NATIXIS FUNDS

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

NAME CHANGE REQUEST FORM

Use this form to update your name(s) on accounts held with Natixis Funds.

1. Existing Account Information (please print)

Name | Daytime Telephone Number

Name of Joint Owner

Address

City | State | Zip

Social Security Number

☐ Please update **all** accounts under this Social Security Number **or** ☐ Please update **only** these account numbers:

Fund Name | Account Number

Fund Name | Account Number

Fund Name | Account Number

Please select one of the following options for the amount you would like Natixis to transfer to the new account::
☐ All Shares or $_____or_____% or _____ shares.

2. Update Name

Check one box:
☐ I have attached a **certified copy** of the legal name change document (such as marriage certificate or divorce decree).
☐ I have not attached a legal name change document. I have obtained a stamp as described in section 5.

Print Former Name (First, Middle, Last) | Print New Name (First, Middle, Last)

3. Bank Information

Name of Bank

Address of Bank | City | State | Zip

Name(s) on Checking Account

Checking Account Number | Bank ABA Number

Please note: We require you to obtain a Stamp2000 Medallion Signature Guranteed Stamp in section 5 if the names on the voided check are NOT IDENTICAL to the namration.

Tape your VOIDED check here.

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

4. Signature (required)

I hereby authorize the specified name change above. I agree that neither the Funds nor their transfer agent, their agents, officers, trustees, directors or employees will be liable for any loss, liability or expense if such information is not correct.

Under the penalty of perjury, I hereby certify that the Social Security or other Tax Identification Number (TIN) in Section 1 is correct, that I am a U.S. person (U.S. person includes a resident alien) and that I am NOT currently subject to Internal Revenue Service ("IRS") backup withholding (cross out "NOT" if you are currently subject to withholding). The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

X _____

Signature (Former Name) Date

X _____

Signature (New Name) Date

5. Signature Guarantee (If Required)

A Medallion Signature Guaranteed Stamp and a Signature Validation Program Stamp are designed to protect your account against fraudulent activity. They 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:

_____

Name of Institution Providing Stamp

X _____

Authorized Signature Title Date