**Report of Organizational Actions Affecting Basis of Securities**

**Part I Reporting Issuer**

1. Issuer’s name: Loomis Sayles Multi-Asset Income Fund
2. Issuer’s employer identification number (EIN): 13-4309972
3. Name of contact for additional information: Secretary of the Funds
4. Telephone No. of contact: 617-449-2000
5. Email address of contact: secretaryofthefunds@natixis.com
6. Number and street (or P.O. box if mail is not delivered to street address) of contact: NGAM Advisors L.P., 888 Boylston Street, Suite 800
7. City, town, or post office, state, and ZIP code of contact: Boston, MA 02199

**Part II Organizational Action**

Attach additional statements if needed. See back of form for additional questions.

14. Describe the organizational action and, if applicable, the date of the action or the date against which shareholders' ownership is measured for the action: **Non-taxable return of capital to shareholders. See attached.**

15. Describe the quantitative effect of the organizational action on the basis of the security in the hands of a U.S. taxpayer as an adjustment per share or as a percentage of old basis: **See attached statement for class specifics. This will reduce a U.S. shareholder’s tax basis to the extent of a U.S. shareholder’s tax basis in each share of the issuer.**

16. Describe the calculation of the change in basis and the data that supports the calculation, such as the market values of securities and the valuation dates: **The issuer’s total distributions paid to shareholders during its fiscal year ending February 03, 2020 were in excess of both its current and accumulated earnings and profits. This will reduce a U.S. shareholder’s tax basis to the extent of a U.S. shareholder’s tax basis in each share of the issuer.**
Part II Organizational Action (continued)

17 List the applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based. Sections 301(c) and 316(a) of the internal Revenue Code.

18 Can any resulting loss be recognized? N/A

19 Provide any other information necessary to implement the adjustment, such as the reportable tax year. This organizational action is reportable with respect to tax year 2020.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature: ___________________________ Date: __________

Print your name: ___________________________ Original on file with the Secretary’s Office

Paid Preparer Use Only

Print/Type preparer’s name Preparer’s signature Date Check ☐ if self-employed PTIN

Firm’s name: ___________________________ Firm’s EIN: ___________________________

Firm’s address: ___________________________ Phone no.: ___________________________
<table>
<thead>
<tr>
<th>Class</th>
<th>Cusip</th>
<th>Ticker</th>
<th>Record Dates</th>
<th>Payable Date</th>
<th>Actual Per Share Rate</th>
<th>Return of Capital Per Share</th>
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