

IRA DISTRIBUTION FORM

Use this form to take a distribution from a Traditional, Roth, SEP or SARSEP IRA. For more information, please consult a tax advisor or IRS Publication 590. A redemption fee may be required on IRA distributions, as detailed in your fund prospectus.

STEP 1. ACCOUNT OWNERSHIP (please print)

IRA Account Owner's Name (Participant)	Address
Social Security Number	City State Zip Code
Date of Birth	Daytime Telephone Number

STEP 2. TYPE OF DISTRIBUTION (choose only one)

- ☐ **Normal Distribution:** participant is over age 59½. (For Roth IRAs, you may be subject to penalties if held less than 5 years. Please see IRS Publication 590 for more information.)
- ☐ **Rollover Distribution:** participant will be rolling the proceeds into another Qualified Retirement Plan within 60 days. If payable to the shareowner the distribution will be reflected as Premature or Normal on the appropriate Internal Revenue Service (IRS) tax form. (For a direct rollover complete the TOA/Direct Rollover form)
- ☐ **Premature Distribution:** participant is under age 59½ and acknowledges the possible tax consequences and penalties. (Not for Systematic Withdrawals. Please see IRS Publication 590 for more information.)
- ☐ **Disability:** participant is unable to engage in any substantial gainful activity because of mentally determinable or physical impairment and the medical condition is expected to be of long-continued and indefinite duration.
- ☐ **Substantially Equal Payments:** participant is under age 59½, distributions are made at least annually using the life expectancy method, and the distributions must continue for at least 5 years or until the participant reaches age 59½, whichever is longer. Please consult your financial or tax advisor for more information.
- ☐ **Excess Contribution:** please remove excess contribution of \$_____ made for tax year _____. To avoid a penalty tax, excess contributions and earnings, if any, must be withdrawn before the due date (including extensions) of the participant's federal income tax return for the tax year in which the excess contribution was made. See IRS Publication 590 for more information.

Are you removing the excess contribution before your tax-filing deadline? ☐ Yes ☐ No

If Yes, choose one:

- ☐ Issue check for excess contribution and earnings to participant
- ☐ Remove excess contribution and earnings and reapply as a contribution for the current tax year provided the amount is equal to or less than the maximum tax year contribution.

STEP 2. TYPE OF DISTRIBUTION (continued)

- ☐ **Distribution to Beneficiary:** participant is deceased. Please use one IRA Distribution Form per beneficiary. The beneficiary must sign in Step 6 and a medallion signature guarantee is required in Step 7. Please fill out the IRA Application if staying with Loomis Sayles. Please check only one: I am a ☐ Spousal Beneficiary ☐ Non-spousal Beneficiary

Beneficiary's Name

Beneficiary's Social Security Number

Date of Death of Account Holder

- ☐ **Distribution to Estate:** participant is deceased and a beneficiary is not named on the account. The executor of the estate must sign in Step 6 and a medallion signature guarantee is required in Step 7.

Executor's Name

Estate Tax Identification Number

Date of Death

- ☐ **Distribution Due to Divorce:** IRA owner must provide a signature in Step 6 and obtain a medallion signature guarantee in Step 7.

Select one option

- ☐ Transfer \$_____ or _____% of the IRA assets to the existing IRA account number:_____. Go to Step 6.
- ☐ Transfer \$_____ or _____% of the IRA assets to a new IRA. Complete and attach the IRA Application & Adoption Agreement. Go to Step 6.
- ☐ Redeem \$_____ or _____% of the IRA assets. An IRA account will be established in the ex-spouse's name in order to redeem the assets. Provide the name and SSN below. Go to Step 5.

Name (First, Middle Initial, Last)

Social Security Number

Mailing Address

City

Signature of Ex-Spouse

Date

STEP 3. DISTRIBUTION METHOD (choose only one)

- ☐ **OPTION 1.** I would like a ☐ **Total Distribution/Account Termination**, a ☐ **Partial Distribution**, or a ☐ **Total Distribution from all Accounts under the included SSN# (Will trigger fiduciary fee).** The attached IRS Form W-4R **must** be completed.

		\$		%
Fund Name	Account Number	Amount	or	% of Account
		\$		%
Fund Name	Account Number	Amount	or	% of Account

- ☐ **OPTION 2.** I would like to establish a ☐ **Systematic Withdrawal Plan*** or a ☐ **Life Expectancy Distribution Plan**** The attached IRS Form W-4R **must** be completed.

Fund Name

Account Number

Fund Name

Account Number

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

<input type="checkbox"/> All Months	<input type="checkbox"/> Jan	<input type="checkbox"/> Feb	<input type="checkbox"/> Mar	<input type="checkbox"/> Apr	<input type="checkbox"/> May	<input type="checkbox"/> Jun	<input type="checkbox"/> Jul	<input type="checkbox"/> Aug	<input type="checkbox"/> Sep	<input type="checkbox"/> Oct	<input type="checkbox"/> Nov	<input type="checkbox"/> Dec
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B. 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.)

C. Instructions*:

- ☐ Distribute a fixed dollar amount of \$ _____ each period.
- ☐ Distribute based on my life expectancy or the life expectancy of my non-spouse beneficiary and myself.
- ☐ Distribute based on the joint life expectancy on my spouse and myself. My spouse's birthdate is _____

*In the case of shares subject to a CDSC, the amount or percentage specified may not exceed, on an annualized basis, 10% of the value of the fund account.

Payments based on life expectancy will be determined from the IRS Uniform Lifetime Table. If your spouse is the sole beneficiary and is more than ten (10) years younger, the life expectancy factors used are adjusted, and the distribution is based on the IRS Joint Life and Last Survivor Expectancy Table. We use the following formula to calculate the distribution: **Value of IRA / Life Expectancy = Minimum Withdrawal This Year. The IRA account value used to calculate the distribution is equal to the value as of December 31st of the year preceding the year of distribution.

STEP 4. PAYEE (choose only one)

1. ☐ Make check payable to current name and address on file for the participant. (*Medallion Signature Guarantee required in Step 7 if this address has changed within the last 30 days.*)
2. ☐ Make check payable to another payee, such as a death designated beneficiary, spouse, etc: (*Medallion Signature Guarantee required in Step 7.*) Note: This section is not for checks payable to another custodian (transfer of assets). Before processing a transfer, please contact the receiving custodian and fill out their transfer/direct rollover paperwork.

Name

Address

City

State

Zip Code

☐ Check this box to have check sent via overnight mail (\$36 overnight fee will apply).

3. ☐ By direct deposit (choose only one):
 - A. ☐ Send proceeds by ACH electronic transfer to the bank account on file, or the bank account listed on the attached, voided check. (*Medallion Signature Guarantee required in Step 7 if you are adding your bank account for the first time.*)
 - B. ☐ Send proceeds by Federal Funds Wire to the bank account on file, or the bank account listed on the attached, voided check. Please note that this is for a one-time distribution only (not available for Systematic Withdrawals). A \$5.50 fee will be applied and the receiving bank may charge an additional fee. (*Medallion Signature Guarantee required in Step 7 if you are adding your bank account for the first time.*)

Tape your VOIDED check here.

WE CANNOT ESTABLISH BANKING SERVICES FROM STARTER CHECKS,
CASH MANAGEMENT, BROKERAGE OR CREDIT CARD CONVENIENCE CHECKS.

4. ☐ Invest distribution in my existing non-retirement account with the Funds:

Fund Name	Account Number	\$	or	%
_____	_____	_____		_____
Fund Name	Account Number	\$	or	%
_____	_____	_____		_____

5. ☐ Spousal Beneficiary: Invest into existing retirement account with the Funds:

Fund Name	Account Number	\$	or	%
_____	_____	_____		_____
Fund Name	Account Number	\$	or	%
_____	_____	_____		_____

6. ☐ Transfer my portion of the IRA assets to a new IRA. Complete and attach an IRA Application.

Please remove RMD prior to transfer (check will be mailed to beneficiary's address of record)

STEP 5. INCOME TAX WITHHOLDING (Form W-4R)

Please complete the attached Form W-4R for Traditional IRA, Roth IRA, SEP or SARSEP Plans. If you do not make an income tax withholding election and elect to take a distribution from your Traditional IRA, SEP or SARSEP plan, we are required by the Internal Revenue Service to withhold 10% of your distribution. If you elect to have federal taxes withheld, and you live in a state that requires withholding on retirement distributions, we will also withhold your required state tax. You may elect not to have withholding apply to your distribution by checking the appropriate box. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. Your election will remain in effect until you revoke it. You may revoke your withholding election at any time by notifying us in writing (Loomis Sayles Funds, P.O. Box 219594, Kansas City, MO 64121-9594). Any election or revocation will be effective no later than 30 days after such notice of such election or revocation has been received. If you do not complete and sign Form W-4R, we will apply 10% withholding to your distribution request as required by the Internal Revenue Service.

STEP 6. SIGNATURE *(required)*

The undersigned individual authorizes the withdrawal amount and type specified on this form. The undersigned acknowledges that the boxes checked under Type of Distribution (Step 2) and the Income Tax Withholding election made (Step 5) are correct. The undersigned acknowledges that it is his/her responsibility to properly calculate, report, and pay all taxes due with respect to the withdrawal specified and when calculating minimum distribution payments determine the amount of federal and/or state tax which may be due based on all IRA accounts the undersigned may own (including those unknown by or not under the control of the Custodian). The undersigned understands that if an Income Tax Withholding election is not made in Step 5, the Custodian is required by federal regulations to withhold 10% of the requested distribution. The undersigned fully understands that he/she is responsible for determining that the minimum distribution requirements are met each year and that failure to meet the minimum distribution requirements may result in significant tax penalties. 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.

As required by federal law, I certify under penalties of perjury (1) that the Social Security or Taxpayer Identification Number provided in Step 1 or Step 2 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.) 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

Signature

Capacity

Date

If acting in a special capacity (such as beneficiary, executor, etc.), the capacity must be indicated after your signature.

STEP 7. MEDALLION SIGNATURE GUARANTEE

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.

A MEDALLION SIGNATURE GUARANTEE IS REQUIRED IF:

- The address on the account has changed within the last 30 days
- The distribution amount exceeds \$100,000
- The account owner or beneficiary has changed his/her name
- A new bank is being added

OR IF THE DISTRIBUTION IS SENT TO:

- A different payee or address than what is listed on the account
- A new bank
- A beneficiary
- The recipient of a divorce settlement

Place Medallion Signature Guarantee Stamp Here:

Name of Institution Providing Medallion Signature Guarantee

X

Authorized Signature

Date

Title

**Withholding Certificate for Nonperiodic Payments and
Eligible Rollover Distributions****Give Form W-4R to the payer of your retirement payments.****2025**

1a First name and middle initial	Last name	1b Social security number
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Address

City or town, state, and ZIP code

Your withholding rate is determined by the type of payment you will receive.

- For nonperiodic payments, the default withholding rate is 10%. You can choose to have a different rate by entering a rate between 0% and 100% on line 2. Generally, you can't choose less than 10% for payments to be delivered outside the United States and its territories.
- For an eligible rollover distribution, the default withholding rate is 20%. You can choose a rate greater than 20% by entering the rate on line 2. You may not choose a rate less than 20%.

See page 2 for more information.

2	Complete this line if you would like a rate of withholding that is different from the default withholding rate. See the instructions on page 2 and the Marginal Rate Tables below for additional information. Enter the rate as a whole number (no decimals)	2	%
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**Sign
Here****Your signature** (This form is not valid unless you sign it.)**Date****General Instructions**

Section references are to the Internal Revenue Code.

Future developments. For the latest information about any future developments related to Form W-4R, such as legislation enacted after it was published, go to www.irs.gov/FormW4R.**Purpose of form.** Complete Form W-4R to have payers withhold the correct amount of federal income tax from your nonperiodic payment or eligible rollover distribution from an employer retirement plan, annuity (including a commercial annuity), or individual retirement arrangement (IRA). See page 2 for the rules and options that are available for each type of payment. Don't use Form W-4R for periodic payments (payments made in installments at regular

intervals over a period of more than 1 year) from these plans or arrangements. Instead, use Form W-4P, Withholding Certificate for Periodic Pension or Annuity Payments. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. Your withholding choice (or an election not to have withholding on a nonperiodic payment) will generally apply to any future payment from the same plan or IRA. Submit a new Form W-4R if you want to change your election.**2025 Marginal Rate Tables**

You may use these tables to help you select the appropriate withholding rate for this payment or distribution. Add your income from all sources and use the column that matches your filing status to find the corresponding rate of withholding. See page 2 for more information on how to use this table.

Single or Married filing separately		Married filing jointly or Qualifying surviving spouse		Head of household	
Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more
\$0	0%	\$0	0%	\$0	0%
15,000	10%	30,000	10%	22,500	10%
26,925	12%	53,850	12%	39,500	12%
63,475	22%	126,950	22%	87,350	22%
118,350	24%	236,700	24%	125,850	24%
212,300	32%	424,600	32%	219,800	32%
265,525	35%	531,050	35%	273,000	35%
641,350*	37%	781,600	37%	648,850	37%

* If married filing separately, use \$390,800 instead for this 37% rate.

General Instructions (*continued*)

Nonperiodic payments—10% withholding. Your payer must withhold at a default 10% rate from the taxable amount of nonperiodic payments **unless** you enter a different rate on line 2. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. Note that the default rate of withholding may not be appropriate for your tax situation. You may choose to have no federal income tax withheld by entering “-0-” on line 2. See the specific instructions below for more information. Generally, you are not permitted to elect to have federal income tax withheld at a rate of less than 10% (including “-0-”) on any payments to be delivered outside the United States and its territories.

Note: If you don’t give Form W-4R to your payer, you don’t provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer must withhold 10% of the payment for federal income tax and can’t honor requests to have a lower (or no) amount withheld. Generally, for payments that began before 2025, your current withholding election (or your default rate) remains in effect unless you submit a Form W-4R.

Eligible rollover distributions—20% withholding. Distributions you receive from qualified retirement plans (for example, 401(k) plans and section 457(b) plans maintained by a governmental employer) or tax-sheltered annuities that are eligible to be rolled over to an IRA or qualified plan are subject to a 20% default rate of withholding on the taxable amount of the distribution. You can’t choose withholding at a rate of less than 20% (including “-0-”). Note that the default rate of withholding may be too low for your tax situation. You may choose to enter a rate higher than 20% on line 2. Don’t give Form W-4R to your payer unless you want more than 20% withheld.

Note that the following payments are **not** eligible rollover distributions for purposes of these withholding rules:

- Qualifying “hardship” distributions;
- Distributions required by federal law, such as required minimum distributions;
- Distributions from a pension-linked emergency savings account;
- Eligible distributions to a domestic abuse victim;
- Qualified disaster recovery distributions;
- Qualified birth or adoption distributions; and
- Emergency personal expense distributions.

See Pub. 505 for details. See also *Nonperiodic payments—10% withholding* above.

Payments to nonresident aliens and foreign estates. Do not use Form W-4R. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, enter “-0-” on line 2. See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

Line 1b

For an estate, enter the estate’s employer identification number (EIN) in the area reserved for “Social security number.”

Line 2

More withholding. If you want more than the default rate withheld from your payment, you may enter a higher rate on line 2.

Less withholding (nonperiodic payments only). If permitted, you may enter a lower rate on line 2 (including “-0-”) if you want less than the 10% default rate withheld from your payment. If you have already paid, or plan to pay, your tax on this payment through other withholding or estimated tax payments, you may want to enter “-0-”.

Suggestion for determining withholding. Consider using the Marginal Rate Tables on page 1 to help you select the appropriate withholding rate for this payment or distribution. The tables are most accurate if the appropriate amount of tax on all other sources of income, deductions, and credits has been paid through other withholding or estimated tax payments. If the appropriate amount of tax on those sources of income has not been paid through other withholding or estimated tax payments, you can pay that tax through withholding on this payment by entering a rate that is greater than the rate in the Marginal Rate Tables.

The marginal tax rate is the rate of tax on each additional dollar of income you receive above a particular amount of income. You can use the table for your filing status as a guide to find a rate of withholding for amounts above the total income level in the table.

To determine the appropriate rate of withholding from the table, do the following. Step 1: Find the rate that corresponds with your total income not including the payment. Step 2: Add your total income and the taxable amount of the payment and find the corresponding rate.

If these two rates are the same, enter that rate on line 2. (See *Example 1* below.)

If the two rates differ, multiply (a) the amount in the lower rate bracket by the rate for that bracket, and (b) the amount in the higher rate bracket by the rate for that bracket. Add these two numbers; this is the expected tax for this payment. To get the rate to have withheld, divide this amount by the taxable amount of the payment. Round up to the next whole number and enter that rate on line 2. (See *Example 2* below.)

If you prefer a simpler approach (but one that may lead to overwithholding), find the rate that corresponds to your total income including the payment and enter that rate on line 2.

Examples. Assume the following facts for *Examples 1* and *2*. Your filing status is single. You expect the taxable amount of your payment to be \$20,000. Appropriate amounts have been withheld for all other sources of income and any deductions or credits.

Example 1. You expect your total income to be \$65,000 without the payment. Step 1: Because your total income without the payment, \$65,000, is greater than \$63,475 but less than \$118,350, the corresponding rate is 22%. Step 2: Because your total income with the payment, \$85,000, is greater than \$63,475 but less than \$118,350, the corresponding rate is 22%. Because these two rates are the same, enter “22” on line 2.

Example 2. You expect your total income to be \$61,000 without the payment. Step 1: Because your total income without the payment, \$61,000, is greater than \$26,925 but less than \$63,475, the corresponding rate is 12%. Step 2: Because your total income with the payment, \$81,000, is

greater than \$63,475 but less than \$118,350, the corresponding rate is 22%. The two rates differ. \$2,475 of the \$20,000 payment is in the lower bracket (\$63,475 less your total income of \$61,000 without the payment), and \$17,525 is in the higher bracket (\$20,000 less the \$2,475 that is in the lower bracket). Multiply \$2,475 by 12% to get \$297. Multiply \$17,525 by 22% to get \$3,856. The sum of these two amounts is \$4,153. This is the estimated tax on your payment. This amount corresponds to 21% of the \$20,000 payment (\$4,153 divided by \$20,000). Enter "21" on line 2.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request additional federal income tax withholding from your nonperiodic payment(s) or eligible rollover distribution(s); (b) choose not to have federal income tax withheld from your nonperiodic payment(s), when permitted; or (c) change a previous Form W-4R (or a previous Form W-4P that you completed with respect to your nonperiodic payments or eligible rollover distributions). To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s).

Failure to provide a properly completed form will result in your payment(s) being subject to the default rate; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.