

U.S. RESIDENTS ONLY

NEW ACCOUNT APPLICATION

Do not use this application for IRAs

1. Fund Selection and Investment Amount

\$2,500 minimum investment per fund account. \$1,000 minimum per fund account when you enroll in Investment Builder. To qualify for the \$1,000 minimum, you must also complete Section 5. If share class is not indicated, **Class A shares** will be assumed.

Class A C	Class A C
<input type="checkbox"/> <input type="checkbox"/> AEW Global Focused Real Estate Fund (1362, 1364) \$ _____	<input type="checkbox"/> <input type="checkbox"/> Loomis Sr. Floating Rate/Fixed Income Fund (2625, 2626) \$ _____
<input type="checkbox"/> <input type="checkbox"/> ASG Dynamic Allocation Fund (2811, 2812) \$ _____	<input type="checkbox"/> <input type="checkbox"/> Loomis Strategic Alpha Fund (2619, 2620) \$ _____
<input type="checkbox"/> <input type="checkbox"/> ASG Global Alternatives Fund (1991, 1992) \$ _____	<input type="checkbox"/> <input type="checkbox"/> Loomis Strategic Income Fund (1469, 1471) \$ _____
<input type="checkbox"/> <input type="checkbox"/> ASG Managed Futures Strategy Fund (2606, 2607) \$ _____	<input type="checkbox"/> <input type="checkbox"/> Loomis Intermediate Municipal Bond Fund (2801, 2802) \$ _____
<input type="checkbox"/> <input type="checkbox"/> ASG Tactical U.S. Market Fund (2797, 2798) \$ _____	<input type="checkbox"/> <input type="checkbox"/> Mirova Global Green Bond Fund (2821) \$ _____
<input type="checkbox"/> <input type="checkbox"/> Gateway Fund (1984, 1985) \$ _____	<input type="checkbox"/> <input type="checkbox"/> Mirova Global Sustainable Equity Fund (2814, 2815) \$ _____
<input type="checkbox"/> <input type="checkbox"/> Gateway Equity Call Premium Fund (2710, 2711) \$ _____	<input type="checkbox"/> <input type="checkbox"/> Mirova International Sustainable Equity Fund (6110) \$ _____
<input type="checkbox"/> <input type="checkbox"/> Loomis Core Plus Bond Fund (33, 633) \$ _____	<input type="checkbox"/> <input type="checkbox"/> Natixis Oakmark Fund (04, 678) \$ _____
<input type="checkbox"/> <input type="checkbox"/> Loomis Global Allocation Fund (1395, 1396) \$ _____	<input type="checkbox"/> <input type="checkbox"/> Natixis Oakmark International Fund (2617, 2618) \$ _____
<input type="checkbox"/> <input type="checkbox"/> Loomis Global Growth Fund (2817, 2818) \$ _____	<input type="checkbox"/> <input type="checkbox"/> Natixis U.S. Equity Opportunities Fund (226, 228) \$ _____
<input type="checkbox"/> <input type="checkbox"/> Loomis Growth Fund (1441, 1443) \$ _____	<input type="checkbox"/> <input type="checkbox"/> Vaughan Nelson Select Fund (2635, 2636) \$ _____
<input type="checkbox"/> <input type="checkbox"/> Loomis High Income Fund (1457, 1459) \$ _____	<input type="checkbox"/> <input type="checkbox"/> Vaughan Nelson Small Cap Value Fund (803, 823) \$ _____
<input type="checkbox"/> <input type="checkbox"/> Loomis Intermediate Duration Bond Fund (2743, 2744) \$ _____	<input type="checkbox"/> <input type="checkbox"/> Vaughan Nelson Value Opportunity Fund (1997, 1998) \$ _____
<input type="checkbox"/> <input type="checkbox"/> Loomis Investment Grd Bond Fund (1453, 1455) \$ _____	<input type="checkbox"/> <input type="checkbox"/> Other _____ \$ _____
<input type="checkbox"/> <input type="checkbox"/> Loomis Ltd Term Govt & Agcy Fund (1460, 1462) \$ _____	
<input type="checkbox"/> <input type="checkbox"/> Loomis Multi-Asset Income Fund (1433, 1424) \$ _____	

Investment Instructions

- Make check payable to Natixis Funds. **Checks must be in U.S. dollars. Third party and starter checks will not be accepted.**
Note: Purchases made by check may have a 10-day clearing period before the assets can be redeemed, as stated in the fund's prospectus.
- By exchange from another Natixis Fund. (Account Number or Fund Name) _____
 for \$ _____
Note: Please see prospectus for exchange restrictions.
- By Federal Funds Wire
Note: To obtain your Natixis Funds account number(s) please call 800-225-5478 once you have submitted your new account application for processing. Please allow for mailing time.

2. Your Account Registration

Check this box if you are a Natixis affiliated shareholder (as defined in the prospectus).

Please choose only one account registration type.

Note: All Account Owners Must Sign in Section 11.

A. INDIVIDUAL ACCOUNT

Primary Owner's Name _____ Social Security Number _____ Date of Birth _____

B. JOINT ACCOUNT

Account will be registered as "Joint Tenants With Rights of Survivorship" unless you specify a different type of joint registration below, e.g. Tenants in Common.

Joint Account Registration Type: _____

Primary Owner's Name _____ Social Security Number _____ Date of Birth _____

Joint Owner's Name _____ Social Security Number _____ Date of Birth _____

C. GIFT/TRANSFER TO MINOR (UGMA/UTMA) (Only one Custodian per Account)

Minor's Name _____ Minor's Social Security Number _____ Date of Birth _____

Custodian's Name _____ Custodian's Social Security Number _____ Date of Birth _____

under the _____ Uniform Gift/Transfer to Minors Act.
 Minor's State _____

See page 2 for Trust, Corporation, Partnership or Other Entity.

2. Your Account Registration (continued)

Please choose only one account registration type.

Please attach copies of the title and signature page of the Trust Instrument and complete the Beneficial Owner application.

Please attach a copy of the appointment of the executor, personal representative, or administrator and complete the Beneficial Owner application.

Effective May 11th for account types listed in sections E and F please fill out the Beneficial Owner application located at the end of this form.

D. TRUST

Trust Name _____

Date of Trust Agreement _____ Tax Identification Number _____

Trustee Name (First, Middle Initial, Last) _____ Trustee Social Security Number _____ Date of Birth _____

Trustee Name (First, Middle Initial, Last) _____ Trustee Social Security Number _____ Date of Birth _____

E. STATUTORY TRUST (Please complete the Beneficial Owner application located at the end of this form.)

Trust Name _____

Date of Trust Agreement _____ Tax Identification Number _____

Trustee Name (First, Middle Initial, Last) _____ Trustee Social Security Number _____ Date of Birth _____

Trustee Name (First, Middle Initial, Last) _____ Trustee Social Security Number _____ Date of Birth _____

F. CORPORATION S-CORPORATION PARTNERSHIP RETIREMENT PLAN OTHER ENTITY

Name of Corporation, Partnership, or Other Entity _____ Trust or Entity Tax ID Number _____

Name of Authorized Individual #1 _____ Social Security Number _____ Date of Birth _____

Name of Authorized Individual #2 _____ Social Security Number _____ Date of Birth _____

3. Account Contact Information

Please note this is for U.S. RESIDENTS ONLY. If your address is outside the US you are not able to invest in Natixis Funds.

Account Mailing Address:

Address _____ Telephone Number _____ E-mail Address _____

City _____ State _____ Zip _____

Account Owner (Individual, Custodian, Trustee, Authorized Individual #1) Information:

Residential Address (not a P.O. Box or business address) _____ Same as Account Mailing Address

City _____ State _____ Zip _____

Joint Owner (Minor, Co-Trustee, Authorized Individual #2) Information:

Residential Address (not a P.O. Box or business address) _____ Same as Account Mailing Address

City _____ State _____ Zip _____

Designated Representative:

Texas Residents ONLY. As a resident of Texas, you have the option to designate a representative to receive a copy of the state escheatment due diligence letter.

Representative Name _____

Address _____ City _____ State _____ Zip _____

Phone (area code and number) _____

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 (check to address on your account).
 Direct deposit all distributions to bank account. Please provide your bank information in Section 9.
 Invest all distributions in another Natixis Funds account:

_____ Fund Name

_____ Account Number

5. Investment Builder Program

Please attach a check marked "void" and provide your bank information in Section 7.

Note: \$1,000 minimum per fund account when you enroll in Investment Builder.

Investment Builder enables you to invest automatically. Once you've invested the initial \$1,000 we will draft the amount you specify below from your bank account each month to be invested in your Fund(s).

_____ Fund Name	\$ _____ Amount	_____ Month/Day of Investment*
_____ Fund Name	\$ _____ Amount	_____ Month/Day of Investment*
_____ Fund Name	\$ _____ Amount	_____ Month/Day of Investment*

I authorize the Funds' Transfer Agent to add this service to my account as indicated above. I consent to the service provisions and conditions in the Funds' Statement of Additional Information which is available free upon request.

* If beginning month is omitted, drafts begin during the current month if day of draft is at least 10 days in the future. If day of investment is omitted, drafts will default to the 15th of the month. Please allow 2 to 3 days before first draft. Investment Builder purchases may not be redeemed for 10 days.

6. 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.

Please choose from the following methods for calculating your cost basis. If no selection is made we will automatically enroll you in the funds' default method Average Cost. The cost basis for non-covered shares will not be furnished to the IRS.

- 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)**

**Secondary Accounting Method Selection

(Average Cost is NOT a valid secondary method)

_____ Write selection here

* Non-covered shares will be depleted before the covered shares using the Average Cost Method starting with the oldest shares first (first in, first out). If you have chosen a method other than average cost and would like non-covered shares depleted using that method please check this box. If you choose a method other than average cost you will not receive any cost basis reporting information for non-covered shares.

The above selection will apply to all accounts being opened. If you would like a different selection for a specific fund or funds please list the fund number and cost basis method in the following space provided:

_____ Fund Number

_____ Cost Basis Method

7. Bank Information

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

You must complete this section to participate in the following features: Dividend and Capital Gain Distributions (Section 4), Investment Builder Program (Section 5), or Telephone/Internet Redemptions. To add a savings account we will require a letter on bank letterhead verifying the routing number and savings account number signed by a bank employee.

We cannot establish banking services from starter checks, cash management, brokerage, mutual fund or credit card convenience checks.

We require you to obtain either a Medallion Signature Guaranteed Stamp or a Signature Validation Program Stamp if the account owner as provided in Section 2 is not named on the check and/or the address as provided in Section 3 does not match the address on the check.

- Checking Account Savings Account Investment Check (If you would like use another account, please attached a voided check)

A Stamp2000 Medallion Signature Guaranteed Stamp and a Signature Validation Program Stamp may be executed by any "eligible" issuer participating in the Securities Transfer Agents Medallion Program 2000 (STAMP2000). Eligible issuers include Commercial Banks, Trust Companies, Savings Associations and Credit Unions as defined by the Federal Deposit Insurance Act. Also included are member firms of a domestic stock exchange.

A stamp from a Notary Public is not acceptable.

If the account is registered in the name of a Corporation, Trust, or other organization, the undersigned certify that such entity is duly organized, has the power to utilize this checkwriting service (if applicable), and that the signatures of the persons on the signature card are authentic and represent individuals with legal capacity to act on behalf of such entity.

Place Stamp Here

Signature of bank account owner _____

Signature of bank account owner _____
(if joint account)

8. Mail Delivery Options

**Important Notice
Regarding Delivery
of Shareholder
Documents**

HOUSEHOLD DELIVERY OPTION

The Funds will automatically mail a single proxy statement, prospectus, annual report and semiannual report to a household, thus eliminating duplicate mail, unless you decline this option below. If you revoke your consent, we will resume mailing individual prospectuses, reports, and proxy statements to each investor in your household within 30 days of your request.

I/We consent to the delivery of a single prospectus, annual or semiannual report, as well as any proxy statement, to my/our household. I/We understand that by providing this consent, if more than one family member in my/our household owns the same fund or funds described in a single prospectus, report, or proxy statement, we will receive one mailing. Additional copies of the prospectuses, reports, and proxy statements may be obtained by calling 800-225-5478. I/We understand that my/our consent to mailing documents on the basis of the household will remain in effect until such time as I/we revoke it. Consent may be revoked at any time.

Please do not mail on a household basis (check all that apply):

- prospectuses and annual/semiannual reports proxy statement

INTERESTED PARTY OPTION

Please fill out the following information to add an interested party to your newly established accounts account(s). This person/entity will receive a copy of your quarterly statements and be allowed to obtain account information by calling the toll-free number. **This will stay in effect until you request that they are removed by calling the toll-free number above, or in writing at the address above.**

Name of Interested Party

Address of Interested Party

City

State

Zip

9. Reduced Sales Charge

Class A Only

I qualify for a Net Asset Value account.

Check this box if you are a Natixis affiliated shareholder (as defined in the prospectus).

Please explain _____

Combined Purchase Discount. You may apply for a reduced sales charge under the Funds' Combined Purchase Privilege. Please list below any other accounts in the Funds owned by you and your family that qualify. (See your prospectus for details.)

Fund Name	Account Number
Fund Name	Account Number

Letter of Intent. If you wish to apply for a reduced sales charge, please indicate which amount (equal or exceed) you intend to invest over a 13-month period and list other accounts in the Funds you would like to include. (See your prospectus for details.)

\$50,000 \$100,000 \$250,000 \$500,000 \$1,000,000

Fund Name	Account Number
Fund Name	Account Number

10. Dealer Information (This Section Must Be Completed)

*** If you answer yes, Section 10 must be completed and signed by the Registered Representative or Authorized Dealer. If the signature is not provided, then the application and investment will be rejected. If you have an agent of record and Section 10 is not filled out he/she will be notified.**

Are you using a dealer for this investment (You must select "Yes" or "No")? **Yes*** **No**

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 Transfer Agent of any purchase made under a Combined Purchase Discount or Letter of Intent. If this form includes a Telephone, Internet, or Checkwriting Redemption Authorization, the Dealer guarantees the signature(s) in Section 11 of this application. The terms and conditions of the Distributor's currently effective Dealer Agreement are incorporated by reference in this Section 10. The Dealer represents that it has a currently effective Dealer Agreement with the Distributor authorizing the Dealer to sell shares of the 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 Branch Number
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Representative's First Name	Middle Initial	Last Name	Phone Number
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Rep/RIA Number

Representative's First Name	Middle Initial	Last Name	Phone Number
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Rep/RIA Number

***If this is joint business, please provide your Partnership Number.**

X _____

Signature Required of Registered Representative or Authorized Dealer
(If signature is not provided the application and investment will be returned).

(All Account Owners Must Sign on Following Page)

11. Signature and TIN Certification

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.

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 and telephone redemption 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 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 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 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.

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.

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.) 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.

X

Signature of Owner

Date

Title

X

Signature of Owner

Date

Title



Please mail this form to:
 Natixis Funds, P.O. Box 219579, Kansas City, MO 64121-9579
 Overnight mail: Natixis Funds, 330 W 9th St., Kansas City, MO 64105-1514
 Questions? Please call 800-225-5478
 im.natixis.com

BENEFICIAL OWNER APPLICATION

This form must be completed by the person opening a new account on behalf of a legal entity. For the purposes of this form, a legal entity includes a corporation, a limited liability company, a general partnership, a non-profit and any similar business entity formed in the United States.

Account Information

Name of Natural Person Opening Account

Title

Legal Entity Name

Legal Entity Address

Beneficial Owner(s)

The following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship, or otherwise, owns 25 percent or more of the entity interests of the legal entity listed above:

Note: Non-profits do not have to complete this section

Name/Title	Date of Birth (mm/dd/yyyy)	Address (residential or business street address)	Social Security Number

Please check one of the following for each of the Beneficial Owner(s) named above.

- | | | | |
|--------------|----------------------------------|---|---|
| Citizenship: | <input type="checkbox"/> Citizen | <input type="checkbox"/> Resident Alien | <input type="checkbox"/> Non-Resident Alien |
| Citizenship: | <input type="checkbox"/> Citizen | <input type="checkbox"/> Resident Alien | <input type="checkbox"/> Non-Resident Alien |
| Citizenship: | <input type="checkbox"/> Citizen | <input type="checkbox"/> Resident Alien | <input type="checkbox"/> Non-Resident Alien |
| Citizenship: | <input type="checkbox"/> Citizen | <input type="checkbox"/> Resident Alien | <input type="checkbox"/> Non-Resident Alien |

For a Foreign person without a (SSN/ITIN), attach a copy of your passport and provide the Passport Number and Country of Issuance below. In lieu of a passport, foreign persons may also provide a U.S. government-issued Alien ID or other foreign government-issued documents evidencing nationality or residence and bearing a photograph or similar safeguard.

Control Person

The following information for on individual with significant responsibility for managing the legal entity listed above, such as: An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or any other individual who regularly performs similar functions. (If appropriate, an individual listed under section (Beneficial Owner) above may also be listed in this section (Control Person)).

Name/Title	Date of Birth (mm/dd/yyyy)	Address (residential or business street address)	Social Security Number

Citizenship: Citizen Resident Alien Non-Resident Alien

For a Foreign person without a (SSN/ITIN), attach a copy of your passport and provide the Passport Number and Country of Issuance below. In lieu of a passport, foreign persons may also provide a U.S. government-issued Alien ID or other foreign government-issued documents evidencing nationality or residence and bearing a photograph or similar safeguard.

Certification

I, _____ (name of natural person opening account), hereby certify, to the best of my knowledge that the information provided above is complete and correct.

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.

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.) 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.

Signature: _____ Date (mm/dd/yyyy): _____