

Loomis Sayles Funds, P.O. Box 219594, Kansas City, MO 64121-9594 Overnight mail: Loomis Sayles Funds, 801 Pennsylvania Ave.,Suite 219594 Kansas City, MO 64105-1307

Questions? Call 800-633-3330 www.loomissayles.com

IRA BENEFICIARY DESIGNATION FORM

Use this form to indicate the person or persons to whom your retirement plan assets should be paid in the event of your death. If you are not survived by a validly designated beneficiary, your benefits will be paid to your estate. The beneficiaries named on this form and the percentage of distribution may be changed or revoked at any time by completing a new Beneficiary Designation Form. This designation revokes any previous one you may have filed with the Funds, it's transfer agent or the custodian of your IRA and will become effective only upon receipt by the transfer agent as agent for the custodian.

ACCOUNT OWNERSHIP				
Account Owner's Name	Social Security Num	Social Security Number		
Daytime Phone Number	E-mail address	E-mail address		
Y				
Account Owner's Signature	Date			
Signature of Spouse*	Date			
* Only required if IRA owner lives in a com (The following are defined as community Rico, Texas, Washington and Wisconsin.)	nmunity property state and the designated ber property states: Arizona, California, Idaho	neficiary is not the account owner's , Louisiana, Nevada, New Mexi	s spouse. co, Puerto	
on the percentages provided. If percenta ies that survive me. Secondary beneficia Distributions to secondary beneficiaries	I may have in the accounts listed below the ages are not indicated, distributions will ages receive distributions only if there are will be made according to the rules described accounts under the above listed States.	be made equally to the primary e no surviving primary beneficia ribed above for primary benefi	beneficiar- aries. ciaries.	
Check here if you would like an ite	dictary accounts under the above listed s	ociai security rouniber to be up	Juaieu.	
Fund Name	Account Number			
Fund Name	Account Numb	Account Number		
Fund Name	Account Numb	per		
DDIMADY DENIEEICIADIES /I				
PRIMARY BENEFICIARIES (F	rease print clearly)		%	
Name	Relationship to You	Date of Birth	/0	
			%	
Name	Relationship to You	Date of Birth		
			%	
Name	Relationship to You	Date of Birth		
			%	
Name	Relationship to You	Date of Birth TOTAL=	100%	
SECONDARY BENEFICIARIE	'S (Places print clearly)	TOTAL=	100 /0	
SECONDART BENEFICIARIE	cs (Flease print clearry)			
			%	
Name	Relationship to You	Date of Birth		
			%	
Name	Relationship to You	Date of Birth		
Name	Polotionskin to Voy	Date of Birth	%	
Ivanic	Relationship to You	Date of birth	0/	
Name	Relationship to You	Date of Birth	%	
		TOTAL -	100%	