



LOOMIS | SAYLES

Please return to:
Loomis Sayles Funds
P.O. Box 219594
Kansas City, MO 64121-9594
800-633-3330
www.loomissayles.com

LOOMIS SAYLES IRA RECHARACTERIZATION FORM

Use this form to authorize Loomis Sayles Funds to recharacterize all or part of an IRA conversion or contribution.

1. ACCOUNT OWNERSHIP

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

2. TYPE OF RECHARACTERIZATION

Check the appropriate box below to indicate the type of recharacterization you would like to make:

Recharacterize all or part of a previous Roth IRA conversion to a **(select one)**

Traditional IRA or a SEP IRA

OR

Recharacterize all or part of a previous IRA contribution back to another type of IRA:

Check one below

Roth IRA contribution

Check one below

Roth IRA contribution

Recharacterize a previous

Traditional IRA contribution to a ➔

Traditional IRA contribution

SEP IRA contribution

SEP IRA contribution

3. ACCOUNT INFORMATION AND RECHARACTERIZATION AMOUNT

Provide the Loomis Sayles Fund number(s) and account number(s) which contain the assets you wish to recharacterize. Indicate the dollar amount of the original conversion or contribution amount you wish to recharacterize.

NOTE: Specify all or part of your original conversion or contribution amount(s) only. Loomis Sayles Funds will determine the earnings or losses attributable to that amount, and, as required by the IRS, include that amount in your recharacterization.

Provide the tax year for which the conversion or contribution was made.

Fund Number/Account Number	\$ _____ Amount to Recharacterize	Tax Year for which Conversion/ Contribution was Made
Fund Number/Account Number	\$ _____ Amount to Recharacterize	Tax Year for which Conversion/ Contribution was Made
Fund Number/Account Number	\$ _____ Amount to Recharacterize	Tax Year for which Conversion/ Contribution was Made
\$ _____ TOTAL		

4. INVESTMENT INSTRUCTIONS – EXISTING OR NEW IRA

You may invest your recharacterized assets in an existing Loomis Sayles Funds IRA account(s), or you may establish a new IRA account(s) for these assets. **Note: Please list the total amount of recharacterization on page 3.**

A. Existing Loomis Sayles Funds IRA

Invest the assets from this recharacterization into my existing Loomis Sayles Funds IRA account(s) listed below:

Fund Number/Account Number	\$ _____ Amount	Tax Year of Conversion/Contribution
Fund Number/Account Number	\$ _____ Amount	Tax Year of Conversion/Contribution
Fund Number/Account Number	\$ _____ Amount	Tax Year of Conversion/Contribution

B. New Loomis Sayles Funds IRA

Invest the assets from this recharacterization into a new Loomis Sayles Funds IRA. **You must enclose a completed IRA Account Application, and each new fund established must meet the minimum listed on the IRA Account Application.**

Note: Circle the corresponding fund number that you want to make the recharacterization from.

Loomis Bond (1162, 1164)	\$ _____ Amount	Tax Year of Conversion/Contribution
Loomis Fixed Income (1177)	\$ _____ Amount	Tax Year of Conversion/Contribution
Loomis Global Bond (1169, 1170)	\$ _____ Amount	Tax Year of Conversion/Contribution
Loomis Inflation Protected Securities (1168, 1667)	\$ _____ Amount	Tax Year of Conversion/Contribution
Loomis Institutional High Income (1178)	\$ _____ Amount	Tax Year of Conversion/Contribution
Loomis Intermediate Duration Bond (1179, 1666)	\$ _____ Amount	Tax Year of Conversion/Contribution
Loomis Investment Grade Fixed Income (1181)	\$ _____ Amount	Tax Year of Conversion/Contribution
Loomis Small Cap Growth (165, 671)	\$ _____ Amount	Tax Year of Conversion/Contribution
Other _____ List Fund Number	\$ _____ Amount	Tax Year of Conversion/Contribution

TOTAL OF SECTIONS A AND B: \$ _____

NOTE: Total of Sections A and B must equal Total Amount to Recharacterize in Part 3. Attributable earnings or losses will be allocated pro rata.

5. SIGNATURE

The undersigned individual authorizes the withdrawal amount and type specified on this form. The undersigned acknowledges that the information is 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 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.

X

Signature

Capacity

Date