

Mail this form to: Natixis Funds P.O. Box 219579, Kansas City, MO 64121-9579 Overnight mail: 801 Pennsylvania Ave, Suite 219579, Kansas City, MO 64105-1307 Questions? Call (800) 225-5478 or visit im.natixis.com

NATIXIS REDEMPTION REQUEST FORM

Use this form to request a redemption from your Natixis Fund account(s). This form cannot be used for IRA accounts.

			^		
1	Acco	unt	l Iw/n	erci	าเท
	71000	ulle	~~~		

1. Account Ownersh	ip					
	Account Owner's/Entity Name		Address			_
	Social Security Number or Tax Identification	on Number	City	State	Zip Code	-
	Date of Birth		Daytime Telephone N	umber		-
	Joint Owner's Name ☐ Check this box to permanently change address to the above					
2. Redemption Inform	ation					
Please list the account			\$	or #	or %	
information and amount you would like redeemed in	Fund	Account Number	☐ Check I	Shares here to redeem all s	hares	
the space below.	Fund	Account Number	☐ Check I	or # Shares here to redeem all s	hares	
	Fund	Account Number	☐ Check I	or # Shares here to redeem all s	hares	
	Fund	Account Number		or # Shares here to redeem all s		
	Fund Redeem all shares under SSN	Account Number		or # Shares here to redeem all s		

3. Transfer Instructions

As duly designated beneficiary of	
, , , –	Name of Account Owner
whose date of death was MM/DD	
i aiiiiiii aiat aicic aic ilo kilowii aisp	outes or competing claims that would affect the transfer of ownership I have
party's successors and assigns with	ressing this request, I agree to indemnify DST Data Services, Inc. and each such respect to any direct liabilities, losses, or reasonable expenses arising from

4. Redemption Instructions

Payment Method

Please note if a mailing method is not selected the address on the account will be selected as the default.

Name of Payee			SSN/TIN	
Street Address		City	State	Zip
NOTE: Your bank must	if bank account not on file (c be a member of the Automate ion. Please call your bank if yo	ed Clearing House (AC	CH) system to use any o	options that require
NOTE: Your bank must completion of this sect routing number is usua Guarantee is required	be a member of the Automate	ed Clearing House (AC ou are unsure. If you Please call your bank y your bank account fo	CH) system to use any care including a preprint for the routing number	options that require ted deposit slip the r. A Medallion Sign

5. Cost Basis Method Selection

Note: If you choose Specific Lot Identification (SLID), a secondary reporting method must be selected in the event the lots you have chosen are not available.

Complete this section if you would like to select a different method for calculating your cost basis for this redemption . Please be aware that if you choose a different cost basis calculation method than what is currently on your account we will update this account for all future redemptions.					
☐ Average Cost (Funds Default Method)	☐ First In First Out (FIFO)	☐ Last In First Out (LIFO)			
☐ High Cost First Out (HIFO)	☐ Low Cost First Out (LOFO)	☐ Loss/Gain Utilization (LGUT)			
☐ Specific Lot Identification (SLID)**	☐ Specific Lot Identification (SLID)**				
**Secondary Accounting Method Selection (Average Cost is NOT a valid secondary method) Write selection here					
If you chose SLID please provide the date(s) of purchase for the lot(s) that you would like to redeem:					
Date of purchase	Date of purchase	Date of purchase			

6. Signature

Sign exactly as name(s) of registered owner(s) appears in Section 1. Title must be supplied for all accounts except individual and joint registrations.



I authorize the withdrawal specified above and recognize that the Natixis Funds, its affiliates and agents, will not be
liable for any loss, damage, or expense as a result of acting upon my instruction; and certify that no tax advice has been
given to me/us by Natixis Funds.

I authorize Natixis Funds, its affiliates and agents, to act on any instructions believed to be genuine for any transactions or services authorized on this form. By completing Section 3 and supplying my banking information, I understand that telephone and internet transaction privileges will apply to my account, including electronic transfers to and from my bank account. I agree that the Funds, their transfer agent, or their respective agents, officers, trustees, directors or employees will not be liable for any loss, liability or expense for acting, or refusing to act, on any instructions, including any given under the telephone and internet transaction privileges, that are reasonably believed to be genuine, placing the risk of loss on me. See the discussion of these privileges in the Funds' Prospectus. As required by federal law, I certify under penalties of perjury that (1) the Social Security or Taxpayer Identification Number provided above is correct, (2) 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.) I am exempt from FATCA reporting (4). The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding. If this is a distribution due to death, I certify there are no known disputes or claims that would affect my right to inherit assets as a beneficiary of the deceased shareholder and the information in Section 2 is correct. I agree to hold harmless and indemnify the Natixis Funds, it affiliates and agents with respect to any direct liabilities, losses, or reasonable expenses arising from compliance with this request.

If this is an UGMA/UTMA account and I am the former minor, by signing below, I certify under penalties of perjury that: (a) I am the beneficial owner of the assets contained in the account(s) listed on this form; (b) I have attained the legal age required by the laws of the state under which the assets were gifted or transferred to me; (c) No designation was made by the donor that requires termination of custodianship for my assets be delayed until I reach a later age; (d) I have not already received equivalent gifts or transfers of money from the custodian that would reduce the value of the assets due to me in the custodial accounts(s); (e) I am not aware of any competing claims from the custodian or a successor custodian that would prevent me from receiving the assets in the custodial account(s); (f) The custodian or successor custodian has declined to release the assets to me as required by applicable state law.

Date	Title
Date	Title

Place Medallion Signature Guaranteed Stamp Here:

X Signature of Account Owner
X Signature of Owner

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. **We are unable to accept a guarantee from a notary public.**