


IRA REQUIRED MINIMUM DISTRIBUTION (RMD) FORM

1. Instructions

Please complete this form online, then print, sign and mail it to us.

- Use this form if you are age 70 ½ or older and want to take an RMD from your Traditional, SEP or SIMPLE IRA account.
- For all other IRA distributions, including distributions from a Roth IRA, use the IRA Distribution Form.
- To redeem from your Loomis Sayles regular, taxable account, use the Redemption Request Form.
- The paperclip image  indicates that additional documentation is required with this form.

2. Existing Account Information

To redeem from another account, please complete and attach an additional form.

Account Number

Social Security Number or Account Numbers

Account Owner's Name (First, Middle Initial, Last)

Date of Birth (MM/DD/YYYY)

3. Contact Information

To redeem from another account, please complete and attach an additional form.

Primary Phone Number

Secondary Phone Number

Email Address

4. RMD Election

IRA redemptions can have tax implications. Please consult a tax advisor to ensure you have a full understanding of the tax implications and IRS regulations prior to initiating a redemption. For more information, consult IRS Publication 590.

* By choosing one of these options, you assume responsibility for calculating your own RMD.

Check one box:

- One-time RMD.*** Distribute \$ _____. You must submit a new RMD Form each year. **Go to Section 5.**
- One-time Life Expectancy RMD.**** Loomis Sayles will calculate your total Loomis Sayles RMD. You must submit a new RMD Form each year.

Select one option

- Distribute based on the Uniform Lifetime Table (for use by unmarried owners, married owners whose spouses are not more than 10 years younger, and married owners whose spouses are not the sole beneficiaries of their IRAs).
- Distribute based on the Single Life Expectancy Table (for use by beneficiaries).
- Distribute based on the Joint Life and Last Survivor Expectancy Table (for use by owners whose spouses are more than 10 years younger and are the sole beneficiaries of their IRAs). My spouse's birth date is:

_____ Date of Birth (MM/DD/YYYY)

4. RMD Election *continued*

** Please note: Loomis Sayles Funds use the following formula to calculate the life expectancy distribution: Value of IRA / Life Expectancy Factor = Minimum Withdrawal Amount. The IRA value used to calculate the distribution is equal to the value as of December 31st of the year preceding the distribution year.

If you have chosen the One-time Life Expectancy RMD above and have IRAs at other custodians, you may aggregate some or all of your Required Minimum Distributions (RMDs) and take a distribution from this Loomis Sayles IRA. Please supply the value as of December 31st of the year preceding the distribution year for those IRAs you wish to include in Loomis Sayles' RMD calculation. This distribution will be calculated on a one-time basis only. If you do not provide the year-end value for all IRAs you wish to include, the calculation may be incorrect and you may be subject to a 50% excise tax on the amount not distributed as required.

IRA Value as of 12/31	IRA Value as of 12/31	IRA Value as of 12/31	IRA Value as of 12/31	Total

- Ongoing Systematic RMD.* Redeem a total amount of _____. Loomis Sayles will send this amount each year according to the payment schedule you specify below. If you choose more than one month, Loomis Sayles will divide the proceeds.
- Ongoing Systematic Life Expectancy RMD.** Loomis Sayles will calculate your total Loomis Sayles RMD each year and send the proceeds according to the payment schedule you specify below. If you choose more than one month, Loomis Sayles will divide the proceeds.

Select one option

- Distribute based on the Uniform Lifetime Table (for use by unmarried owners, married owners whose spouses are not more than 10 years younger, and married owners whose spouses are not the sole beneficiaries of their IRAs).
- Distribute based on the Single Life Expectancy Table (for use by beneficiaries).

Original owner's Date of Birth	Owner's Date of Death

- Distribute based on the Joint Life and Last Survivor Expectancy Table (for use by owners whose spouses are more than 10 years younger and are the sole beneficiaries of their IRAs). My spouse's birth date is:

Date of Birth (MM/DD/YYYY)

Please complete this section if you have chosen a Systematic RMD above. Transactions will occur on the 15th of the month or the next business day, unless otherwise specified below. Please allow at least 10 business days from receipt of this form to set up the plan.

Transaction should occur on the _____ day of the month.

- | | | | | | | | | | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|-----------|-------------------------------------|
| <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 | or | <input type="checkbox"/> All Months |
|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|-----------|-------------------------------------|

5. Method of Distribution

Check one box:

- I have chosen a Life Expectancy RMD above. Take the applicable RMD amount from each Fund in my account.
- Take the RMD amount I specified above or the total calculated RMD amount from only the following Fund(s):

		%
Fund Name	Share Class	Percentage must total 100%
		%
Fund Name	Share Class	Percentage must total 100%
		%
Fund Name	Share Class	Percentage must total 100%
		%
Fund Name	Share Class	Percentage must total 100%

6. Income Tax Withholding

If you do not make an election below, we are required to withhold 10% from the amount distributed for payment of federal taxes. If you elect not to have withholding apply, you will still be liable to pay federal income tax on the taxable portion of the distribution and may be required to pay estimated taxes. You may incur penalties if your withholding and estimated tax payments are not sufficient. If applicable, we will also withhold your required state tax if you have elected to have federal taxes withheld. Your election will remain in effect until you revoke it by notifying us in writing. Any election or revocation will be effective no later than 30 days after such notice has been received.

Check one box:

- Do not withhold taxes.**
- Withhold taxes at the rate of _____%.**

7. Delivery Instructions

A. INVEST PROCEEDS

- Invest the proceeds in my existing non-retirement account(s):

_____	_____	_____	_____	_____
Fund Name	Share Class	Account Number	Dollar Amount or	Percentage
_____	_____	_____	_____	_____
Fund Name	Share Class	Account Number	Dollar Amount or	Percentage
_____	_____	_____	_____	_____
Fund Name	Share Class	Account Number	Dollar Amount or	Percentage
_____	_____	_____	_____	_____
Fund Name	Share Class	Account Number	Dollar Amount or	Percentage

- Invest the proceeds in my new non-retirement account.  Complete and attach the **New Account Registration Form**.

B. SEND PROCEEDS VIA MAIL

Check one box:

- Via Regular Mail. Proceeds should be received 7-10 business days after receipt of your request in good order.
- Via Overnight Mail. A \$20.50 overnight fee will be deducted from your account. Proceeds should be received 2-3 business days after receipt of your request in good order.

Select one option

- Make check payable to current name and address on file. You must obtain a medallion signature guarantee in **Section 10** if the address on file has changed within the last 30 days.
- Make check payable to another name and address or send check to another name and address. This option is not available for ongoing distributions. You must obtain a medallion signature guarantee in **Section 10**.

Please provide the payee and mail information:

Payee Name

Mailing Address City State Zip

Mail Recipient (if different)

Mailing Address (if different) City State Zip

7. Delivery Instructions *continued*

C. SEND PROCEEDS ELECTRONICALLY

Check one box:

- Via Automated Clearing House (ACH). Proceeds should be received 2-3 business days after receipt of your request in good order.
- Via Federal Funds Wire. This option is not available for ongoing distributions. A \$5.50 wire fee will be deducted from your account. Proceeds should be received 1-2 business days after receipt of your request in good order.

Select one box:

- Send the proceeds to my bank account on file.
- Send the proceeds to a bank account I wish to add on file. You must obtain a medallion signature guarantee in **Section 10**. Please see **Section 8** for additional requirements.
- Send the proceeds to a bank account that I do NOT wish to add on file. You must obtain a medallion signature guarantee in **Section 10**. Please provide the bank information:


Bank Name _____

Bank Account Owner Name(s) _____

Bank ABA Number _____

Bank Account Number _____

8. Bank Information *Optional*

 You must attach a voided check with pre-printed routing and account numbers.

If you have signed up for Automatic Dividend Deposit, Investment Builder, Systematic Withdrawal Plan, and/or Telephone/Internet Transactions, you must complete this section. 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.

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

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

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) _____

Place Stamp Here

9. Signature(s) Required

I accept full responsibility for complying with all IRS requirements with respect to my Loomis Sayles Funds including, but not limited to, required minimum distributions and tax-filing and record keeping requirements. I understand that I am responsible for any tax consequences, including penalties, which may result from elections I make or any distributions which I initiate. I hereby indemnify the Loomis Sayles Funds transfer agent and UMB Bank, N.A. (the "Custodian"), and any affiliate and any of their respective directors, trustees, employees, and agents if I fail to meet any such IRS requirements. I certify that the information provided on this form is true and accurate.

I authorize the Loomis Sayles Funds, its affiliates and agents, to act on any instructions believed to be genuine for any transactions or services authorized on this form, including telephone options. By completing **Section 8** I hereby authorize the Fund to initiate credits and/or debits to my account indicated in **Section 8** and for the bank to honor all entries to my account.

Sign below exactly as your name appears in **Section 2**.

X _____		
Signature	Date	Title/Capacity (if applicable)
X _____		
Signature	Date	Title/Capacity (if applicable)
X _____		
Signature	Date	Title/Capacity (if applicable)

10. Medallion Signature Guarantee *If required*

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 MSG or SVP Stamp Here

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