



Please mail this application to:
 Loomis Sayles Funds, P.O. Box 219594, Kansas City, MO 64121-9594
 Overnight mail: Loomis Sayles Funds, 330 W 9th St., Kansas City, MO 64105-1514
 Questions? Please call 800-633-3330
 loomissayles.com

DECEDENT IRA NEW ACCOUNT APPLICATION

1. IRA REGISTRATION – PLEASE PRINT AND USE PEN

Complete this application to establish a mutual fund Individual Retirement Account (IRA) for which you are a beneficiary and the shareowner is now deceased. If you are a spousal beneficiary and wish to treat the account as your own, do not complete this document, please complete an IRA Application.

The **USA PATRIOT Act** requires the Loomis Sayles Funds (the **"Funds"**) to obtain, verify, and record information that identifies each person who opens an account. Failure to provide required information may result in processing delays. Additional documentation may be requested. If we are unable to verify this information, your account may be closed and you will be subject to all applicable costs.

2. INVESTOR INFORMATION AND MAILING ADDRESS

Complete 1a if registering the Decedent IRA as an individual beneficiary.

Complete 1b if registering the Decedent IRA in the name of a Trust, Estate, Minor, or Business Entity.

2a. Individual Registration

Complete the following and proceed to Section 4.

Full Legal Name (First, MI, Last, Suffix)	Social Security or Tax ID Number	Date of Birth
Street Address	City	State
Mailing Address (if different)	City	State
Mailing Address (if different)	City	State
Daytime Phone Number	Evening Phone Number	Email Address

2b. Trust, Estate, Minor, or Business Registration

Completion of Section 2 and 3 is required if registering the Decedent IRA to a Business Entity; see Section 2 for entity types.

Name of Trust, Estate, Minor, or Business Entity	Social Security or Tax ID Number	Date of Trust
Full Legal Name (First, MI, Last, Suffix)	Social Security or Tax ID Number	Date of Birth
Street Address	City	State
Mailing Address (if different)	City	State
Mailing Address (if different)	City	State
Daytime Phone Number	Evening Phone Number	Email Address
Full Legal Name of Co-Trustee, Co-Executor, Minor (First, MI, Last, Suffix)	Social Security or Tax ID Number	Date of Birth
Mailing Address (if different)	City	State
Mailing Address (if different)	City	State
Daytime Phone Number	Evening Phone Number	Email Address

3. BUSINESS ENTITY TYPE

Select one type of registration for the new account. Completion of Section 3 is required for Business Entities, unless the entity is a publicly traded corporation or federal/state regulated bank. Official documentation to verify the entity's form of organization is required. Please call Client Services for examples of acceptable documentation.

- | | |
|---|---|
| <input type="checkbox"/> C-Corporation or Incorporated Bank, Savings & Loan (040) | <input type="checkbox"/> Non-Profit |
| If publicly Traded Corporation, provide CUSIP number or Ticker Symbol _____ | <input type="checkbox"/> Partnership |
| If Banking Institution, provide F D I C number _____ | <input type="checkbox"/> Non-Exempt |
| <input type="checkbox"/> S-Corporation or S-Incorporated Bank, Savings & Loan (440) | <input type="checkbox"/> Business Trust |

Country Where Organization Was Established

- U.S. Resident Alien Nonresident Alien

Tax Residency

- U.S. Other

Country of Establishment, if not U.S.

+ Country of Tax Residence, if not U.S.

+ To claim tax treaty benefits, also complete and submit an IRS Form W8-BEN.

4. CERTIFICATION OF BENEFICIAL OWNERS AND CONTROLLING PERSON

To help the government fight financial crime, federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. This section, parts a and b, must be completed for the following legal entities: corporations, partnerships, and any other similar business entities formed in the United States or a foreign country.

4a. Beneficial Owner Information

Provide the following information for each individual, if any, who directly or indirectly owns 25% or more of the equity interests of the legal entity listed in Section 1b (e.g., each natural person that owns 25% or more of the shares of a corporation).

- Beneficial Owner Not Applicable. Complete Section 3b.
 Beneficial Owner(s) listed below:

Full Legal Name (First, MI, Last, Suffix)	Percentage	Date of Birth
Social Security or Tax ID Number	Passport Number (if not U.S. Citizen)	Country (do not abbreviate)
Street Address	City	State Zip Code
Full Legal Name (First, MI, Last, Suffix)	Percentage	Date of Birth
Social Security or Tax ID Number	Passport Number (if not U.S. Citizen)	Country (do not abbreviate)
Street Address	City	State Zip Code
Full Legal Name (First, MI, Last, Suffix)	Percentage	Date of Birth
Social Security or Tax ID Number	Passport Number (if not U.S. Citizen)	Country (do not abbreviate)
Street Address	City	State Zip Code
Full Legal Name (First, MI, Last, Suffix)	Percentage	Date of Birth
Social Security or Tax ID Number	Passport Number (if not U.S. Citizen)	Country (do not abbreviate)
Street Address	City	State Zip Code

4. Certification of Beneficial Owners and Controlling Person (continued)

4b. Controlling Person

Provide the following information for an individual with significant responsibility for managing or directing the legal entity, including executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer). Note: An individual listed in Section 3a may also be listed as the Controlling Person.

Full Legal Name (First, MI, Last, Suffix)		Title	
Date of Birth	Social Security or Tax ID Number	Passport Number (if not U.S. Citizen)	Country (do not abbreviate)
Street Address	City	State	Zip Code

5. Relationship to Original IRA Owner

Setting Every Community Up for Retirement Enhancement (SECURE) Act made changes to rules related to retirement accounts, including required minimum distribution (RMD) rules (which impacts unclaimed property (escheatment) laws of certain states). Accordingly, you must identify your beneficiary relationship with the original owner of the IRA/Roth IRA. *If you need further guidance, please contact your tax advisor. Note: If you select a beneficiary type marked by an asterisk (*), you must additionally complete the Installment Distribution/RMD Selection section.*

Inheriting Directly from the Original Owner

Provide original owner's name, date of birth and date of death

Name	
Date of Birth	Date of Death

Please select only one beneficiary type:

First Generation Beneficiary Options:
(Inheriting Directly from the Original IRA Owner)

Generation Beneficiary Options: (Inheriting from the Original IRA Owner's beneficiary)

- First Generation Non-Designated Beneficiary* (1st Gen NDB)
Select this option if the inherited IRA is being transferred to an entity beneficiary (estate, charity, trust)
- First Generation Eligible Designated Sole Spouse Beneficiary (1st Gen EDB-Sole Spouse)
Select this option if you are a sole spouse and you are not electing to treat as your own IRA
- First Generation Eligible Designated Minor Beneficiary of Deceased Owner (1st Gen EDB-Minor)*
Select this option if the inherited IRA is for a minor (under the age of 18) who is a direct descendant (son or daughter) of the deceased shareholder.
- First Generation Eligible Designated Beneficiary - Other* (1st Gen DB)
Select this option if you are eligible for Life Expectancy payments (chronically ill beneficiary, disabled beneficiary eligible designated beneficiary less than 10 years younger than original account owner.)
- First Generation Designated Beneficiary
Select this option if you are not eligible for Life Expectancy (sibling of deceased, grandchild of deceased, child over the age of 18.)

Inheriting from a Beneficiary (not the Original Owner)

Add all previous owners of this Decedent IRA account. If you complete this section, but selected a First Generation Beneficiary Option, [client] will take no action on the information provided.

Name	
Date of Birth	Date of Death

Succeeding Generation Beneficiary Options: (Inheriting from the Original IRA Owner's beneficiary)

- Succeeding Generation Beneficiary when First Generation was Eligible Designated Sole Spouse Beneficiary* (2nd or > Gen EDB-Sole Spouse)
Select this option if you are a second generation or greater beneficiary when the first generation beneficiary was an Eligible Designated Sole Spouse.
- Succeeding Generation Beneficiary when First Generation was Eligible Designated Minor of Deceased Owner* (2nd or > Gen EDB-Minor)
Select this option if you are a second generation or greater beneficiary when the first generation beneficiary was a minor son or daughter (under the age of 18) of the original account owner.
- Succeeding Generation Beneficiary when First Generation was Eligible Designated Beneficiary - Other* (2nd or > Gen EDB-Other)
Select this option if you are a second generation or greater beneficiary when the first generation beneficiary was eligible for Life Expectancy payments and was not the sole spouse or minor direct decedent of the original account owner.
- Succeeding Generation Beneficiary when First Generation was a Designated Beneficiary (2nd or > Gen DB)
Select this option if you are a second generation or greater beneficiary when the first generation beneficiary was a designated beneficiary who was not eligible for Life Expectancy payments.

Prior Owners of IRA/Roth IRA – Succeeding Generation Beneficiary

Complete only if you selected one of the Succeeding Generation Beneficiary options above. Please provide all previous owners information of this IRA/Roth IRA

Previous IRA Owner Full Name	Date of Birth	Date of Death
Previous IRA Owner Full Name	Date of Birth	Date of Death

6. Decedent IRA Installment Distribution/RMD Selection

Complete this section to indicate the type of distribution for the inherited IRA /Roth IRA . *If you need further guidance, please contact your tax advisor.*

6a. IRA Owners Over RMD Age - Not applicable for Roth IRAs

Important transfer restriction for owners that were over the RMD age* in the year of the owner's death, any unpaid RMD amounts for that year cannot be transferred to your IRA. These amounts must be paid to you.

Check and complete if applicable.

- Distribute the amount of the remaining RMD in a single payment.
- _____ was calculating the RMD amount.
Client Name
- Please distribute \$ _____ to satisfy the remaining RMD.

6b. Beneficiary Installment Distribution Instructions

Select the appropriate installment instructions for the reported beneficiary type listed above for the inherited IRA/Roth IRA .

Spouse Beneficiary Options

Life Expectancy Payment (Distributions may be no later than December 31st of the calendar year immediately following the year in which the IRA owner died.)

- Pay the total account balance over the applicable life expectancy beginning on _____
Month Year

Note: Life expectancy payments will be calculated using the birth date of the beneficiary . If the original account owner died prior to January 1, 2020, you can elect to have life expectancy calculated on the original account owner's date of birth or the beneficiary' s date of birth.

Request a Distribution

- Establish systematic distribution of \$ _____ over a period of _____ years _____ months (complete the payment schedule information below).

Non-Spouse Non-Designated Beneficiary Options

If the non-spouse beneficiary is an entity (i.e., the estate, a charity or a non-qualified trust) the only option for such beneficiaries of (1) traditional IRAs if the IRA owner died before RMD* age, or (2) Roth Installment Distribution/RMD Selection IRAs, is to distribute the full balance by the end of the fifth calendar year following the year of the IRA owner's death.

Request a Distribution

- Establish systematic distribution of \$ _____ over a period of 5 years (complete the payment schedule information below).
- Request a distribution in the future.

Non-Spouse Eligible Designated Beneficiary Options

If the beneficiary is an "eligible designated beneficiary," such beneficiary may receive RMDs calculated with reference to his or her life expectancy. An "eligible designated beneficiary" is any individual who is the surviving spouse of the IRA owner, a child of the IRA owner who has not attained the age of 18 (upon such child attaining the age of majority any remaining assets must be distributed no later than the end of the tenth calendar year after the calendar year in which the child reaches the age of 18); certain disabled and chronically ill individuals, and an individual not listed above who is less than 10 years younger than the IRA owner. Please consult with your tax advisor to determine if you qualify as an eligible designated beneficiary.

Life Expectancy Payment

- Pay the total account balance over the applicable life expectancy beginning on _____
Month Year

Request a Distribution

- Establish systematic distribution of \$ _____ to begin on _____ (complete the payment schedule information below)
Month Year
- Request a distribution in the future.

Non-Spouse Designated Beneficiary Options

As a general rule, for an IRA owner who died on or after January 1, 2020 the assets in the traditional or Roth IRA must be distributed to the designated beneficiary by the end of the tenth calendar year following the year of the IRA owner's death.

Request a Distribution

- Establish systematic distribution of \$ _____ over a period of 10 years.
- Request a distribution in the future.

If you selected a systematic distribution, please complete the payment schedule and payment day below.

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

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

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 15th of the month)

* RMD age is 70½ if the account owner's date of birth was on or before June 30, 1949. RMD age is 72 if the account owner's date of birth was after June 30, 1949.

7. Fund Selection

Please indicate the fund name and share class or fund number for the inherited IRA assets.

Fund Name and Share Class	Fund Number	Amount (\$ or %)
_____	_____	<input type="checkbox"/> \$ <input type="checkbox"/> % _____
_____	_____	<input type="checkbox"/> \$ <input type="checkbox"/> % _____
_____	_____	<input type="checkbox"/> \$ <input type="checkbox"/> % _____
_____	_____	<input type="checkbox"/> \$ <input type="checkbox"/> % _____
_____	_____	<input type="checkbox"/> \$ <input type="checkbox"/> % _____
_____	_____	<input type="checkbox"/> \$ <input type="checkbox"/> % _____

8. Escheatment

8a. Lost Shareholder

It is important that you notify the Fund of any changes to your contact information, including both mail and email addresses. If the Fund's communications to you are returned as undeliverable, the Fund will try to reestablish contact with you. If those efforts fail and you are reasonably deemed to be a "lost shareholder," the Fund may elect to suspend account activity, program elections (including, systematic investment, withdrawal or exchange elections) and mailings. In addition, most states require entities like the Fund to turn over assets of lost shareholders following a period of time. Accordingly, the assets in your account may be transferred to the appropriate state if no activity or communication occurs in your account within the time period specified by state law. Once assets are "escheated" to a State, a shareholder will not be able to access their assets through the Fund. To avoid these kinds of problems, we urge you to keep your contact information with the Fund accurate at all times.

8b. Designated Representative

Residents of the state of Texas may opt to designate a representative to receive abandoned or unclaimed property (escheatment) notifications by completing the "Unclaimed Property Designation of Representative" form (the "Form"), which can be found on Texas' Comptroller's website. While the designated representative does not have any rights to claim or access the Shareholder's account or assets, the escheatment period will cease if the representative communicates knowledge of the Shareholder's location and confirms that the Shareholder has not abandoned his or her property. The completed Form must be mailed to the Fund (if your Shares are held directly with the Fund) or to your financial intermediary (if your Shares are not held directly with the Fund). If a Texas Shareholder opts to designate a representative to receive escheatment notifications, any escheatment notices will be delivered both to the Shareholder and the designated representative.

9. Spousal Consent

This section should be reviewed if the Participant is married and designates a beneficiary other than the spouse. It is the Participant's responsibility to determine if this section applies. The Participant may need to consult with legal counsel. Neither the Custodian nor the Sponsor is liable for any consequences resulting from a failure of the Participant to provide proper spousal consent.

I am the spouse of the above-named Participant. I acknowledge that I have received a full and reasonable disclosure of my spouse's property and financial obligations. Due to any possible consequences of giving up my community property interest in this IRA, I acknowledge that it would be in my best interest to consult a tax professional or legal adviser and I have consulted with such an adviser to the extent deemed necessary or advisable.

I hereby consent to the beneficiary designation(s) indicated above. I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by the Custodian or Sponsor.

X	_____	_____	_____
	Signature of Spouse*	Name of Spouse (please print)	Date
X	_____	_____	_____
	Signature of Witness for Spouse	Name of Witness for Spouse (please print)	Date

*Only required in community property states when designated beneficiary is not your spouse.

10. Beneficiary Information

Upon receipt of proper instructions, your IRA assets will be distributed based on the beneficiary designation in this section. If the primary beneficiary does not survive you, your assets will be distributed to the secondary beneficiary, if designated. The percentages must total 100% for each class (primary or secondary). All surviving beneficiaries within each class will share equally if you do not indicate percentages. In the event all beneficiaries are deceased, distribution is made to your estate.

Important Notes:

To minimize the possibility of future account escheatment to the state, please be sure that you notify your beneficiaries of their designation.

To name a Trust as your beneficiary, enter the name, date, and Tax Identification Number of the Trust.

If the beneficiary is a minor at the time of distribution, a Custodian/Guardian must be named.

You may change your beneficiaries at any time by completing the IRA Beneficiary Form, located at loomissayles.com.

Name of Beneficiary: Primary Secondary Percentage

Social Security or Tax ID Number Date of Birth or Date of Trust Agreement Beneficiary's Relationship to Owner

Name of Custodian/Guardian if Beneficiary is Minor

Street Address City State Zip Code

Name of Beneficiary: Primary Secondary Percentage

Social Security or Tax ID Number Date of Birth or Date of Trust Agreement Beneficiary's Relationship to Owner

Name of Custodian/Guardian if Beneficiary is Minor

Street Address City State Zip Code

To add additional existing and/or related accounts, attach a separate sheet that includes all information requested above; sign and date the sheet.

11. Account Service Options

Telephone Exchange automatically applies to your account. When you exchange, you sell shares of one fund to pay for the purchase of shares in another fund. Exchanges are permitted between funds in the same share class provided the registration and Taxpayer Identification Number are identical. Before requesting an exchange, please read the fund's prospectus to ensure all requirements are met.

Telephone Redemption by Check, which allows you to authorize distributions by phone, automatically applies to your account. A check is made payable to the account owner and mailed to the address you provided in Section 1.

Systematic Withdrawal Program (SWP) is available for taking IRA distributions. An IRA Distribution Form is required and is available loomissayles.com or by calling Client Services.

12. Combining Accounts

The front-end sales charge may be reduced or eliminated by combining purchases in all related accounts of the Funds. See the Fund's prospectus for more details.

12a. Existing Accounts

_____	_____	_____
Fund Name and Share Class	Fund Number	Full Account Number
_____	_____	_____
Fund Name and Share Class	Fund Number	Full Account Number
_____	_____	_____
Fund Name and Share Class	Fund Number	Full Account Number

12b. Additional Related Accounts

_____	_____
Full Legal Name (First, MI, Last, Suffix)	Social Security or Tax ID Number
_____	_____
Fund Name and Share Class	Fund Number
_____	_____
Fund Name and Share Class	Fund Number
_____	_____
Fund Name and Share Class	Fund Number

To add additional existing and/or related accounts, attach a separate sheet that includes all information requested above; sign and date the sheet.

13. Fund Document Delivery and Account Access

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.

I consent to the delivery of a single prospectus, annual or semiannual report, as well as any proxy statement, to my household. I understand that by providing this consent, if more than one family member in my 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 understand that my consent to mailing documents on the basis of the household will remain in effect until such time as I revoke it.

Consent may be revoked at any time. 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.

Please do not mail on a household basis (check all that apply): Prospectuses and Annual/Semiannual Reports Proxy Statements

14. Custodial Acceptance

UMB Bank, n.a., or its successors, will accept appointment as Custodian of the Depositor's Account. However, this Agreement is not binding upon the Custodian until the Depositor has received a statement confirming the initial transaction for the Account. Receipt by the Depositor of a confirmation of the purchase of the Fund shares indicated above will serve as notification of UMB Bank, n.a.'s acceptance of appointment as Custodian of the Depositor's Account.

UMB BANK, N.A., CUSTODIAN

15. PLEASE SIGN AND DATE THE AGREEMENT

I understand the eligibility requirements associated with this type of IRA. I have received and read the IRA Application, Custodial Account Agreement and Disclosure Statement, and prospectus for the investments and IRA that I am selecting. I understand that the terms and conditions which apply to the IRA that I have chosen are contained in this application and the Custodial Account Agreement. I agree to be bound by those terms and conditions as well as the terms and conditions contained in the prospectus for the investments that I selected. I assume complete responsibility for determining that I am eligible for either the Traditional IRA or Roth IRA each year that I make a contribution, insuring that all contributions I make are within the limits set forth by the tax laws, and understanding the tax consequences of any contribution (including rollover contributions and conversions) and distributions. I acknowledge that I have received notice of my right to have or not have income tax withholding apply to distributions. I understand that 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 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.) I understand that it is my responsibility to read the prospectus of any fund into which I exchange. 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. 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. I certify under penalties of perjury that all information provided in this application is true and correct.

As required by federal law, I certify under penalties of perjury that (1) the Social Security or Taxpayer Identification Number provided above is correct, (2) 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 _____ Date _____
 Signature of Depositor

If the IRA Holder is a minor under the laws of the IRA Holder's state of residence, a parent or guardian must also sign the Agreement here. Until the IRA Holder reaches the age of majority, the parent or guardian will exercise the powers and duties of the IRA Holder.

*** 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.**

 Name of the Parent or Guardian* (please print) Social Security Number* Date of Birth*

 Residential Address (not a P.O. Box or business address*) City* State* Zip Code*

X _____ Date _____
 Signature of Parent or Guardian

16. DEALER INFORMATION (THIS SECTION MUST BE COMPLETED)

Are you using a dealer for this investment (You must select "Yes" or "No")? ___ Yes* ___ No
***If you answer yes, Section 15 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 15 is not filled out he/she will be notified.**
 The Dealer noted below authorizes the Funds' Transfer Agent to act as our 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 or Internet Authorization, the Dealer guarantees the signature(s) in Section 14 of this application. The terms and conditions of the Distributor's currently effective Dealer Agreement are incorporated by reference in this Section 15. 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

FINANCIAL REPRESENTATIVE INFORMATION

 Representative First Name Last Name Phone Number Rep/RIA Number

 Representative First Name Last Name Phone Number Rep/RIA Number

X _____
Signature Required of Registered Representative or Authorized Dealer (If signature is not provided the application and investment may be returned).
****If this is joint business, you must provide Partnership Number: _____**