



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
 Questions? Please call 800-633-3330
 www.loomissayles.com

LOOMIS SAYLES COST BASIS ELECTION FORM

Use this form to change the method for calculating cost basis on your account.

1. ACCOUNT OWNERSHIP

Account Owner's Name	Address
Joint Owner's Name	City State Zip Code
Social Security Number or Tax Identification Number	Daytime Telephone Number
Date of Birth	

2. COST BASIS METHOD ELECTION

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"/> Last In First Out (LIFO) <input type="checkbox"/> Low Cost First Out (LOFO) <input type="checkbox"/> Specific Lot Identification (SLID) **	<input type="checkbox"/> First In First Out (FIFO) <input type="checkbox"/> High Cost First Out (HIFO) <input type="checkbox"/> Loss/Gain Utilization (LGUT)
**Secondary Accounting Method Selection (Average Cost is NOT a valid secondary method)	<i>Write selection here</i>

Fund Name	Account Number
<input type="checkbox"/> Average Cost (Funds Default Method) <input type="checkbox"/> Last In First Out (LIFO) <input type="checkbox"/> Low Cost First Out (LOFO) <input type="checkbox"/> Specific Lot Identification (SLID) **	<input type="checkbox"/> First In First Out (FIFO) <input type="checkbox"/> High Cost First Out (HIFO) <input type="checkbox"/> Loss/Gain Utilization (LGUT)
**Secondary Accounting Method Selection (Average Cost is NOT a valid secondary method)	<i>Write selection here</i>
<input type="checkbox"/> The above selected method will apply to only your covered shares. If you would like this method to also apply to your non-covered shares check this box.	

3. 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
X Signature of 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.