

CROSS SHARE EXCHANGE FORM

NOTE: This form is only for exchanges between classes of the same fund. All exchanges must meet the requirement in the Fund's prospectus.

TRANSACTION REQUEST

Exchange from Retail Class to Institutional Class shares

<u>Fund</u>	<u>Account Number</u>	<u>Number of Shares/ Dollar Value</u>
<input type="checkbox"/> Loomis Sayles Bond	_____	_____
<input type="checkbox"/> Loomis Sayles Global Bond	_____	_____
<input type="checkbox"/> Loomis Sayles Inflation Protected Securities	_____	_____
<input type="checkbox"/> Loomis Sayles Intermediate Duration Bond	_____	_____
<input type="checkbox"/> Loomis Sayles Small Cap Growth	_____	_____
<input type="checkbox"/> Loomis Sayles Small Cap Value	_____	_____

Exchange from Institutional Class to Retail Class shares

<u>Fund</u>	<u>Account Number</u>	<u>Number of Shares/ Dollar Value</u>
<input type="checkbox"/> Loomis Sayles Bond	_____	_____
<input type="checkbox"/> Loomis Sayles Global Bond	_____	_____
<input type="checkbox"/> Loomis Sayles Inflation Protected Securities	_____	_____
<input type="checkbox"/> Loomis Sayles Intermediate Duration Bond	_____	_____
<input type="checkbox"/> Loomis Sayles Small Cap Growth	_____	_____
<input type="checkbox"/> Loomis Sayles Small Cap Value	_____	_____

Please check the statement that applies to your exchange from Institutional Class to Retail Class shares:

- ☐ The investment option or program through which you invest no longer permits the use of Institutional Class shares in that option.
- ☐ You are otherwise no longer able to participate in Institutional Class shares.

ACCOUNT INFORMATION

Exact Name(s) in which shares are registered	Address
Exact Name(s) in which shares are registered	City State Zip Code
Title (if transaction is on behalf of a partnership, corporation or other entity)	Daytime Telephone Number

SIGNATURE

I have received and read the current prospectus, agree to its terms and understand that by signing below: (a) I authorize the exchange amount and type specified on this form and (b) I understand that my request may be rejected if the information provided above is illegible or incomplete. I certify under penalties of perjury all information provided in this form is true and correct.

Signature	Capacity	Date
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If acting in a special capacity (such as trustee, custodian, on behalf of a partnership, corporation or other entity, etc.) the capacity must be indicated after your signature.