



CHANGE OF REGISTRATION FORM

Use this form to transfer the ownership of your account. Loomis Sayles will open a new account and transfer the shares from your current account to a new account. Transfers will be made within the same fund and share class. Do not use this form to request a transfer from a Loomis Sayles-sponsored retirement plan. Please be sure that current account owner's sign this form in Section 10 and new account owners sign in Section 11.

1. Existing Account Information (please print)

Form for Existing Account Information with fields for Name, Daytime Telephone Number, Name of Joint Owner, Address, City, State, Zip Code, Social Security Number, and checkboxes for account update options.

2. New Account Registration

Please choose only one account registration type.

(* 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.

A. INDIVIDUAL OR JOINT ACCOUNT

Form for Individual or Joint Account with fields for Name of Owner, Social Security Number, Date of Birth, and Name of Joint Owner.

B. GIFT/ TRANSFER TO MINOR (UGMA/UTMA) (Only one Custodian per Account)

Form for Gift/Transfer to Minor with fields for Name of Minor, Minor's Social Security Number, Date of Birth, Name of Custodian, and Custodian's Social Security Number.

under the Uniform Gift/Transfer to Minors Act.
Minor's State

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

2. New Account Registration (continued)

Please choose only one account registration type.

(*) 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.

- C.** **TRUST** — Please attach copies of the title and signature page of the Trust Instrument.
- CORPORATION** — Please attach copies of Articles of Incorporation or a government issued business license and a copy of the corporate resolution.
Are you a publicly traded corporation? No Yes, please provide Quotron symbol _____
- PARTNERSHIP** — Please attach a copy of a certificate of formation or a copy of the title and signature pages of the Partnership Agreement.
- OTHER ENTITY** — Please attach a copy of the Articles or By-laws of the entity and documentation that identifies who is authorized to act on behalf of the entity.

_____ Name of Trust, Corporation, Partnership, or Other Entity*	_____ Trust or Entity Tax ID Number*	_____ Date of Trust
_____ Name of Trustee/Authorized Individual #1*	_____ Social Security Number*	_____ Date of Birth*
_____ Name of Trustee/Authorized Individual #2*	_____ Social Security Number*	_____ Date of Birth*

3. New Account Contact Information

(*) 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.

Account Mailing Address:

_____ Address	_____ Daytime Telephone Number	
_____ 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*

4. Dividend and Capital Gain Distributions

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

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
- 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
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5. Convenient Access to your Investments

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

We offer services to enable you to access your investments simply, quickly and conveniently. With our Personal Access Line and our website, www.loomissayles.com, you will be able to purchase, exchange and redeem shares. If you want to add your bank account information to your account (to process systematic purchases and/or redemptions), 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 telephone or internet 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.

6. Automatic Investment Plan

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

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.

_____	\$ _____	_____
Fund Name	Amount (Min. \$50 per month)	Month/Day of Investment*
_____	\$ _____	_____
Fund Name	Amount (Min. \$50 per month)	Month/Day of Investment*
_____	\$ _____	_____
Fund Name	Amount (Min. \$50 per month)	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. Please allow 2 to 3 days before first draft. Investment Builder purchases may not be redeemed for 10 days. Current tax year is assumed.

7. 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.

- | | |
|---|--|
| <input type="checkbox"/> Average Cost (Funds Default Method) | <input type="checkbox"/> First In First Out (FIFO)* |
| <input type="checkbox"/> Last In First Out (LIFO)* | <input type="checkbox"/> High Cost First Out (HIFO)* |
| <input type="checkbox"/> Low Cost First Out (LOFO)* | <input type="checkbox"/> Loss/Gain Utilization (LGUT)* |
| <input type="checkbox"/> 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

8. Bank Information

 Please attach a check marked "void" here.

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), Automatic Investment Plan (Section 6), or if you would like banking information added to your account. 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 Signature Validation Program Stamp below 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

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)

9. Dealer Information (This Section Must Be Completed)

If you answer yes, this section 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 6 is not filled out he/she will be notified.

Are you using a dealer for this investment? **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. The terms and conditions of the Distributor's currently effective Dealer Agreement are incorporated by reference in this section. 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 % Split**

Representative's First Name Middle Initial Last Name Phone Number

Rep/RIA Number % Split**

****If this is joint business, please provide your Partnership Number.** _____

Dealer/Firm Address

City State Zip Code

X _____

**Signature Required of Registered Representative or Authorized Dealer
(If signature is not provided the application and investment will be returned).**

10. Signatures of Existing Account Owner(s)

Note: New account owners must sign below.

Under penalties of perjury, the undersigned whose Social Security or Tax Identification number is shown above certifies (1) that number is the correct taxpayer identification number and (2) currently the undersigned is not under Internal Revenue Service notification that he/she is subject to back-up withholding (Note: If part (2) of this sentence is not true in your case, please strike out that part before signing). 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 of Owner

Date

Title

X

Signature of Owner (if applicable)

Date

Title

A Medallion Signature Guarantee is required for ALL currently registered shareowners. A Stamp 2000 Signature Guarantee is designed to protect your account against fraudulent activity. 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.*

Name of Institution Providing Medallion Signature Guarantee

X

Authorized Signature

Date

Title

Place Medallion Signature Guarantee Stamp Here:

Place Medallion Signature Guarantee Stamp for Joint Owner (if applicable):

11. Signature of New Account Owner(s)

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 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 terms (if applicable) will apply to any fund into which my shares may be exchanged (Note: With regard to the telephone exchange features 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.

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.)

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 (if applicable)

Date

Title

