

403(b) DISTRIBUTION FORM

Use this form to take a distribution from your 403(b) account. For more information on distributions, please consult a tax advisor or IRS Publication 571. A redemption fee may be required on 403(b) distributions, as detailed in your fund prospectus.

STEP 1. ACCOUNT OWNERSHIP

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

STEP 2. TYPE OF DISTRIBUTION (choose *only one*)

If employment terminated prior to 1/1/2009 signature of employer is not required.

- Normal Distribution:** participant is over age 59 1/2.
- Direct Rollover of Eligible Rollover Distribution** to (check one):

<input type="checkbox"/> IRA	<input type="checkbox"/> Qualified Plan	<input type="checkbox"/> 403(a) Plan	<input type="checkbox"/> 403(b) Plan	<input type="checkbox"/> 457 Plan
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 - I have enclosed documents confirming that my new plan will accept this Direct Rollover. **Required**
- Required Minimum Distribution (RMD):** distribution must begin by April 1 of the year following the year participant reaches age 72 and participant must receive another distribution by December 31 of that year. Each year thereafter, the participant must take a distribution by December 31.
- Separation From Service (no longer employed by the 403 B employer):** Termination of Plan (employer discontinues the 403 b plan).
 - Separated from service before January 1, 2009
- 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.
 - I have enclosed a statement on doctor's letterhead, IRS Form 1040 Schedule R "Credit for the Elderly or the Disabled", or a copy of a determination of disability letter from the Social Security Administration.
- Distribution to Beneficiary:** participant is deceased. Please use one 403(b) Distribution Form per beneficiary. The beneficiary must sign in Step 6 and a Medallion Signature Guarantee is required in Step 7.

Beneficiary's Name	Beneficiary's Social Security Number
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- I have enclosed a certified death certificate or its equivalent (a copy of the original death certificate bearing an original certification by the issuing authority state/municipal government). **Required if MSG is not obtained**
- 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
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- I have enclosed letters testamentary (probate court documents) and a tax waiver (if mandated by my state). **Required**
- Distribution Due to Divorce:** The receiving spouse must sign in Step 6 and a Medallion Signature Guarantee is required in Step 7.

Receiving Spouse's Name	Receiving Spouse's Social Security Number
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- I have enclosed a certified Divorce Decree or Qualified Domestic Relations Order (QDRO). **Required**

STEP 3. DISTRIBUTION METHOD (choose *only one*)

OPTION 1.

I would like a **Total Distribution/Account Termination** or a **Partial Distribution**

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

OPTION 2. (Complete Sections A, B, and C below)

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

Fund Name/Fund Number	Account Number
Fund Name/Fund Number	Account Number

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

Jan
 Feb
 Mar
 Apr
 May
 Jun
 Jul
 Aug
 Sep
 Oct
 Nov
 Dec
 or
 All Months

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 24th of the month.)

- C. Instructions*: (choose only one)
- Distribute a fixed dollar amount of \$ _____ each period.
 - Distribute a fixed share amount of _____ each period.
 - Distribute _____% of account value yearly.
 - Distribute based on my life expectancy or the life expectancy of my non-spouse beneficiary and myself.
 - Distribute based on the joint life expectancy of my spouse and myself. My spouse's birthdate is _____

For Life Expectancy Distributions Only: Check here if you have multiple 403(b) accounts outside of Natixis Funds and would like to take your minimum distribution from your Natixis Funds 403(b). The distribution from multiple 403(b)s will be calculated on a one-time basis only. You must submit a new 403(b) Distribution Form each year. You are responsible for assuring that the total RMD has been taken. If you do not provide the year-end value for all 403(b)s you wish to include, the calculation may be incorrect. Not taking or miscalculating your RMD may result in the payment of a 50% excise tax on the amount not distributed as required.

Please supply the value, as of December 31 of the year preceding the year of distribution, for those 403(b)s you wish to include in the calculation.

\$		
12/31 Valuation	Fund Name/Fund Number	Account Number
\$		
12/31 Valuation	Fund Name/Fund Number	Account Number

* 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 403(b) / Life Expectancy = Minimum Withdrawal This Year.** The 403(b) 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 6. SIGNATURE (required)

I have read and understand the "403(b) Distribution Notice" provided to me by the Plan Administrator. I hereby request payment from the 403(b) plan designated above in the manner indicated. In addition, if I am eligible to waive the notice requirements under Section 205(c) of the Employee Retirement Income Security Act, I hereby waive the 30-day notice period. I certify that all information provided by me is true and accurate, and I agree to submit additional information if requested by the Plan Administrator (employer), Payor, or any Plan fiduciary. No tax advice has been given to me by either the Employer or Payor. All decisions regarding this payout are my own. I expressly assume the responsibility for any adverse consequences, which may arise from this payout, and I agree that the Employer and Payor shall in no way be responsible for those consequences. Requests received on a form, or in a letter, must be accompanied by an Employer's or Administrator's signature, or alternatively must confirm that the 403(b) owner terminated employment with the 403(b) employer before 1/1/2009, or that the employer is no longer in business.

I certify that I am married and have completed Step 8 and 9 on page 5. I certify that I am not married.

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.) 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 of Participant/Beneficiary Capacity Date

As Plan Administrator/Employer, I hereby certify that the vesting percentage for this Employee is equal to 100% and that the Employee is eligible for the transfer or distribution requested above. If a transfer is requested, I understand that the Employer must enter into a written agreement with the investment provider receiving this transfer as required by 403(b) regulations.

I authorize the distribution, direct rollover or transfer to be processed in the manner indicated above.

X

Signature of Authorized Plan Administrator/Employer* Date

Plan Administrator/Employer Address Phone Number

STEP 7. MEDALLION SIGNATURE GUARANTEE

A STAMP2000 Signature Guarantee is designed to protect your account against fraudulent distributions. You can obtain a medallion signature guarantee from most commercial banks, trust companies, savings associations, credit unions and member firms of domestic stock exchanges. *We are unable to accept a guarantee from a notary public.*

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

OR IF THE DISTRIBUTION IS SENT TO:

- A different payee or address than what is listed on the account
- A bank checking account where the names on the voided check do not match your account registration with the Funds
- A beneficiary
- The recipient of a divorce settlement

Name of Institution Providing Medallion Signature Guarantee

X

Authorized Signature Date

Title

Place Medallion Signature Guarantee Stamp Here:

STEP 8. WAIVER ELECTION AND INSTRUCTIONS

The Waiver Election is applicable to 403(b) plans with Employer Contributions. The Waiver Election is also applicable to any 403(b) arrangement which is subject to the joint and survivor requirements of ERISA.

If you are married, complete the certification below and proceed to Step 9.

Participant's Election To Waive Qualified Joint And Survivor Annuity As a participant in my employer's 403(b) plan, I acknowledge that I have read the Qualified Joint and Survivor Annuities Notice. I understand that benefits will be paid to me in the form of a Qualified Joint and Survivor Annuity unless I waive that form of payment. I understand that if I am married, my spouse must also consent to the waiver. I hereby elect to waive the Qualified Joint and Survivor Annuity form of payment.

X

Signature of Participant

Date

STEP 9. SPOUSAL CONSENT & WITNESS OF SIGNATURE

Spousal Consent To Waiver Of Qualified Joint And Survivor Annuity I am the spouse of the participant named above. I hereby consent to my spouse's election not to have benefits under his or her plan paid in the form of a Qualified Joint and Survivor Annuity. I understand that by consenting to my spouse's waiver, I may be forfeiting benefits I would be entitled to receive when my spouse dies. (I also understand that my consent cannot be revoked unless my spouse revokes the above waiver.)

X

Signature of Participant's Spouse

Date

The signature of the spouse must be witnessed by a notary public.

WITNESS: Notary Public

Subscribed and sworn to before me on this _____ day of _____
(Month / Year)

X

Signature of Notary

Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions

Department of the Treasury
Internal Revenue Service

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
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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	
<i>Total income over—</i>	Tax rate for every dollar more	<i>Total income over—</i>	Tax rate for every dollar more	<i>Total income over—</i>	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.