



Please return 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
 800-633-3330
 www.loomissayles.com

ACCOUNT OPTIONS

Loomis Sayles offers you a wide variety of services to help simplify your financial life. 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
- ▶ Investment Builder Plan
- ▶ Automatic Monthly Exchange
- ▶ Systematic Withdrawal Plan*
- ▶ Special Dividend Payee
- ▶ Dividend Diversification*
- ▶ Cost Basis Method Election

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

1. Account Ownership

Check here to make the updates from this form to all of my accounts

Account Owner's Name	Social Security Number	Daytime Telephone Number
Joint Owner's Name (if applicable)	Social Security Number	
Fund Name	Account Number	
Fund Name	Account Number	
Fund Name	Account Number	

2. Change of Address (Enter new address)

Residential address is required if different than mailing address.

Mailing Address

City _____ State _____ Zip Code _____

Check if residential address is the same as mailing address.

Residential Address

City _____ State _____ Zip Code _____

3. Investment Builder

Investment Builder enables you to invest automatically. We'll electronically transfer an amount from your bank account each month to be invested in your Funds.

Please attach a check marked "void". You may be required to obtain a stamp as described in that section.

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 bank 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 day of draft is omitted, drafts begin on or about the fifteenth business day of the month. Please allow 2 to 3 days before first draft. If beginning month is omitted, drafts begin during the current month if day of draft is at least 10 days in the future. Investment Builder purchases may not be redeemed for 10 days. All IRA/Education Savings Account (ESA) 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/ESA contribution limit.

4. 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 9 By check to my address of record By check to a Special Dividend Payee (see Section 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 9 if the account owners in the “to” fund do not match. I/We understand that I/we cannot invest dividends and capital gains between different classes of shares.

Fund Name or Number	Account Number
1. From: _____	_____
To: _____	_____
2. From: _____	_____
To: _____	_____

5. 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.

Note: If you choose Specific Lot Identification (SLID) is chosen, a secondary reporting method must be selected in the event the lots you have chosen are not available.

Fund Name	Account Number
<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) and secondary method * _____	

*You MUST choose a secondary method which will be used if the lots chosen for redemption, exchange or transfer are no longer available. Average Cost is not a valid secondary method. If no secondary method election is made, the Average Cost default method will be applied as your primary cost basis method.

Fund Name	Account Number
<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) and secondary method * _____	

*You MUST choose a secondary method which will be used if the lots chosen for redemption, exchange or transfer are no longer available. Average Cost is not a valid secondary method. If no secondary method election is made, the Average Cost default method will be applied as your primary cost basis method.

- 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 open accounts listed in section 1. 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 Name	Account Number	Cost Basis Method
Fund Name	Account Number	Cost Basis Method

6. Automatic Monthly Exchange

Please establish an Automatic Monthly Exchange Plan for me/us in accordance with the instructions below. I/We understand exchanges will be processed on the 15th of each month or the next business day thereafter unless another date is specified below. I/We understand exchanges cannot be made between different classes of shares.

Day of month for exchange to take place: _____ (15th if no day is chosen)

Monthly amount to be exchanged \$ _____ (\$100 minimum)

Fund Name or Number

Account Number

From: _____

To: _____

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

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

Please establish a Systematic Withdrawal Plan for me/us in accordance with the instructions below. I/We understand that all shares must be held by the Servicing Agent and that the value of my investment in a Fund must have a value of \$10,000 or more. In the case of shares subject to a contingent deferred sales charge the amount or percentage I/we specify may not exceed, on an annualized basis, 10% of the value of my/our fund account.

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)

Payment Amount: (check one) Dollars (\$) Shares (#)

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)

Payment Method: (check one)

By automatic deposit via the ACH Network to my/our bank account (Please provide Bank Information in Section 9)

By check to my/our address of record

By check to Special Payee (listed in Section 8).

8. Special Payee

A Medallion Signature Guaranteed Stamp or a Signature Validation Program Stamp is required as described in Section 9.

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

9. Bank Information

If you have signed up for Automatic Dividend Deposit, Investment Builder, Systematic Withdrawal Plan, and/or Telephone/Internet Transactions, you must complete this section. PLEASE ATTACH A CHECK MARKED "VOID." To add a savings account we will require you to obtain a preprinted deposit slip or 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.

Add Bank Information Change Current Bank Information Choose one: Checking Savings

A Medallion Signature Guaranteed Stamp and a Signature Validation Program Stamp are designed to protect your account against fraudulent activity. They 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.**

Place Stamp Here:

A Medallion Signature Guaranteed Stamp or a Signature Validation Program Stamp is required below if:

- you add bank information in this section (Section 9)
- you designated a Special Payee in Section 8

A special payee would be any individual other than the registered account owner(s) at the address of record or one of two or more owners designated to receive distribution or withdrawal checks.

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.

Signature of bank account owner _____

Signature of bank account owner (if joint account) _____

10. Shareholder Authorization

ALL ACCOUNT OWNERS MUST SIGN.

I/We authorize the Funds' Servicing and Transfer Agent 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.

X		
Signature of Owner	Title	Date
Signature of Joint Owner	Title	Date
Signature Financial Advisor (Only required if the shareholder is not signing)	Date	

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.

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