NATIXIS FUNDS | LOOMIS SAYLES

JUNE 2026

ADMIN SHARES – NEW ACCOUNT APPLICATION

Do not use this application for IRAs

U.S. RESIDENTS ONLY

Mail to:
Natixis and Loomis Sayles Funds, P.O. Box 219579
Kansas City, MO 64121-9579
Overnight mail:
Natixis and Loomis Sayles Funds, 801 Pennsylvania Ave., Suite 219579
Kansas City, MO 64105-1307
800-225-5478 or im.natixis.com

1. FUND SELECTION AND INVESTMENT AMOUNT

☐ Income (4804) $_____

INVESTMENT INSTRUCTIONS

☐ By Federal Funds Wire

INSTRUCTIONS FOR INCOMING DOMESTIC WIRES
State Street Bank & Trust
225 Franklin Street
Boston, MA 02110
ABA #011000028
DDA #9904-622-9
Fund Account #
Fund Name /#
Name on Account

☐ By check made payable to State Street Bank & Trust. Checks must be in U.S. dollars. Third party and starter checks will not be accepted.

2. YOUR ACCOUNT REGISTRATION

Please choose only one account registration type.

(*) Federal Regulations require us to obtain certain personal information from you and to use that information to verify your identity. If you do not provide the information requested then we may not be able to open your account. In the event that we are unable to verify your identity, we reserve the right to refuse to open an account, close your account or take other such steps as we deem necessary to comply with the Federal Regulations.

EMPLOYEE BENEFIT:

Are you subject to ERISA? ☐ Yes ☐ No, please attach a copy of your plan document.

☐ CORPORATION/PARTNERSHIP PENSION OR PROFIT SHARING

☐ MUNICIPALITY/GOVERNMENT PENSION OR PROFIT SHARING

☐ MULTIEMPLOYER/UNION

☐ NON ENTITY

Name of Institution* Tax ID Number*

Name of Corporate Officer/Authorized Individual #1* Title Social Security Number*

Name of Corporate Officer/Authorized Individual #2* Title Social Security Number*

3. ACCOUNT CONTACT INFORMATION

(*) Federal Regulations require us to obtain certain personal information from you and to use that information to verify your identity. If you do not provide the information requested then we may not be able to open your account. In the event that we are unable to verify your identity, we reserve the right to refuse to open an account, close your account or take other such steps as we deem necessary to comply with the Federal Regulations.

Account Mailing Address:

Address	Daytime Telephone Number	@ E-mail Address	
City		State	Zip

Corporate Officer/Authorized Individual #1 Information:

Residential Address (not a P.O. Box or business address)*	☐ Same as Account Mailing Address	
City*	State*	Zip*

Corporate Officer/Authorized Individual #2 Information:

Residential Address (not a P.O. Box or business address)*	☐ Same as Account Mailing Address	
City*	State*	Zip*

4. DIVIDEND AND CAPITAL GAIN DISTRIBUTIONS

Please choose from one of the following distribution options. If no box is chosen, all distributions will be reinvested.

☐ All distributions reinvested. All distributions in cash.

5. BANK INFORMATION

Name of Bank

Address of Bank	City	State	Zip

Name on Bank Account

Bank ABA Routing Number	Bank Account Number

6. SIGNATURE AND TIN CERTIFICATION

I am of legal age, have received and read the current prospectus, agree to its terms and understand that by signing below (a) my account will automatically have the Exchange Privilege capability and that all information provided in the above items (if applicable) will apply to any fund into which my shares may be exchanged (Note: With regard to the telephone exchange feature provided automatically, investors should be aware that the Funds' Transfer Agent will employ reasonable procedures to confirm that your telephone instructions are genuine, and if it does not, it may be liable for any losses due to unauthorized or fraudulent instructions. The Funds' Transfer Agent will require a form of personal identification prior to acting on an investor's telephone instructions and will record an investor's instructions. The Funds' Transfer Agent will provide an investor with written confirmation of such transaction), (b) it is my responsibility to read the prospectus of any fund into which I exchange, (c) I authorize the registered representative assigned to my account to have access to my account and to act on my behalf with respect to my account, (d) I understand that the Funds' Transfer Agent will be fully protected in acting upon any instrument that it believes to be genuine and signed or presented by the proper person and (e) I understand that if my account balance falls below the minimum investment amount, an annual fee may be charged to my account. I certify under penalties of perjury that all information provided in this application is true and correct.

As required by federal law, I certify under penalties of perjury (1) that the Social Security or Taxpayer Identification Number provided above 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.

Sign exactly as name(s) of registered owner(s) appears in Section 2. **Title must be supplied for all accounts except individual or joint registrations.**

X

Signature of Corporate Officer/Authorized Individual | Date | Title

X

Signature of Corporate Officer/Authorized Individual | Date | Title

7. DEALER INFORMATION

☐ **Check here if not using a dealer for this investment.** If you have an agent of record and Section 7 is not filled out he/she will be notified. The Dealer noted below authorizes the Funds' Transfer Agent to act as the Servicing Agent in connection with transactions authorized by this application form, and will notify the Funds' Transfer Agent of any purchase made under a Combined Purchase Discount or Letter of Intent.The terms and conditions of the Distributor's currently effective Dealer Agreement are incorporated by reference in this Section 7. The Dealer represents that it has a currently effective Dealer Agreement with the Distributor authorizing the Dealer to sell shares of the Loomis Sayles Funds. The Dealer guarantees the signature and legal capacity of the shareholder and represents that it has provided a current Prospectus to the Applicant and that the application is properly executed by a person authorized by the Dealer to guarantee signatures.

Dealer's Name (please print) | Dealer Number

Dealer/Firm Address (No., Street, City, State, Zip Code) | Dealer/Firm Branch Number

FINANCIAL REPRESENTATIVE INFORMATION

Representative First Name | Last Name | Phone Number | Rep Number

Representative First Name | Last Name | Phone Number | Rep Number

X

Signature of Registered Representative or Authorized Dealer