Putnam 529 for AmericaSM distribution request form



Return by mail:

Putnam Investments PO Box 219697 Kansas City, MO 64121-9697 Return by express delivery:

Putnam Investments 430 W 7th Street Suite 219697 Kansas City, MO 64105-1407 For more information:

Putnam Investments 1-877-PUTNAM529 1-877-788-6265 www.putnam.com



Use this form to request a complete, partial, or systematic distribution from your Putnam 529 for America account. Distributions from the account have different tax consequences depending on how the proceeds are used, whether you claim certain federal tax benefits, and certain other factors. State tax treatment of withdrawals used for elementary or secondary school tuition may vary by state, may not align with federal tax withholding, and may be uncertain. You may wish to consult your tax advisor prior to requesting a distribution. Please see the current Offering Statement for details.

Name of owner (Indi	vidual/organization/trust)		Social Security/tax ID number (required)	Date of birth (mm/dd/yyyy)
Contact phone numb	per			
Note: Providing a ph	none number above will replace t	he current contact infor	mation on file with Putnam (if applicable). If this	s field is left blank, no changes will be made.
Name of beneficiary				
First	MI Last	Suffix	Social Security number (required)	Date of birth (mm/dd/yyyy)
Section 2 Ty	pe of distribution			
I request the followir	ng (check one):			
		qualified education o	f the current beneficiary). The account owner,	/beneficiary is responsible for documenting th
use of funds for t				
•		-	ication of the current beneficiary). Note: The e earnings distributed will be imposed.	earnings portion of a non-qualified withdrawa
		-	ction 4 the other qualified tuition plan's name, b	peneficiary's name, and the account number. I
no beneficiary n	ame is provided, Putnam will defa	ault to the current bene	ficiary.	
	account of a scholarship award. A	* *		
	to the permanent disability of the ry or illness is expected to continu		octor's letter stating that the beneficiary is unab	ble to attend any eligible educational institution
•			the beneficiary's death certificate with their nar	me and Social Security number
			are beneficiary 5 death ecranicate with their har	ne and social security number.
Section 3 O	ne-time distributior	options		
Please select from th				
	of the assets in all Putnam 529 fo	or America accounts fo	r the owner/beneficiary combination named in	Section 1
Or Take a one-time	distribution from the following a	account(s):		
Fund number	Account number		Dollar amount	Percentage
	— <u> </u>		\$	or 0/0
	— [\$	or
	— [\$	or
	l <u>—</u>		Ċ	0/2

Section 4 Distribution payment instructions

Select your payment instructions below; if no selection/instructions are provided, payment will be made to the account owner as registered to the address of record. **See Section 6 for signature guarantee/medallion guarantee stamp requirements.**

- IRS form 1099-Q will be sent to the beneficiary for distribution proceeds payable to (1) the beneficiary or (2) an eligible educational institution.
- IRS form 1099-Q will be sent to the account owner for distribution proceeds payable to (1) the account owner, (2) a new Section 529 Qualified Tuition Program, or (3) an alternate payee.

Electronically deposit (a signature guarantee/medallion guarantee and one of the applicable bank documents are required)

Into the bank account indicated on the attached document. A preprinted or web-generated voided check/deposit slip or a signed letter from the bank on bank letterhead must be attached. Each of these documents must include: bank name, name(s) as registered on the bank account, routing number and account number. Brokerage checks and investment company checks cannot be used for bank instructions as these checks do not contain the correct wiring information. Contact your investment company to obtain proper wire instructions on signed letterhead. Starter checks will not be accepted. **Please do not staple.**

For electronic deposits to an educational institution, attach a document on the institution's letterhead. The document must include: name of the educational institution, routing number, account number, student name and student ID.

Check the bank account you would like to use:

☐ Checking account ☐ Savings account

Note: One-time distributions will be sent via Federal bank wire; systematic distributions will be sent via Automated Clearing House (ACH). Putnam does not assess a fee for electronic transactions: however some financial institutions may assess a fee upon receipt. Please check with your financial institution for information regarding eligibility, fees, and applicable routing number(s) for Federal bank wire and/or ACH transactions

Name Address City, State, ZIP		. 0	DATE
PAY TO THE ORDER OF	10		\$ DOLLAF
memo:	1,		
: 123456789	: 000123456789	: 101	

ABA routing number of financial institution	Bank account number
Name(s) of all bank account owner(s)/name of educational institution	For further credit (if applicable)

Send check

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- ☐ Mail check(s) via **U.S. Postal Service** (standard delivery)
- Mail check(s) via **overnight/express delivery** (not available for systematic redemptions)

Indicate the \$20 overnight/express fee source, otherwise Putnam will default to taking the fee from the lowest fund-account involved in the transaction. The fee will be taken from the balance of the account.

Fund number				Α	Account number									
				_										

Step 2: Provide payee/address instructions

- ☐ To the account owner as registered to the address of record.
- To the alternate payee/alternate address listed below:

Name of institution/529 qualified tuition program/alternate payee

Student ID/account number (if applicable)

Name of beneficiary (if applicable)

Alternate mailing address (street, city, state, ZIP code)

Section 5 Systematic distribution options

Date (mm/dd/yyyy)

Systematic distributions from your Putnam 529 for America account are only allowed for qualified education expenses. Please indicate a date and frequency for systematic distributions. If no date is selected, Putnam will default to the 15th. If the systematic distribution date falls on a weekend or a holiday, the distribution will be made the next business day. If the distribution date falls on a date that does not occur within a particular month (29th-31st), the distribution will be made the prior day, unless this day falls on a weekend or holiday then the distribution will be made the next business day.

Note: Systematic distributions to an eligible educational institution must be sent by check.

Step 1: Distribution allocation(s)	Annualized
Fund number Account number	Dollar amount Percentage
<u> </u>	or
<u> </u>	or
<u> </u>	or
<u> </u>	or
Step 2: Distribution frequency	
Choose a frequency below. Putnam will default to once per year if no option of the contract o	
Frequency: \square Distribute every month (enter distribution date(s) below) ${f or}$	·
□ Jan □ Feb □ Mar □ Apr □ May □ June □ July	□ Aug □ Sept □ Oct □ Nov □ Dec
Begin my systematic distribution(s) on the following date(s):	
Distribution date: Additional distribution date: (Use if you wish to distribution date: (Use if you wish to distribution date: (DD)	ribute multiple times within a month)
Coation C Authorization	
Section 6 Authorization	
Putnam requires the signature guarantee/medallion guarantee for an assurance by a financial institution that indicates a signature is valid and h	ny of the scenarios listed below. A signature guarantee/medallion guarantee is a stamped
distribution is sent electronically to a bank account	4) distribution amount is more than \$100,000
2) check is not payable to the registered owner (signature guarantee/me	
guarantee not required if the check is made payable to an eligible edu institution)	
 request is signed by anyone other than the registered account owner be signed in capacity and accompanied by the appropriate certific document(s) with original certification) 	(must in the past 15 days for an amount greater than \$25,000
	e of Nevada, the Nevada College Savings Trust Fund and the Board of Trustees of the College
Savings Plans of Nevada are entitled to rely on this request and are release	ed from any and all claims I may have or hereafter claim to have with respect to the distribu- iary, set forth in Section 1 is true, correct and complete and that the numbers are our Taxpaye
account, without responsibility for correctness thereof or for the existence credit union, the Putnam Investment Options, Putnam Investor Services, I the College Savings Plans of Nevada for any loss, liability or expense incur to rescind any instruction for ACH transactions which have already occurred.	nam Investor Services, Inc. to the account designated in Section 4, and to credit the same e of any further authorization relating thereto. I agree to indemnify and hold harmless my banl Inc., the State of Nevada, the Nevada College Savings Trust Fund and the Board of Trustees of rred from acting on these instructions. I also agree to waive any right under the NACHA rules red at the time of the attempt to rescind. This waiver of the rescission right applies to ACH ed by me at any time by written notification to Putnam Investor Services, Inc. with reasonable
Signature of account owner or authorized party	PLACE SIGNATURE/MEDALLION GUARANTEE STAMP BELOW
	• THE GUARANTEE SHOULD •
	NOT BE DATED
Print name of signature above	NOT DE DAILE