



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

NATIXIS REDEMPTION REQUEST FORM

Use this form to request a redemption from your Natixis Fund account(s). This form cannot be used for IRA accounts.

1. Account Ownership

Account Owner's/Entity Name _____	Address _____
Social Security Number or Tax Identification Number _____	City _____ State _____ Zip Code _____
Date of Birth _____	Daytime Telephone Number _____
Joint Owner's Name _____	
<input type="checkbox"/> Check this box to permanently change address to the above	

2. Redemption Information

Please list the account information and amount you would like redeemed in the space below.

Fund _____	Account Number _____	\$ _____ or # _____ or _____ %	Shares <input type="checkbox"/> Check here to redeem all shares
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Fund _____	Account Number _____	\$ _____ or # _____ or _____ %	Shares <input type="checkbox"/> Check here to redeem all shares
Fund _____	Account Number _____	\$ _____ or # _____ or _____ %	Shares <input type="checkbox"/> Check here to redeem all shares
<input type="checkbox"/> Redeem all shares under SSN		<input type="checkbox"/> Check here to redeem all shares	

3. Transfer Instructions

Affidavit for non-probate transfer of Transfer on Death (TOD) account shares:
 As duly designated beneficiary of _____,
Name of Account Owner
 whose date of death was _____, I am requesting transfer of ownership of the shares to which I am entitled.
MM/DD/YYYY

I affirm that there are no known disputes or competing claims that would affect the transfer of ownership I have requested. In consideration for processing this request, I agree to indemnify DST Data Services, Inc. and each such party's successors and assigns with respect to any direct liabilities, losses, or reasonable expenses arising from compliance with this request.

_____	_____
Name of Beneficiary	Date of Birth (MM/DD/YYYY)
_____	_____
Name of Beneficiary	Date of Birth (MM/DD/YYYY)

6. Signature

Sign exactly as name(s) of registered owner(s) appears in Section 1. **Title must be supplied for all accounts except individual and joint registrations.**



I authorize the withdrawal specified above and recognize that the Natixis Funds, its affiliates and agents, will not be liable for any loss, damage, or expense as a result of acting upon my instruction; and certify that no tax advice has been given to me/us by Natixis Funds.

I authorize Natixis Funds, its affiliates and agents, to act on any instructions believed to be genuine for any transactions or services authorized on this form. By completing Section 3 and supplying my banking information, I understand that telephone and internet transaction privileges will apply to my account, including electronic transfers to and from my bank account. I agree that the Funds, their transfer agent, or their respective agents, officers, trustees, directors or employees will not be liable for any loss, liability or expense for acting, or refusing to act, on any instructions, including any given under the telephone and internet transaction privileges, that are reasonably believed to be genuine, placing the risk of loss on me. See the discussion of these privileges in the Funds' Prospectus. **As required by federal law, I certify under penalties of perjury that (1) the Social Security or Taxpayer Identification Number provided above is correct, (2) 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. If this is a distribution due to death, I certify there are no known disputes or claims that would affect my right to inherit assets as a beneficiary of the deceased shareholder and the information in Section 2 is correct. I agree to hold harmless and indemnify the Natixis Funds, its affiliates and agents with respect to any direct liabilities, losses, or reasonable expenses arising from compliance with this request.**

If this is an UGMA/UTMA account and I am the former minor, by signing below, I certify under penalties of perjury that: (a) I am the beneficial owner of the assets contained in the account(s) listed on this form; (b) I have attained the legal age required by the laws of the state under which the assets were gifted or transferred to me; (c) No designation was made by the donor that requires termination of custodianship for my assets be delayed until I reach a later age; (d) I have not already received equivalent gifts or transfers of money from the custodian that would reduce the value of the assets due to me in the custodial account(s); (e) I am not aware of any competing claims from the custodian or a successor custodian that would prevent me from receiving the assets in the custodial account(s); (f) The custodian or successor custodian has declined to release the assets to me as required by applicable state law.

Place Medallion Signature Guaranteed Stamp Here:

X _____
Signature of Account Owner

Date Title

X _____
Signature of Owner

Date Title

A Stamp 2000 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.**