

## Certificate of Authorization Form

This completed form must accompany any application to open an account for any **corporation, partnership, association or any other entity, excluding trusts**. For existing accounts please be sure to list all accounts in Section 1 to apply the authorized signer information to. **This form MUST be signed by the authorized signer(s) on the reverse side.**

\* The authorized signer(s) signature must be accompanied by a Stamp 2000 Medallion Signature Guarantee.

### 1. ACCOUNT INFORMATION

Account Registration	
Fund Name	Account Number
Fund Name	Account Number
Fund Name	Account Number
Tax Identification Number	

### 2. AUTHORIZED SIGNERS

The following individual(s):

Name	Title
Social Security Number	Date of Birth
Name	Title
Social Security Number	Date of Birth
Name	Title
Social Security Number	Date of Birth

is (are) duly authorized by resolution or otherwise to act on behalf of the account listed in Section 1 in connection with the account ownership of shares of any mutual fund or other security distributed by Natixis Distribution, L.P. (individually, the "Fund" and collectively, the "Funds") including, without limitation, furnishing any such Fund and its transfer agent with instructions to purchase, transfer or redeem shares of that Fund payable to any person or in any manner, or to redeem shares of that Fund and apply the proceeds of such redemption to purchase shares of another Fund (an "exchange"), and to execute any necessary forms in connection therewith.

Telephone and written transaction instructions by any one of the above designated authorized persons will be accepted.

If the undersigned is the only person authorized to act on behalf of the Organization, the undersigned certifies that he/she is the sole director and officer of the Organization and that the Organization's Charter and By-laws provide that he/she is the only person authorized to so act.

**(Authorized Signer(s) MUST sign on page 2)**

## 2. AUTHORIZED SIGNERS (continued)

\_\_\_\_\_  
Authorized Signer #1 Name (please print)

\_\_\_\_\_  
Authorized Signer #2's Name (please print)

\_\_\_\_\_  
Authorized Signer #1 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Signer #2 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Signer #3 Name (please print)

\_\_\_\_\_  
Authorized Signer #3 Signature

\_\_\_\_\_  
Date

\*\* All authorized signers are required to obtain a Stamp 2000 Medallion Signature Guaranteed Stamp. A Stamp 2000 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.

**A stamp from a Notary Public is not acceptable.**

Place Stamp Here:

Place Stamp Here:

Place Stamp Here: