NATIXIS FUNDS

NEW ACCOUNT APPLICATION

MAY 2013

Do not use this application for IRAs

U.S. RESIDENTS ONLY

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
ngam.natixis.com

1. Fund Selection and Investment Amount

$2,500 minimum investment per fund account. $1,000 per fund account when you enroll in Investment Builder. To qualify for the $1,000 minimum, you must also complete Section 5. If share class is not indicated, **Class A shares** will be assumed.

Class A	Class C		
☐	☐	AEW Real Estate (1362, 1364)	$_____
☐	☐	ASG Diversifying Strategies (1974, 1975)	$_____
☐	☐	ASG Global Alternatives (1991, 1992)	$_____
☐	☐	ASG Managed Futures Strategy (2606, 2607)	$_____
☐	☐	CGM Adv Targeted Equity (31, 129)	$_____
☐	☐	Gateway (1984, 1985)	$_____
☐	☐	Gateway International (2632, 2633)	$_____
☐	☐	Hansberger International (801, 821)	$_____
☐	☐	Harris Assoc Large Cap Value (04, 678)	$_____
☐	☐	Loomis Capital Income (2629, 2630)	$_____
☐	☐	Loomis Core Plus Bond (33, 633)	$_____
☐	☐	Loomis Global Equity and Income (1395, 1396)	$_____
☐	☐	Loomis Growth (1441, 1443)	$_____
☐	☐	Loomis High Income (1457, 1459)	$_____
☐	☐	Loomis International Bond (1987, 1988)	$_____
☐	☐	Loomis Investment Grd Bond (1453, 1455)	$_____
☐	☐	Loomis Ltd Term Govt & Agcy (1460, 1462)	$_____
☐	☐	Loomis Mid Cap Growth (1977, 1978)	$_____
☐	☐	Loomis Multi-Asset Real Return (2612, 2613)	$_____
☐	☐	Loomis Sr. Floating Rate/Fixed Income (2625, 2626)	$_____
☐	☐	Loomis Strategic Alpha (2619, 2620)	$_____
☐	☐	Loomis Strategic Income (1469, 1471)	$_____
☐	☐	Loomis Value (1980, 1982)	$_____
☐	☐	McDonnell Intermediate Municipal Bond Fund (2801, 2802)	$_____
☐	☐	Natixis Diversified Income (1433, 1424)	$_____
☐	☐	Natixis Oakmark International (2617, 2618)	$_____
☐	☐	Natixis U.S. Multi-Cap Equity (226, 228)	$_____
☐	☐	Vaughan Nelson Select (2635, 2636)	$_____
☐	☐	Vaughan Nelson Value Opportunity (1997, 1998)	$_____
☐	☐	Other_____	$_____

Investment Instructions

☐ Make check payable to Natixis Funds. ***Checks must be in U.S. dollars. Third party and starter checks will not be accepted.***
Note: *Purchases made by check may have a 10-day clearing period before the assets can be redeemed, as stated in the fund's prospectus.*

☐ By exchange from another Natixis Fund in the same share class. (Account Number or Fund Name)
_____ for $ _____
Note: *Please see prospectus for exchange restrictions.*

☐ Trading through the NSCC

2. Your Account Registration

☐ **Check this box if you are a Natixis affiliated shareholder (as defined in the prospectus).**

Please choose only one account registration type.

Note: All Account Owners Must Sign in Section 13.

A. INDIVIDUAL ACCOUNT

Primary Owner's Name _____ Social Security Number _____ Date of Birth _____

B. JOINT ACCOUNT

Account will be registered as "Joint Tenants With Rights of Survivorship" unless you specify a different type of joint registration below, e.g. Tenants in Common.
Joint Account Registration Type:_____

Primary Owner's Name _____ Social Security Number _____ Date of Birth _____

Joint Owner's Name _____ Social Security Number _____ Date of Birth _____

C. GIFT/TRANSFER TO MINOR (UGMA/UTMA) (Only one Custodian per Account)

Minor's Name _____ Minor's Social Security Number _____ Date of Birth _____

Custodian's Name _____ Custodian's Social Security Number _____ Date of Birth _____

under the _____ Uniform Gift/Transfer to Minors Act.
Minor's State

See page 2 for Trust, Corporation, Partnership or Other Entity.

2. Your Account Registration (continued)

Please choose only one account registration type.

Please attach copies of the title and signature page of the Trust Instrument.

Please attach the Certificate of Authorization Form available on our web site.

D. ☐ **TRUST**

Trust Name

Date of Trust Agreement | Tax Identification Number

Trustee Name (First, Middle Initial, Last) | Trustee Social Security Number | Date of Birth

Trustee Name (First, Middle Initial, Last) | Trustee Social Security Number | Date of Birth

E. ☐ **CORPORATION** ☐ **S-CORPORATION** ☐ **PARTNERSHIP** ☐ **RETIREMENT PLAN** ☐ **OTHER ENTITY**

Name of Corporation, Partnership, or Other Entity | Trust or Entity Tax ID Number

Name of Authorized Individual #1 | Social Security Number | Date of Birth

Name of Authorized Individual #2 | Social Security Number | Date of Birth

3. Account Contact Information

*Please check **one** of the following:*

☐ I am a resident of the U.S.

☐ I am not a resident of the U.S.

Account Mailing Address:

Address | Telephone Number | E-mail Address

City | State | Zip

Account Owner (Individual, Custodian, Trustee, Authorized Individual #1) Information:

Residential Address (not a P.O. Box or business address) ☐ Same as Account Mailing Address

City | State | Zip

Joint Owner (Minor, Co-Trustee, Authorized Individual #2) Information:

Residential Address (not a P.O. Box or business address) ☐ Same as Account Mailing Address

City | State | Zip

4. Dividend and Capital Gain Distributions

Please choose from one of the following distribution options. If no box is chosen, all distributions will be reinvested.

☐ All distributions reinvested. ☐ All distributions in cash.

☐ Direct deposit all distributions to bank account. Please provide your bank information in Section 9.

☐ Invest all distributions in another Natixis Funds account:

Fund Name (Account must meet fund minimum requirements.) | Account Number

5. Investment Builder Program

Please attach a check marked "void" and provide your bank information in Section 9.

Investment Builder enables you to invest automatically. Once you've invested the initial $1,000 we will draft the amount you specify below from your bank account each month to be invested in your Fund(s).

Fund Name	$ Amount	Month/Day of Investment*

I authorize the Funds' Transfer Agent to add this service to my account as indicated above. I consent to the service provisions and conditions in the Funds' Statement of Additional Information which is available free upon request.

* If beginning month is omitted, drafts begin during the current month if day of draft is at least 10 days in the future. Please allow 2 to 3 days before first draft. Investment Builder purchases may not be redeemed for 10 days. Current tax year is assumed.

6. Cost Basis Method Selection

Note: If you choose Specific Lot Identification (SLID), a secondary reporting method must be selected in the event the lots you have chosen are not available.

Please choose from the following methods for calculating your cost basis. If no selection is made we will automatically enroll you in the funds' default method Average Cost. All shares purchased prior to January 1, 2012 are considered non-covered securities. The cost basis for non-covered shares will not be furnished to the IRS.

- ☐ Average Cost (Funds' Default Method)
- ☐ Last In First Out (LIFO)*
- ☐ Low Cost First Out (LOFO)*
- ☐ Specific Lot Identification (SLID)**
- ☐ First In First Out (FIFO)*
- ☐ High Cost First Out (HIFO)*
- ☐ Loss/Gain Utilization (LGUT)*

**Secondary Accounting Method Selection
(Average Cost is NOT a valid secondary method)

_____
Write selection here

* ☐ Non-covered shares will be depleted before the covered shares using the Average Cost Method starting with the oldest shares first (first in, first out). If you have chosen a method other than average cost and would like non-covered shares depleted using that method please check this box. If you choose a method other than average cost you will not receive any cost basis reporting information for non-covered shares.

The above selection will apply to all accounts being opened. If you would like a different selection for a specific fund or funds please list the fund number and cost basis method in the following space provided:

Fund Number	Cost Basis Method

7. Convenient Access to Your Investments

Please attach a check marked "void" and provide your bank information in Section 9.

We offer services to enable you to access your investments simply, quickly and conveniently. With our Personal Access Line and our website, **ngam.natixis.com,** you will be able to purchase, exchange and redeem shares. If you want to add your bank account information to your account (to process systematic purchases and/or redemptions), please complete Section 9. Also, we cannot establish these services from cash management, brokerage or mutual fund checks. Your signature on this form authorizes the Funds' custodian to honor any telephone or internet requests to redeem amounts from your account and to wire or mail these amounts or to electronically transmit these amounts through the Federal Funds or ACH networks to your designated bank account. The Fund, its agents and the bank will not be liable for any loss, liability, cost or expense for acting upon such instructions. You bear the risk of loss resulting from actions taken by the Fund and its agents pursuant to unauthorized and fraudulent telephone transactions.

8. Checkwriting Services (Class A Only)

To add checkwriting to your account, please check one box and sign the signature card below.

Please attach a check marked "void" and provide your bank information in Section 9.

☐ **Regular** (No fee per checkbook) "Regular" checkwriting allows you to write checks for $250 or more for Loomis Limited Term Govt and Agency.

✂ (cut here)

SIGNATURE CARD

☐ Loomis Limited Term Govt and Agency

Account Registration _____

_____

(Please print. This must match the information provided in Section 2.)

☐ All signatures are required on checks.

☐ Only one signature is required on checks.

☐ Combination of signatures is required. Specify number _____

Authorized Signature(s): Include legal title if signing for Custodian Account, Corporation, Trust, Partnership or other entity.

1. _____

2. _____

3. _____

4. _____

Subject to Conditions of State Street Bank and Trust Company

The payment of funds is authorized by the signature(s) appearing above. If this card is signed by more than one person, all checks will require all signatures appearing above unless a lesser number is indicated. If no indication is given, all checks will require all signatures. Each signatory guarantees the genuineness of the other's signature. Checks may not be for less than $500 for Loomis Limited Term Govt and Agency Fund or such other minimum or maximum amounts as may from time to time be established by the Funds upon prior written notice to its shareholders. If the account is registered in the name of a corporation, trust or other organization, each signatory certifies that such entity is duly organized, has the power to utilize this checkwriting service, 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.

The Bank is hereby appointed agent by the person(s) signing this card (the "Shareholder(s)") and as agent, is authorized and directed to present checks drawn on this account to the Funds or the redemption agent as requests to redeem shares of the Funds registered in the name of the Shareholder(s) in the amounts of such checks. The Bank shall be liable only for its own negligence.

Shareholder(s) hereby authorizes the Funds or the redemption agent to honor redemption requests presented in the above manner by the Bank. The Funds and the redemption agent will not be liable for any loss, expense or cost arising out of check redemptions. The Bank has the right not to honor checks in amounts exceeding the value of the Shareholder(s) account at the time the check is presented for payment less the value of any shares purchased by other than federal funds within the preceding 10 days. Shares purchased by check or ACH may not be redeemed for 10 days.

The Shareholder(s) agrees to be subject to the rules and regulations of the Bank pertaining to this account as amended from time to time. The Bank reserves the right to change, modify or terminate this checkwriting account at any time upon notification mailed to the address of record of the Shareholder(s).

9. Bank Information

Please attach a check marked "void" here.

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

You must complete this section to participate in the following features: Dividend and Capital Gain Distributions (Section 4), Investment Builder Program (Section 5), or Telephone/Internet Redemptions (Section 7).
To add a savings account we will require a letter on bank letterhead verifying the routing number and savings account number signed by a bank employee.

We cannot establish banking services from starter checks, cash management, brokerage, mutual fund or credit card convenience checks. We require you to obtain either a Medallion Signature Guaranteed Stamp or a Signature Validation Program Stamp if the account owner as provided in Section 2 is not named on the check and/or the address as provided in Section 3 does not match the address on the check.

☐ 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.

Place Stamp Here

Signature of bank account owner _____

Signature of bank account owner _____
(if joint account)

10. Mail Delivery Options

Important Notice Regarding Delivery of Shareholder Documents

HOUSEHOLD DELIVERY OPTION

The Funds will automatically mail a single proxy statement, prospectus, annual report and semiannual report to a household, thus eliminating duplicate mail, unless you decline this option below. If you revoke your consent, we will resume mailing individual prospectuses, reports, and proxy statements to each investor in your household within 30 days of your request.

I/We consent to the delivery of a single prospectus, annual or semiannual report, as well as any proxy statement, to my/our household. I/We understand that by providing this consent, if more than one family member in my/our household owns the same fund or funds described in a single prospectus, report, or proxy statement, we will receive one mailing. Additional copies of the prospectuses, reports, and proxy statements may be obtained by calling 800-225-5478. I/We understand that my/our consent to mailing documents on the basis of the household will remain in effect until such time as I/we revoke it. Consent may be revoked at any time.

Please do not mail on a household basis (check all that apply):

☐ prospectuses and annual/semiannual reports ☐ proxy statement

11. Reduced Sales Charge

Class A Only

☐ **I qualify for a Net Asset Value account.**

☐ Check this box if you are a Natixis affiliated shareholder (as defined in the prospectus).

☐ Please explain _____

☐ **Combined Purchase Discount.** You may apply for a reduced sales charge under the Funds' Combined Purchase Privilege. Please list below any other accounts in the Funds owned by you and your family that qualify. (See your prospectus for details.)

_____
Fund Name Account Number

_____
Fund Name Account Number

☐ **Letter of Intent.** If you wish to apply for a reduced sales charge, please indicate which amount (equal or exceed) you intend to invest over a 13-month period and list other accounts in the Funds you would like to include. (See your prospectus for details.)

☐ $50,000 ☐ $100,000 ☐ $250,000 ☐ $500,000 ☐ $1,000,000

_____
Fund Name Account Number

_____
Fund Name Account Number

(All Account Owners Must Sign on Following Page)

12. Dealer Information (This Section Must Be Completed)

If you answer yes, Section 12 must be completed and signed by the Registered Representative or Authorized Dealer. If the signature is not provided, then the application and investment will be rejected. If you have an agent of record and Section 12 is not filled out he/she will be notified.

Are you using a dealer for this investment? ☐ **Yes** ☐ **No**

The Dealer noted below authorizes the Funds' Transfer Agent to act as the Servicing Agent in connection with transactions authorized by this application form, and will notify the Transfer Agent of any purchase made under a Combined Purchase Discount or Letter of Intent. If this form includes a Telephone, Internet, or Checkwriting Redemption Authorization, the Dealer guarantees the signature(s) in Section 13 of this application. The terms and conditions of the Distributor's currently effective Dealer Agreement are incorporated by reference in this Section 12. The Dealer represents that it has a currently effective Dealer Agreement with the Distributor authorizing the Dealer to sell shares of the Funds. The Dealer guarantees the signature and legal capacity of the shareholder and represents that it has provided a current Prospectus to the Applicant and that the application is properly executed by a person authorized by the Dealer to guarantee signatures.

Dealer's Name (Please Print)

Dealer Number | Dealer/Firm Branch Number

Representative's First Name | Middle Initial | Last Name | Phone Number

Rep/RIA Number | % Split*

Representative's First Name | Middle Initial | Last Name | Phone Number

Rep/RIA Number | % Split*

☐ ****If this is joint business, please provide your Partnership Number.***

Dealer/Firm Address

City | State | Zip Code

X

Signature Required of Registered Representative or Authorized Dealer
(If signature is not provided the application and investment will be returned).

13. Signature and TIN Certification

Sign exactly as name(s) of registered owner(s) appears in Section 2.
Title must be supplied for all accounts except individual or joint registrations.

I am of legal age, have received and read the current prospectus, agree to its terms and understand that by signing below (a) my account will automatically have the exchange and telephone redemption capability and that all information provided in the above items (if applicable) will apply to any fund into which my shares may be exchanged (Note: With regard to the telephone exchange feature provided automatically, investors should be aware that the Funds' Transfer Agent will employ reasonable procedures to confirm that your telephone instructions are genuine, and if it does not, it may be liable for any losses due to unauthorized or fraudulent instructions. The Transfer Agent will require a form of personal identification prior to acting on an investor's telephone instructions and will record an investor's instructions. The Transfer Agent will provide an investor with written confirmation of such transaction), (b) it is my responsibility to read the prospectus of any fund into which I exchange, (c) I authorize the registered representative assigned to my account to have access to my account and to act on my behalf with respect to my account, (d) I understand that the Transfer Agent will be fully protected in acting upon any instrument that it believes to be genuine and signed or presented by the proper person and (e) I understand that if my account balance falls below the minimum investment amount, an annual fee may be charged to my account. I certify under penalties of perjury that all information provided in this application is true and correct.
Federal Regulations require us to obtain certain personal information from you and to use that information to verify your identity. If you do not provide the information requested then we may not be able to open your account. In the event that we are unable to verify your identity, we reserve the right to refuse to open an account, close your account or take other such steps as we deem necessary to comply with the Federal Regulations.

As required by federal law, I certify under penalties of perjury (1) that the Social Security or Taxpayer Identification Number provided above is correct, (2) that the IRS has never notified me that I am subject to backup withholding, or has notified me that I am no longer subject to such backup withholding, and (3) I am a U.S. person (including a U.S. resident alien). (Note: if part (2) of this sentence is not true in your case, please strike out that part before signing.)

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

X

Signature of Owner | Date | Title

X

Signature of Owner | Date | Title