



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

CHANGE OF DEALER AND REPRESENTATIVE AUTHORITY

Use this form to change the Registered Representative on your account.

ACCOUNT OWNERSHIP (please print)

Account Owner's Name Daytime Phone Number

SSN or Tax ID E-mail Address

Fund Name /Account Number

Fund Name /Account Number

Fund Name /Account Number

Fund Name /Account Number

Update all accounts under SSN/Tax ID

AUTHORIZATION

I/We authorize the Funds to change the accounts listed above or all accounts under the provided SSN#/Tax ID as follows:

Change To:

Dealer Name Dealer Number

Branch Name Branch Number

Branch Address

City State Zip

Representative Name Rep Number

Representative Telephone Number

SIGNATURE(s) (required)

X **X**
 Signature of Account Owner Date Signature of Joint Owner (if any) Date

X **X**
 Signature of Resigning Representative* Date Signature of new dealer Date

*The resigning rep signature is only needed in certain scenarios.