

## DURABLE POWER OF ATTORNEY

Use this form to give a person Power of Attorney authorization for your account. It is required that all sections be completed on this form.

### 1. ACCOUNT OWNERSHIP – Please print and use pen

Account Owner's Name	Daytime Telephone Number
Joint Owner's Name (if applicable)	E-mail Address
Fund Name	Account Number
Fund Name	Account Number

### 2. POWER OF ATTORNEY AUTHORIZATION

I, \_\_\_\_\_, hereby appoint \_\_\_\_\_, as my agent and authorize him/her  
 (Your Name) Name of Attorney-In-Fact/Agent

to transmit to you, Loomis Sayles Funds and/or the Funds' transfer agent, either orally or in writing, in accordance with procedures established by the Funds' transfer agent, from time to time, instructions for the purchase, sale, exchange or transfer of shares of all Funds that are maintained by the Funds' transfer agent, a registered transfer agent. The Funds' transfer agent may treat the above named agent as authorized officer to act for me on my behalf with respect to the account(s) in the same manner and with the same force and effect as I might or could with respect to such purchases, sales, exchanges, transfers of shares of the Funds or direct remittance of the proceeds of sale to said agent and to make, draw, sign, endorse, negotiate, cash, deliver and make a stop payment of checks drawn on any of the accounts with the Funds. I agree to indemnify and hold Loomis Sayles Funds, their Distributor, the Funds' transfer agent, and State Street Bank and Trust Company harmless from acting upon instructions, either oral or in writing, believed by you to have originated from said agent and from any and all acts of said agent with respect to the shares held in my account(s) with any of the Funds.

This authorization and indemnity is continuing and shall remain in full force and effect until conclusive notice of death is received or they are revoked by the undersigned by a written notice addressed, delivered and received by the Funds' transfer agent or BFDS at P.O. Box 219594, Kansas City, MO 64121-9594, but such revocation shall not affect any liability in any way resulting from transactions initiated prior to your receipt of such revocation. This power of attorney shall not be affected by subsequent disability or incapacity of me, the principal. In the case of death, this durable power of attorney shall not be revoked or terminate the agency as to the agent, who, without actual knowledge acts in good faith under such power. Any such action so taken, unless otherwise invalid or unenforceable, shall bind me, the principal and my successor in interest.

*The undersigned has read the foregoing in its entirety before signing.*

<b>X</b>		<b>X</b>	
Signature of Account Owner	Date	Signature of Joint Owner (if any)	Date

### 3. NOTARIZATION (Required)

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_ known to me to be the person(s) described herein, executing the foregoing instrument, and acknowledged that he/she/they executed the same as his/her/their free act and deed.

**X**  
 \_\_\_\_\_  
 Signature of Notary Public

Commission Expiration Date: \_\_\_\_\_

Notary Stamp or Seal

**4. POWER OF ATTORNEY INFORMATION**

\* Federal Regulations require us to obtain certain personal information from your agent and to use that information to verify their identity. If your agent does not provide the information requested, we may not be able act on your request. In the event that we are unable to verify the identity of your agent, we reserve the right to refuse to add them to your account, close your account or take other such steps as we deem necessary to comply with Federal Regulations.

Attorney-In-Fact/Agent's Name*	Social Security Number*	Date of Birth*
Residential Address (not a P.O Box)*		
City*	State*	Zip*

**5. AFFIDAVIT OF ATTORNEY-IN-FACT (To be completed by Attorney-In-Fact)**

State of \_\_\_\_\_

SS

County of \_\_\_\_\_

I, \_\_\_\_\_, being duly sworn, hereby state that \_\_\_\_\_, as principal, who resides at \_\_\_\_\_, did on \_\_\_\_\_, 20\_\_\_\_, appoint me his/her true and lawful attorney-in-fact by the foregoing instrument hereby made a part hereof.

X  
\_\_\_\_\_  
Attorney-In-Fact

**6. NOTARIZATION (Required)**

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_ known to me to be the person(s) described herein, executing the foregoing instrument, and acknowledged that he/she/they executed the same as his/her/their free act and deed.

X  
\_\_\_\_\_  
Signature of Notary Public

Commission Expiration Date: \_\_\_\_\_

