


IRA REQUIRED MINIMUM DISTRIBUTION (RMD) FORM

im.natixis.com

1. Instructions

Please complete this form online, then print, sign and mail it to us.

- Use this form to take an RMD from your Traditional, SEP or SIMPLE IRA account.*
- For all other IRA distributions, including distributions from a Roth IRA, use the IRA Distribution Form.
- To redeem from your Natixis regular, taxable account, use the Redemption Request Form.
- The paperclip image  indicates that additional documentation is required with this form.
 - * The Required Minimum Distribution age is 73 if you turned 73 on or before 12/31/2026. See Publication 590 for details.

2. Existing Account Information

_____ Account Number	_____ Social Security Number or Account Numbers
_____ Account Owner's Name (First, Middle Initial, Last)	_____ Date of Birth (MM/DD/YYYY)

3. Contact Information

_____ Primary Phone Number	_____ Secondary Phone Number
_____ Email Address	

4. RMD Election

IRA redemptions can have tax implications. Please consult a tax advisor to ensure you have a full understanding of the tax implications and IRS regulations prior to initiating a redemption. For more information, consult IRS Publication 590.

* By choosing one of these options, you assume responsibility for calculating your own RMD.

Check one box:

- One-time RMD.*** Distribute \$_____. You must submit a new RMD Form each year. **Go to Section 5.**
- One-time Life Expectancy RMD.**** Natixis will calculate your total Natixis RMD. You must submit a new RMD Form each year.

Select one option

- Distribute based on the Uniform Lifetime Table (for use by unmarried owners, married owners whose spouses are not more than 10 years younger, and married owners whose spouses are not the sole beneficiaries of their IRAs).
- Distribute based on the Single Life Expectancy Table (for use by beneficiaries).
- Distribute based on the Joint Life and Last Survivor Expectancy Table (for use by owners whose spouses are more than 10 years younger and are the sole beneficiaries of their IRAs). My spouse's birth date is:

 Date of Birth (MM/DD/YYYY)

(Continued on next page)

4. RMD Election *continued*

** Please note: Natixis Funds use the following formula to calculate the life expectancy distribution: Value of IRA / Life Expectancy Factor = Minimum Withdrawal Amount. The IRA value used to calculate the distribution is equal to the value as of December 31st of the year preceding the distribution year.

If you have chosen the One-time Life Expectancy RMD above and have IRAs at other custodians, you may aggregate some or all of your Required Minimum Distributions (RMDs) and take a distribution from this Natixis IRA. Please supply the value as of December 31st of the year preceding the distribution year for those IRAs you wish to include in Natixis' RMD calculation. This distribution will be calculated on a one-time basis only. If you do not provide the year-end value for all IRAs you wish to include, the calculation may be incorrect and you may be subject to a 50% excise tax on the amount not distributed as required.

IRA Value as of 12/31	IRA Value as of 12/31	IRA Value as of 12/31	IRA Value as of 12/31	Total
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- Ongoing Systematic RMD.* Redeem a total amount of _____ . Natixis will send this amount each year according to the payment schedule you specify below. If you choose more than one month, Natixis will divide the proceeds.
- Ongoing Systematic Life Expectancy RMD.** Natixis will calculate your total Natixis RMD each year and send the proceeds according to the payment schedule you specify below. If you choose more than one month, Natixis will divide the proceeds.

Select one option

- Distribute based on the Uniform Lifetime Table (for use by unmarried owners, married owners whose spouses are not more than 10 years younger, and married owners whose spouses are not the sole beneficiaries of their IRAs).
- Distribute based on the Single Life Expectancy Table (for use by beneficiaries).

Original owner's Date of Birth

Owner's Date of Death

- Distribute based on the Joint Life and Last Survivor Expectancy Table (for use by owners whose spouses are more than 10 years younger and are the sole beneficiaries of their IRAs). My spouse's birth date is:

Date of Birth (MM/DD/YYYY)

Please complete this section if you have chosen a Systematic RMD above. Transactions will occur on the 15th of the month or the next business day, unless otherwise specified below. Please allow at least 10 business days from receipt of this form to set up the plan.

Transaction should occur on the _____ day of the month.

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

5. Method of Distribution

Check one box:

- I have chosen a Life Expectancy RMD above. Take the applicable RMD amount from each Fund in my account. **The attached IRS Form W-4R must be completed.**
- Take the RMD amount I specified above or the total calculated RMD amount from only the following Fund(s):

Fund Name	Share Class	Percentage must total 100%
Fund Name	Share Class	Percentage must total 100%
Fund Name	Share Class	Percentage must total 100%
Fund Name	Share Class	Percentage must total 100%

6. Income Tax Withholding

If you do not complete the attached Form W-4-R, we are required to withhold 10% from the amount distributed for payment of federal taxes. If you elect not to have withholding apply, you will still be liable to pay federal income tax on the taxable portion of the distribution and may be required to pay estimated taxes. You may incur penalties if your withholding and estimated tax payments are not sufficient. If applicable, we will also withhold your required state tax if you have elected to have federal taxes withheld. Your election will remain in effect until you revoke it by notifying us in writing. Any election or revocation will be effective no later than 30 days after such notice has been received. If you do not complete and sign Form W-4R, we will apply 10% withholding to your distribution request as required by the Internal Revenue Service.

7. Delivery Instructions

A. INVEST PROCEEDS

Invest the proceeds in my existing non-retirement account(s):

_____	_____	_____	_____	_____
Fund Name	Share Class	Account Number	Dollar Amount or	Percentage
_____	_____	_____	_____	_____
Fund Name	Share Class	Account Number	Dollar Amount or	Percentage
_____	_____	_____	_____	_____
Fund Name	Share Class	Account Number	Dollar Amount or	Percentage
_____	_____	_____	_____	_____
Fund Name	Share Class	Account Number	Dollar Amount or	Percentage

Invest the proceeds in my new non-retirement account.  Complete and attach the **New Account Registration Form**.

B. SEND PROCEEDS VIA MAIL

Check one box:

- Via Regular Mail. Proceeds should be received 7-10 business days after receipt of your request in good order.
- Via Overnight Mail. A \$36 overnight fee will be deducted from your account. Proceeds should be received 2-3 business days after receipt of your request in good order.

Select one option

- Make check payable to current name and address on file. You must obtain a medallion signature guarantee in **Section 10** if the address on file has changed within the last 30 days.
- Make check payable to another name and address or send check to another name and address. This option is not available for ongoing distributions. You must obtain a medallion signature guarantee in **Section 10**.
Please provide the payee and mail information:

Payee Name			
_____	_____	_____	_____
Mailing Address	City	State	Zip

Mail Recipient (if different)			
_____	_____	_____	_____
Mailing Address (if different)	City	State	Zip

7. Delivery Instructions *continued*

C. SEND PROCEEDS ELECTRONICALLY

Check one box:

- Via Automated Clearing House (ACH). Proceeds should be received 2-3 business days after receipt of your request in good order.
- Via Federal Funds Wire. This option is not available for ongoing distributions. A \$5.50 wire fee will be deducted from your account. Proceeds should be received 1-2 business days after receipt of your request in good order.

Select one box:

- Send the proceeds to my bank account on file.
- Send the proceeds to a bank account I wish to add on file. You must obtain a medallion signature guarantee in **Section 10**. Please see **Section 8** for additional requirements.
- Send the proceeds to a bank account that I do NOT wish to add on file. You must obtain a medallion signature guarantee in **Section 10**. Please provide the bank information:


Bank Name

Bank Account Owner Name(s)

Bank ABA Number

Bank Account Number

8. Bank Information *Optional*

 You must attach a voided check with pre-printed routing and account numbers.

If you have signed up for Automatic Dividend Deposit, Investment Builder, Systematic Withdrawal Plan, and/or Telephone/Internet Transactions, you must complete this section. To add a savings account we will require you to obtain a preprinted deposit slip or a letter on bank letterhead verifying the routing number and savings account number signed by a bank employee.

We cannot establish banking services from starter checks, cash management, brokerage, mutual fund or credit card convenience checks.

Add Bank Information Change Current Bank Information **Choose one:** Checking Savings

A Medallion Signature Guaranteed Stamp is designed to protect your account against fraudulent activity. It may be executed by any "eligible" issuer participating in the Securities Transfer Agents Medallion Program 2000 (STAMP2000).

Eligible issuers include Commercial Banks, Trust Companies, Savings Associations and Credit Unions as defined by the Federal Deposit Insurance Act. Also included are member firms of a domestic stock exchange. A stamp from a Notary Public is not acceptable.

A Medallion Signature Guaranteed Stamp or a Signature Validation Program Stamp is required below if:

- you add bank information in this section (**Section 8**)
- you designated a Special Payee in **Section 7**.

A special payee would be any individual other than the registered account owner(s) at the address of record or one of two or more owners designated to receive distribution or withdrawal checks.

If the account is registered in the name of a Corporation, Trust, or other organization, the undersigned certify that such entity is duly organized, has the power to utilize this checkwriting service (if applicable), and that the signatures of the persons on the signature card are authentic and represent individuals with legal capacity to act on behalf of such entity.

Signature of bank account owner _____

Signature of bank account owner (if joint account) _____

Place MSG Stamp Here

9. Signature(s) Required

I accept full responsibility for complying with all IRS requirements with respect to my Natixis Funds including, but not limited to, required minimum distributions and tax-filing and record keeping requirements. I understand that I am responsible for any tax consequences, including penalties, which may result from elections I make or any distributions which I initiate. I hereby indemnify the Natixis Funds transfer agent and UMB Bank, N.A. (the "Custodian"), and any affiliate and any of their respective directors, trustees, employees, and agents if I fail to meet any such IRS requirements. I certify that the information provided on this form is true and accurate.

I authorize the Natixis Funds, its affiliates and agents, to act on any instructions believed to be genuine for any transactions or services authorized on this form, including telephone options. By completing **Section 8** I hereby authorize the Fund to initiate credits and/or debits to my account indicated in **Section 8** and for the bank to honor all entries to my account.

Sign below exactly as your name appears in **Section 2**.

X	_____	_____	_____
	Signature	Date	Title/Capacity (if applicable)
X	_____	_____	_____
	Signature	Date	Title/Capacity (if applicable)
X	_____	_____	_____
	Signature	Date	Title/Capacity (if applicable)

10. Medallion Signature Guarantee *If required*

A Medallion Signature Guaranteed Stamp is designed to protect your account against fraudulent activity. It can be executed by any eligible issue participating in the Securities Transfer Agents Medallion Program 2000 (STAMP2000). Eligible issuers include Commercial Banks, Trust Companies, Savings Associations and Credit Unions as defined by the Federal Deposit Insurance Act. Also included are member firms of a domestic stock exchange. **A stamp from a Notary Public is not acceptable.**

Place MSG Stamp Here

Place MSG Stamp Here

Place MSG Stamp Here

Place MSG Stamp Here

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 unless otherwise noted.

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.

2026 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	
Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more
\$0	0%	\$0	0%	\$0	0%
16,100	10%	32,200	10%	24,150	10%
28,500	12%	57,000	12%	41,850	12%
66,500	22%	133,000	22%	91,600	22%
121,800	24%	243,600	24%	129,850	24%
217,875	32%	435,750	32%	225,900	32%
272,325	35%	544,650	35%	280,350	35%
656,700*	37%	800,900	37%	664,750	37%

* If married filing separately, use \$400,450 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.

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 2026, 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

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

- Eligible distributions to a domestic abuse victim;
- Qualified disaster recovery distributions;
- Qualified birth or adoption distributions;
- Qualified long-term care 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

For an estate, enter the estate's employer identification number (EIN) in the area reserved for “Social security

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 \$70,000 without the payment. Step 1: Because your total income without the payment, \$70,000, is greater than \$66,500 but less than \$121,800, the corresponding rate is 22%. Step 2: Because your total income with the payment, \$90,000, is greater than \$66,500 but less than \$121,800, 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 \$60,000 without the payment. Step 1: Because your total income without the payment, \$60,000, is greater than \$28,500 but less than \$66,500, the corresponding rate is 12%. Step 2: Because your total income with the payment, \$80,000, is greater than \$66,500 but less than \$121,800, the

corresponding rate is 22%. The two rates differ. \$6,500 of the \$20,000 payment is in the lower bracket (\$66,500 less your total income of \$60,000 without the payment), and \$13,500 is in the higher bracket (\$20,000 less the \$6,500 that is in the lower bracket). Multiply \$6,500 by 12% to get \$780. Multiply \$13,500 by 22% to get \$2,970. The sum of these two amounts is \$3,750. This is the estimated tax on your payment. This amount corresponds to 19% of the \$20,000 payment (\$3,750 divided by \$20,000). Enter "19" 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.