► See separate instructions.

Part I Re	eporting I	ssuer			
1 Issuer's nam	1 Issuer's name				2 Issuer's employer identification number (EIN)
Loomis Sayles Inflation Protected Securities Fund				04-3113271	
		ditional information		e No. of contact	5 Email address of contact
Secretary of the			617-449-2000		secretaryofthefunds@ngam.natixis.com
6 Number and street (or P.O. box if mail is not delivered to street address) of contact				7 City, town, or post office, state, and Zip code of contact	
399 Boylston S	treet				Boston, MA 02116
8 Date of action	on		9 Class	ification and description	
9/30/16			Beturn o	f Canital distribution to s	hareholders of the issuer
10 CUSIP num	ber	11 Serial number(		12 Ticker symbol	13 Account number(s)
See Footnote		N/A			N/A
Part II Or	rganizatio	onal Action Attac	h additional	statements if needed. S	See back of form for additional questions.
the action	Non-tax	able return of capit	al to shareho	olders. See attached.	
share or a	s a percenta	-	e attached s	tatement for class specifi	urity in the hands of a U.S. taxpayer as an adjustment per ics. This will reduce a U.S. shareholder's tax basis to the

Describe the calculation of the change in basis and the data that supports the calculation, such as the market values of securities and the 16 valuation dates The issuer's total distributions paid to shareholders during its fiscal year ending September 30, 2016 were in excess of both its current and accumulated earnings and profits. This will reduce a U.S. shareholder's tax basis to the extent of a U.S. shareholder's tax basis in each share of the issuer.

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Part I		<b>Drganizational Action</b> (continued)				
		applicable Internal Revenue Code section	(s) and subsection(s) upon which the tax	treatment is based ▶	Sections 301(c) and 316(a)	
of the in	nterna	I Revenue Code.				
<b>18</b> Ca	an any	resulting loss be recognized? ► N/A				
<b>19</b> Pr	rovide	any other information necessary to impler	nent the adjustment. such as the reporta	able tax vear ► This o	organizational action is	
		th respect to tax year 2016.	····· ··· ···· ···· ···· ···· ···· ···· ····	<u></u>	<u></u>	
		· ·				
	Unde belief	r penalties of perjury, I declare that I have examities true, correct, and complete. Declaration of	nined this return, including accompanying sch preparer (other than officer) is based on all inf	edules and statements, formation of which prepa	and to the best of my knowledge and arer has any knowledge.	
Sign						
Here	Signs	ture ►	Date ►			
	Print	your name ► Original on file with the Sec	retary's Office	Title ►		
Paid		Print/Type preparer's name	Preparer's signature	Date	Check if PTIN	
Prepa	arer				self-employed	
Use C		Firm's name			Firm's EIN ►	
		Firm's address 🕨			Phone no.	

Send Form 8937 (including accompanying statements) to: Department of the Treasury, Internal Revenue Service, Ogden, UT 84201-0054

## Form 8937 - Statement

## Loomis Sayles Inflation Protected Securities Fund 04-3113271 9/30/2016

3/	30	/20	10

<u>Class</u> Loomis Sayles Inflation Protected Securities Fund - Institutional Class Loomis Sayles Inflation Protected Securities Fund - Institutional Class	<u>Cusip</u> 543495766 543495766	<u>Ticker</u> LSGSX LSGSX	Record Dates Quarterly Quarterly	Payable Date 7/1/2016 10/3/2016	Actual Per Share Rate 0.057900000 0.063500000	Return of   Capital Per   Share   0.003767967   0.004132399
Loomis Sayles Inflation Protected Securities Fund - Retail Class	543495733	LIPRX	Quarterly	7/1/2016	0.005400000	0.000351419
Loomis Sayles Inflation Protected Securities Fund - Retail Class	543495733	LIPRX	Quarterly	10/3/2016	0.057600000	0.003748442