

ACCOUNT OPTIONS

Loomis Sayles Funds OFFERS YOU A WIDE VARIETY OF ACCOUNT OPTIONS. YOU CAN TAKE ADVANTAGE OF THESE SERVICES EASILY BY JUST COMPLETING THIS FORM — WHETHER YOU WISH TO SIMPLY CHANGE YOUR ADDRESS OR YOUR DIVIDEND ELECTION, OR ADD ANY OF THESE OTHER SPECIAL SERVICES TO YOUR ACCOUNT:

- | | | |
|------------------------------|-----------------------------------|--------------------------------------|
| ▶ Address Change | ▶ Systematic Withdrawal Plan* | ▶ Dividend Diversification* |
| ▶ Automatic Investment Plan | ▶ Special Dividend Payee | ▶ Direct Deposit of Social Security* |
| ▶ Automatic Monthly Exchange | ▶ Telephone/Internet Transactions | ▶ Cost Basis Method Election |

***For IRA and other SEP IRA accounts, you cannot use this form to change or add services marked with an asterisk. Contact us for more information.**

1. Account Ownership

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

2. Change of Address

| | | |
|------------------|----------------|-------------------|
| Address | | |
| City | State | Zip Code |
| Previous Address | | |
| Previous City | Previous State | Previous Zip Code |

3. Automatic Investment Plan

Automatic Investment Plan enables you to invest automatically. We'll electronically transfer an amount from your bank checking or savings account each month to be invested in your Loomis Sayles Funds.

Please attach a check marked "void" and provide your bank information in Section 12. You may need either a Medallion Signature Guaranteed Stamp or a Signature Validation Program Stamp in Section 12.

| | | |
|-----------|----------------|--|
| Fund Name | Account Number | \$ _____ Amount (\$50 minimum per account)* |
| Fund Name | Account Number | \$ _____ Amount (\$50 minimum per account)* |
| Fund Name | Account Number | \$ _____ Amount (\$50 minimum per account)* |

Please indicate on which day of each month you would like us to draft from your checking account: _____.

I/We consent to the service provisions and conditions in the Funds' Statement of Additional Information which is available free upon request.

Note: If the day of the monthly draft is omitted, drafts begin on or about the fifth business day of the month. Please allow 2 to 3 days before first draft. Automatic Investment Plan purchases may not be redeemed for 10 days. All IRA contributions will be coded as current year. The Funds and their affiliates will not be responsible for IRS excess contribution penalties on any amounts exceeding the maximum IRA contribution limit.

*Minimum amount for Loomis Sayles Tax Managed Equity Fund and Loomis Institutional classes is \$50,000.

4. Telephone/Internet Transactions

Please attach a check marked "void" or a deposit slip in Section 12. You may need either a Medallion Signature Guaranteed Stamp or a Signature Validation Program Stamp in Section 12.

- Please code my account to accept periodic transactions (purchase, redemption) via the ACH Network.
 Please code my account to accept periodic transactions via Federal Funds wire.

Please honor any telephone or internet requests to have amounts withdrawn from my account and wired, mailed, or electronically transmitted through the Federal Funds Network or the ACH Network to my bank account designated below. Also please honor any telephone or internet requests to accept purchases through the ACH Network. I/We understand that all shares must be held by the Funds' Transfer Agent as servicing agent, and I/we are aware that the Funds' Transfer Agent will employ reasonable procedures to confirm that my/our telephone/internet instructions are genuine and if it does not, it may be liable for any losses due to unauthorized or fraudulent instructions. I/we are aware that the Funds' Transfer Agent will require a form of personal identification prior to acting upon my/our telephone/internet instructions, will provide me/us with written confirmation of such transactions and will record my/our instructions.

5. Direct Deposit of Social Security (not available for retirement accounts)

- I have enclosed Form 1199A of the Social Security Administration Office. Please code my account to accept deposits from Social Security via ACH.

You must attach Form 1199A, which will authorize State Street Bank & Trust Co. to receive your Social Security deposit. You can obtain a Form 1199A at your local Social Security Administration office. It will take two or three payment cycles for most Social Security offices to begin direct deposits to Loomis Sayles Funds. Loomis Sayles Funds will send you written confirmation of payments received.

6. Distribution Options

Change Dividends and Capital Gains to:

- All Distributions Reinvested All Distributions in Cash Cash Dividends & Reinvested Capital Gains

If you have chosen Dividends or Capital Gains in cash, please tell us how you would like to receive this distribution.

- By automatic deposit via the ACH Network to my bank account noted in Section 12 By check to my address of record By check to a Special Dividend Payee (see Section 11)

7. Cost Basis Method Election

Please choose from the following methods for calculating your cost basis. 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. 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 wish to use that same cost basis accounting method that you have elected for your covered shares, please contact a Natixis Funds representative.

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.

Fund _____

- Average Cost (Funds Default Method)
 Last In First Out (LIFO)
 Low Cost First Out (LOFO)
 Specific Lot Identification (SLID) **

**Secondary Accounting Method Selection
(Average Cost is NOT a valid secondary method)

Account Number _____

- First In First Out (FIFO)
 High Cost First Out (HIFO)
 Loss/Gain Utilization (LGUT)

Write selection here

Fund _____

- Average Cost (Funds Default Method)
 Last In First Out (LIFO)
 Low Cost First Out (LOFO)
 Specific Lot Identification (SLID) **

**Secondary Accounting Method Selection
(Average Cost is NOT a valid secondary method)

Account Number _____

- First In First Out (FIFO)
 High Cost First Out (HIFO)
 Loss/Gain Utilization (LGUT)

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. Dividend Diversification (not available for retirement accounts)

Take dividends and capital gains earned from one fund and invest them in a different fund (same class). All owners of the “from” fund must sign and either a Medallion Signature Guaranteed Stamp or a Signature Validation Program Stamp is required in Section 12 if the account owners in the “to” fund do not match.

| | Fund Name | Account Number |
|----------|-----------|----------------|
| 1. From: | _____ | _____ |
| To: | _____ | _____ |
| 2. From: | _____ | _____ |
| To: | _____ | _____ |

9. Automatic Monthly Exchange

Please establish an Automatic Monthly Exchange Plan in accordance with the instructions below. I/We understand that if I/we do not choose a date, exchanges will be processed on the 15th or 28th of each month or the next business day thereafter. (You must meet the minimum investment amount of the fund into which you are exchanging prior to establishing this account option)

Monthly amount to be exchanged \$ _____ (\$50 minimum) Process Exchange on the _____ day of the month.

| | Fund Name | Account Number |
|-------|-----------|----------------|
| From: | _____ | _____ |
| To: | _____ | _____ |

Account Owner(s) must be the same in both accounts.

10. Systematic Withdrawal Plan (Retirement accounts require a different form. Please contact us.)

Please establish a Systematic Withdrawal Plan for in accordance with the instructions below. I/We understand that all shares must be held by the Funds’ Transfer Agent and that the value of my investment in a Fund must have a value of \$25,000 or more.

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

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)

Payment Amount: (check one)

Redeem \$ _____ (\$100 minimum)
 Redeem _____ % of account value yearly
 Redeem _____ shares
 Redeem account over _____ years

Payment Method: (check one)

By automatic deposit via the ACH Network to my/our bank account (Please provide Bank Information in Section 12)(You may need a Medallion Signature Guaranteed Stamp or a Signature Validation Program Stamp in Section 12)
 By check to my/our address of record (See Section 10 for Special Payee)

11. Special Payee

A Medallion Signature Guaranteed Stamp or a Signature Validation Program Stamp is required as described in Section 12.

Special Dividend Payee: Pay dividends and capital gains distributions in cash to:
 Special Withdrawal Payee: Make Systematic Withdrawal Plan checks payable to:

| | |
|------|-------------------------------------|
| Name | Address |
| City | State Zip Code |

12. Bank Information

If you have signed up for **Special Dividend Payee, Automatic Investment Plan, Systematic Withdrawal Plan, and/or Telephone/Internet Transactions**, you must complete this section. **PLEASE ATTACH A CHECK MARKED "VOID."**

We cannot establish banking services from starter checks, cash management, brokerage, mutual fund, or credit card convenience checks. If you are adding a savings account we will require a letter on bank letterhead verifying the routing number and savings account number signed by a bank employee.

Add Bank Information Change Current Bank Information

Choose one: Checking Savings

A 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.



Name of Bank or Firm

X _____
Signature of Officer & Title

12. Shareholder Authorization

ALL ACCOUNT OWNERS MUST SIGN.

I/We authorize the Funds' Transfer Agent, and State Street Bank and Trust Company to change or add services to my/our account as indicated in the preceding sections. I/We have read and consent to the service provisions and conditions in the Fund Prospectuses.

| | | | | | | |
|--------------------|-------|------|--------------------------|----------|------|--|
| <u>X</u> | | | | <u>X</u> | | |
| Signature of Owner | Title | Date | Signature of Joint Owner | Title | Date | |

Note: Please sign exactly as name(s) of registered owner(s) appear(s) on your account confirmation statements. Include legal title if signing as corporation, trust, custodian account, etc.