



Please mail this application 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

U.S. RESIDENTS ONLY IRA TRANSFER/DIRECT ROLLOVER

After completing this form, please mail to: Natixis Funds, P.O. Box 219579, Kansas City, MO 64121-9579. If you are transferring into a new account, please attach an IRA Application. Only one rollover is allowed per year.

1. PARTICIPANT INFORMATION

First Name	MI	Last Name	Social Security Number
Address			Date of Birth (mm/dd/yyyy)
City	State		Zip Code
Daytime Phone Number			

2. CURRENT RETIREMENT PLAN/IRA INFORMATION

Current Custodian/Trustee/Employer	Account Number	Fund Number (if applicable)
Address		Phone Number
City	State	Zip Code
Contact Name	Type of Plan (If CD, please provide maturity date)	

I have attached a recent copy of my current retirement plan/IRA account statement.

If you are age 70½ (or 72) or older, and rolling over your Traditional IRA, check here:

I am rolling over my Traditional IRA during or after the year in which I turn age 70½ (if you turned 70½ before 12/31/2019), or age 72 (if you turned 70½ after 12/31/2019). I understand that the Required Minimum Distribution must be distributed to me from my existing IRA before rolling over my Traditional IRA to the Funds. I also understand that I must contact the Funds in order to take future required minimum distributions from my IRA.

3. TRANSFER/ROLOVER INSTRUCTIONS FOR CURRENT CUSTODIAN/EMPLOYER

Select One

Option 1: I am transferring from an existing Roth IRA or Traditional IRA to a new Roth or Traditional IRA with the Funds. Transfer must be into the same plan type. The type of IRA to be transferred is (choose one):
 Roth IRA Traditional IRA Rollover IRA

Please choose one:

- liquidate _____ % or \$ _____ of the account named in Section 2 and transfer my assets according to the instructions below.
 transfer in-kind _____ % or _____ shares of the Funds held by another Custodian as named in Section 2.

Option 2: I am directly rolling over my qualified retirement plan to a Traditional IRA* with the Funds.

*If you are requesting an in-kind distribution from a Retirement plan named as your current retirement plan in Section 2 above, you must also include a Qualified Retirement Plan Distribution Form, 403(b) Distribution Form or appropriate liquidation instructions.

Please choose one:

- liquidate _____ % or \$ _____ of the account named in Section 2 and transfer my assets according to the instructions below.
 transfer in-kind _____ % or _____ shares of the Funds held by another Custodian as named in Section 2.

Please make check payable to: **Natixis Funds**
FBO (Traditional IRA or Roth IRA) (Client Name)
(Account Number or Reference Number)

4. NEW IRA INFORMATION

Monies should be invested into my IRA as follows:

_____	_____	_____	\$ _____	or	_____ %
Natixis Fund Name/Number	CUSIP	Account Number if existing			
_____	_____	_____	\$ _____	or	_____ %
Natixis Fund Name/Number	CUSIP	Account Number if existing			
_____	_____	_____	\$ _____	or	_____ %
Natixis Fund Name/Number	CUSIP	Account Number if existing			
_____	_____	_____	\$ _____	or	_____ %
Natixis Fund Name/Number	CUSIP	Account Number if existing			
					Total 100%

UMB Bank, n.a. agrees to accept transfer of the above amount for deposit to the Depositor's UMB Bank, n.a. Individual Retirement Custodial Account, and requests the liquidation and transfer of assets as indicated above. *See attached Letter of Acceptance for the signature of an authorized officer of the custodial agent.*

- *IMPORTANT:
- This plan is not effective until acknowledgement of its receipt through a confirmation letter mailed by the Plan Sponsor to the Depositor.
 - My representative's name is _____.

5. SIGNATURE OF PARTICIPANT

I understand the rules and conditions applicable to rollovers and transfers and certify that I qualify to make the contribution of funds described in the "Transfer/Rollover Instructions for current Custodian/Employer" section of this IRA Transfer/Direct Rollover Form. Due to the important tax consequences of rolling over or transferring funds to an IRA, I have been advised to see a tax adviser. I am aware that any elections made regarding recalculation of life expectancy for the transferring IRA or distributing plan are irrevocable and that these elections will continue to apply to the amount contributed with UMB Bank, n.a..

If Option 1 in Section 3 has been selected, I authorize the transfer of the IRA assets in the manner described above and certify that all of the information provided by me is correct and may be relied upon by UMB Bank, n.a.. If Option 2 has been selected, I certify that I have read and understand the IRC Sec. 402(f) Notice provided to me by the Plan Administrator and hereby request payment from the plan of the employer designated above in the form of a direct rollover. I assume full responsibility for this rollover and will not hold the Plan Administrator, Trustee, Custodian or Issuer of either the distributing or receiving plans liable for any adverse consequences that may result. Finally, I hereby irrevocably designate this contribution of the funds indicated above as a direct rollover contribution.

⇒ X
Participant Signature

Date