



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

NATIXIS IRA RECHARACTERIZATION FORM

Use this form to authorize Natixis Funds to recharacterize all or part of an IRA contribution.

1. ACCOUNT OWNERSHIP

IRA Account Owner's Name (Participant)	Address		
Social Security Number	City	State	Zip Code
Date of Birth	Daytime Telephone Number		

2. TYPE OF RECHARACTERIZATION

Check the appropriate box below to indicate the type of recharacterization you would like to make:

Recharacterize all or part of a previous IRA contribution back to another type of IRA:

<p style="text-align: center;">Check one below</p> <p><input type="checkbox"/> Roth IRA contribution</p> <p>Recharacterize a previous <input type="checkbox"/> Traditional IRA contribution to a <input type="checkbox"/> Traditional IRA contribution</p> <p><input type="checkbox"/> SEP IRA contribution</p>	<p style="text-align: center;">Check one below</p> <p><input type="checkbox"/> Roth IRA contribution</p> <p><input type="checkbox"/> Traditional IRA contribution</p> <p><input type="checkbox"/> SEP IRA contribution</p>
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3. ACCOUNT INFORMATION AND RECHARACTERIZATION AMOUNT

Provide the Natixis Fund number(s) and account number(s) which contain the assets you wish to recharacterize. Indicate the dollar amount of the original contribution amount you wish to recharacterize.

NOTE: Specify all or part of your original contribution amount(s) only. Natixis Funds will determine the earnings or losses attributable to that amount, and, as required by the IRS, include that amount in your recharacterization.

Provide the tax year for which the contribution was made.

Fund Number/Account Number	\$ _____ Amount to Recharacterize	Tax Year for which Contribution was made
Fund Number/Account Number	\$ _____ Amount to Recharacterize	Tax Year for which Contribution was made
Fund Number/Account Number	\$ _____ Amount to Recharacterize	Tax Year for which Contribution was made
TOTAL		

4. INVESTMENT INSTRUCTIONS – EXISTING OR NEW IRA

You may invest your recharacterized assets in an existing Natixis Funds IRA account(s), or you may establish a new IRA account(s) for these assets. **Note: Please list the total amount of recharacterization on page 3.**

A. Existing Natixis Funds IRA

Invest the assets from this recharacterization into my existing Natixis Funds IRA account(s) listed below:

_____	\$ _____	_____
Fund Number/Account Number	Amount	Tax Year of Contribution
_____	\$ _____	_____
Fund Number/Account Number	Amount	Tax Year of Contribution
_____	\$ _____	_____
Fund Number/Account Number	Amount	Tax Year of Contribution

B. New Natixis Funds IRA

Invest the assets from this recharacterization into a new Natixis Funds IRA. **You must enclose a completed IRA Account Application, and each new fund established must meet the \$1,000 minimum account requirement.** If share class is not indicated, Class A shares will be assumed.

Class

A C

<input type="checkbox"/> <input type="checkbox"/> AEW Global Focused Real Estate Fund (1362, 1364)	\$ _____	_____
	Amount	Tax Year of Contribution
<input type="checkbox"/> <input type="checkbox"/> ASG Dynamic Allocation Fund (2811, 2812)	\$ _____	_____
	Amount	Tax Year of Contribution
<input type="checkbox"/> <input type="checkbox"/> ASG Global Alternatives Fund (1991, 1992)	\$ _____	_____
	Amount	Tax Year of Contribution
<input type="checkbox"/> <input type="checkbox"/> ASG Managed Futures Strategy Fund (2606, 2607)	\$ _____	_____
	Amount	Tax Year of Contribution
<input type="checkbox"/> <input type="checkbox"/> ASG Tactical U.S. Market Fund (2797, 2798)	\$ _____	_____
	Amount	Tax Year of Contribution
<input type="checkbox"/> <input type="checkbox"/> Gateway Fund (1984, 1985)	\$ _____	_____
	Amount	Tax Year of Contribution
<input type="checkbox"/> <input type="checkbox"/> Gateway Equity Call Premium Fund (2710, 2711)	\$ _____	_____
	Amount	Tax Year of Contribution
<input type="checkbox"/> <input type="checkbox"/> Loomis Core Plus Bond Fund (33, 633)	\$ _____	_____
	Amount	Tax Year of Contribution
<input type="checkbox"/> <input type="checkbox"/> Loomis Global Allocation Fund (1395, 1396)	\$ _____	_____
	Amount	Tax Year of Contribution
<input type="checkbox"/> <input type="checkbox"/> Loomis Growth Fund (1441, 1443)	\$ _____	_____
	Amount	Tax Year of Contribution
<input type="checkbox"/> <input type="checkbox"/> Loomis Global Growth Fund (2817, 2818)	\$ _____	_____
	Amount	Tax Year of Contribution
<input type="checkbox"/> <input type="checkbox"/> Loomis High Income Fund (1457, 1459)	\$ _____	_____
	Amount	Tax Year of Contribution
<input type="checkbox"/> <input type="checkbox"/> Loomis Intermediate Duration Bond Fund (2743, 2744)	\$ _____	_____
	Amount	Tax Year of Contribution
<input type="checkbox"/> <input type="checkbox"/> Loomis Sayles Intermediate Municipal Bond Fund (2801, 2802)	\$ _____	_____
	Amount	Tax Year of Contribution
<input type="checkbox"/> <input type="checkbox"/> Loomis Investment Grd Bond Fund (1453, 1455)	\$ _____	_____
	Amount	Tax Year of Contribution
<input type="checkbox"/> <input type="checkbox"/> Loomis Ltd Term Gov't & Agcy Fund (1460, 1462)	\$ _____	_____
	Amount	Tax Year of Contribution
<input type="checkbox"/> <input type="checkbox"/> Loomis Multi-Asset Income Fund (1433, 1424)	\$ _____	_____
	Amount	Tax Year of Contribution

B. New Natixis Funds IRA (continued):

Class

A C

<input type="checkbox"/> <input type="checkbox"/>	Loomis Senior Floating Rate/Fixed Income Fund (2625, 2626)	\$ _____ Amount	_____ Tax Year of Contribution
<input type="checkbox"/> <input type="checkbox"/>	Loomis Strategic Alpha Fund (2619, 2620)	\$ _____ Amount	_____ Tax Year of Contribution
<input type="checkbox"/> <input type="checkbox"/>	Loomis Strategic Income Fund (1469, 1471)	\$ _____ Amount	_____ Tax Year of Contribution
<input type="checkbox"/> <input type="checkbox"/>	Mirova Global Green Bond Fund	\$ _____ Amount	_____ Tax Year of Contribution
<input type="checkbox"/> <input type="checkbox"/>	Mirova Global Sustainable Equity Fund (2814, 2815)	\$ _____ Amount	_____ Tax Year of Contribution
<input type="checkbox"/> <input type="checkbox"/>	Natixis Oakmark Fund (04, 678)	\$ _____ Amount	_____ Tax Year of Contribution
<input type="checkbox"/> <input type="checkbox"/>	Natixis Oakmark International Fund (2617, 2618)	\$ _____ Amount	_____ Tax Year of Contribution
<input type="checkbox"/> <input type="checkbox"/>	Natixis U.S. Equity Opportunities Fund (226, 228)	\$ _____ Amount	_____ Tax Year of Contribution
<input type="checkbox"/> <input type="checkbox"/>	Vaughan Nelson Select Fund (2635, 2636)	\$ _____ Amount	_____ Tax Year of Contribution
<input type="checkbox"/> <input type="checkbox"/>	Vaughan Nelson Small Cap Value Fund (803,823)	\$ _____ Amount	_____ Tax Year of Contribution
<input type="checkbox"/> <input type="checkbox"/>	Vaughan Nelson Value Opportunity Fund (1997, 1998)	\$ _____ Amount	_____ Tax Year of Contribution
<input type="checkbox"/> <input type="checkbox"/>	Other	\$ _____ Amount	_____ Tax Year of Contribution

TOTAL OF SECTIONS A AND B: \$ _____

NOTE: Total of Sections A and B must equal Total Amount to Recharacterize in Part 3. Attributable earnings or losses will be allocated pro rata.

5. SIGNATURE

The undersigned individual authorizes the withdrawal amount and type specified on this form. The undersigned acknowledges that the information is correct. The undersigned acknowledges that it is his/her responsibility to properly calculate, report, and pay all taxes due with respect to the withdrawal specified and when calculating minimum distribution payments determine the amount of federal and/or state tax which may be due based on all IRA accounts the undersigned may own (including those unknown by or not under the control of the Custodian). The undersigned agrees to indemnify and hold harmless the Custodian and its agents and service providers, including the Funds, from any losses, expenses or penalties incurred if the information the undersigned provided on this form is not correct.

X _____
Signature Capacity Date

