this amount by the taxable amount of the payment. Round up to the next whole number and enter that rate on line 2. (See *Example 2* below.)

If you prefer a simpler approach (but one that may lead to overwithholding), find the rate that corresponds to your total income including the payment and enter that rate on line 2.

Examples. Assume the following facts for *Examples 1* and *2*. Your filing status is single. You expect the taxable amount of your payment to be \$20,000. Appropriate amounts have been withheld for all other sources of income and any deductions or credits.

Example 1. You expect your total income to be \$60,000 without the payment. Step 1: Because your total income without the payment, \$60,000, is greater than \$58,575 but less than \$109,225, the corresponding rate is 22%. Step 2: Because your total income with the payment, \$80,000, is greater than \$58,575 but less than \$109,225, the corresponding rate is 22%. Because these two rates are the same, enter “22” on line 2.

Example 2. You expect your total income to be \$42,500 without the payment. Step 1: Because your total income without the payment, \$42,500, is greater than \$24,850 but less than \$58,575, the corresponding rate is 12%. Step 2: Because your total income with the payment, \$62,500, is greater than \$58,575 but less than \$109,225, the corresponding rate is 22%. The two rates differ. \$16,075 of the \$20,000 payment is in the lower bracket (\$58,575 less your total income of \$42,500 without the payment), and \$3,925 is in the higher bracket (\$20,000 less the \$16,075 that is in the lower bracket). Multiply \$16,075 by 12% to get \$1,929. Multiply \$3,925 by 22% to get \$863.50. The sum of these two amounts is \$2,792.50. This is the estimated tax on your payment. This amount corresponds to 14% of the \$20,000 payment (\$2,792.50 divided by \$20,000). Enter “14” on line 2.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request additional federal income tax withholding from your nonperiodic payment(s) or eligible rollover distribution(s); (b) choose not to have federal income tax withheld from your nonperiodic payment(s), when permitted; or (c) change a previous Form W-4R (or a previous Form W-4P that you completed with respect to your nonperiodic payments or eligible rollover distributions). To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Failure to provide a properly completed form will result in your payment(s) being subject to the default rate; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S.

commonwealths and territories for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.