



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

ESA DISTRIBUTION AUTHORIZATION FORM

U.S. RESIDENTS ONLY

1. ACCOUNT INFORMATION

First Name of Responsible Person	Last Name	Daytime Phone Number
Address		
City	State	Zip Code
Registered Rep's Name	Registered Rep's Phone Number	

This is my new address; please update my account information. **(Your signature must be guaranteed in Section 5)**

2. BENEFICIARY INFORMATION

Name of the Beneficiary	
Beneficiary's Date of Birth	Social Security Number

3. DISTRIBUTION INFORMATION

Indicate the fund name and the account number from which you wish to withdraw and the amount to be distributed.
 If the amount of the distribution requested exceeds the amount available in the fund, all shares in that fund will be distributed.

Fund Name or Fund Number & Account Number	(Fill in amount or check "All") Amount	All
		<input type="checkbox"/>

4. MAILING INSTRUCTIONS (Check one)

- Make check payable to me as the responsible person and mail to my address of record.
 Make check payable to a special payee and/or mail to a special address, as provided below.*

Special Payee

Special Address

- Wire proceeds to a bank account. I have attached a voided check and/or deposit slip.*

Phone Number of Bank

*** REQUIRES SIGNATURE GUARANTEE STAMP (See Section 5)**

5. DISTRIBUTION AUTHORIZATION (Sign exactly as account is registered)

X

Signature of responsible person _____

Signature Guarantee Stamp

A signature guarantee stamp is required if:

- Your total distribution is more than \$100,000, or
- You request your check be made payable to a name other than the Responsible Person, or
- You request your check be mailed to an address other than the address of record we have on file, or
- You request the proceeds to be wired to your bank account, or
- You have notified Natixis Funds of an address change within the past 30 days.

Checking Account Savings Account

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.



Signature of bank account owner _____

Signature of bank account owner _____
(if joint account)