

## 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 |
|------------------------------|---|--------------------------------------|--------------------------------------|-----------------------------------|

  - 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 70 1/2 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 |
|--------------------|--------------------------------------|

- 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 |
|-----------------|----------------------------------|

- 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 |
|-------------------------|---|

- 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\*\***

|                       |                |
|-----------------------|----------------|
| 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.

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**STEP 4. PAYEE (choose *only* one)**

- 1.  Make check payable to current name and address on file for the participant. *(Medallion Signature Guarantee required in Step 7 if this address has changed within the last 30 days.)*
- 2.  Make check payable to another payee, such as a new 403(b) Plan, a designated death beneficiary, spouse, etc: *(Medallion Signature Guarantee required in Step 7.)*

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

- 3.  By direct deposit (choose only one):
  - A.  Send proceeds by ACH electronic transfer to the bank account on file, or the bank account listed on the attached, voided check. *(Medallion Signature Guarantee required in Step 7 if you are adding your bank account for the first time and the names on the voided check do not match your account registration with the Funds.)*
  - B.  Send proceeds by Federal Funds Wire to the bank account on file, or the bank account listed on the attached, voided check. Please note that this is for a one-time distribution only (not available for Systematic Withdrawals). A \$5.50 wire fee will be applied and the receiving bank may charge an additional fee. *(Medallion Signature Guarantee required in Step 7 if you are adding your bank account for the first time and the names on the voided check do not match your account registration with the Funds.)*

**Tape your VOIDED check here.**

**WE CANNOT ESTABLISH BANKING SERVICES FROM STARTER CHECKS,  
CASH MANAGEMENT, BROKERAGE OR CREDIT CARD CONVENIENCE CHECKS.**

- 4.  Invest distribution in my existing non-retirement account with the Funds:

|                       |                |    |    |   |
|-----------------------|----------------|----|----|---|
| Fund Name/Fund Number | Account Number | \$ | or | % |
| Fund Name/Fund Number | Account Number | \$ | or | % |

**STEP 5. INCOME TAX WITHHOLDING (Form W-4P)**

There is a mandatory 20% withheld from all 403(b) distributions except for direct rollovers, asset transfers, required minimum distributions, return of excess contributions, financial hardship, and some death distributions. By electing a percentage to be withheld, that percentage will be added to the mandated 20% withheld for the 403(b) distribution. If you live in a state that requires withholding on retirement distributions, we will also withhold your required state tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. You may revoke your withholding election at any time by notifying us in writing at Natixis Funds, P.O. Box 219579, Kansas City, MO 64121-9579. Any election or revocation will be effective no later than 30 days after such notice of such election or revocation has been received.

Withhold additional taxes at the rate of \_\_\_\_\_%.

**Note:** Please be aware that if you list a percentage in the space above this will be added to the mandatory 20% withheld from most 403(b) distributions. See paragraph above for exceptions.

**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:

[Empty box for Medallion Signature Guarantee Stamp]

**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

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