► See separate instructions.

-	Issuer's name		2 Issuer's employer identification number (EIN) 13-4309972					
1.00	omis Sayles Multi-Asse	t Income Fund						
	Name of contact for ad		5 Email address of contact					
	retary of the Funds			617-449-2000	secretaryofthefunds@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			
					Bastan MA 20100			
	AM Advisors L.P., 888	Boylston Street, Su		sification and description	Boston, MA 02199			
Ū	Date of dotion		0 0140					
12/3	31/2019		Return o	of Capital distribution to sh	areholders of the issuer			
10	CUSIP number	11 Serial number		12 Ticker symbol	13 Account number(s)			
	See Footnote below*	N/A			N/A			
Pa					ee back of form for additional questions.			
14					ate against which shareholders' ownership is measured for			
	the action Mon-tax	cable return of capi	tal to shareh	olders. See attached.				
15	Describe the quantita	tive effect of the ora	nizational ac	tion on the basis of the secu	rity in the hands of a LLS taxnayer as an adjustment per			
15 Describe the quantitative effect of the organizational action on the basis of the security in the hands of a U.S. taxpayer as an adjust share or as a percentage of old basis See attached statement for class specifics. This will reduce a U.S. shareholder's tax								
					cs. This will reduce a U.S. shareholder's tax basis to the			
exte	ent of a U.S. sharehold	er's tax basis in eac	ch share of th	ne issuer.				
16	Describe the calculati	lation, such as the market values of securities and the						
	valuation dates The	e issuer's total distr	ibutions paid	to shareholders during its	s fiscal year ending December 31, 2019 were in excess of			
both					holder's tax basis to the extent of a U.S. shareholder's			
	basis in each share of							

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Part I		Drganizational Action (continued)			
		applicable Internal Revenue Code section	(s) and subsection(s) upon which the	e tax treatment is based	 Sections 301(c) and 316(a)
of the in	nterna	I Revenue Code.			
18 Ca	an any	resulting loss be recognized? N/A			
19 Pr	ovide	any other information necessary to impler	nent the adjustment, such as the rep	oortable tax year > This o	organizational action is
reportal	ble wi	th respect to tax year 2019.			
	Linde	r penalties of perjury, I declare that I have exan	nined this return including accompanying	a schedules and statements	and to the best of my knowledge and
	belief	it is true, correct, and complete. Declaration of	preparer (other than officer) is based on a	all information of which prepa	arer has any knowledge.
Sign					
Here	Signa	ture ►		Date ►	
	.		where the Office		
Delet	Print	your name ► Original on file with the Sec Print/Type preparer's name	Preparer's signature	Title ► Date	
Paid Prepa	rer	····			Check if 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

Loomis Sayles Multi-Asset Income Fund 13-4309972 12/31/2019

					<u>Actual Per</u>	Capital Per
<u>Class</u>	<u>Cusip</u>	<u>Ticker</u>	Record Dates	Payable Date	Share Rate	<u>Share</u>
Loomis Sayles Multi-Asset Income Fund - Class A	63872R806	IIDPX	Monthly	12/20/2019	0.031600000	0.031062555
Loomis Sayles Multi-Asset Income Fund - Class C	63872R889	CIDPX	Monthly	12/20/2019	0.021500000	0.021134334
Loomis Sayles Multi-Asset Income Fund - Class Y	63872R582	YIDPX	Monthly	12/20/2019	0.035000000	0.034404731
Loomis Sayles Multi-Asset Income Fund - Class N	63872R566	LMINX	Monthly	12/20/2019	0.035700000	0.035092988

Return of