Request for Coverdell ESA distribution



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 1-800-662-0019 www.putnam.com



Use this form to request a complete, partial, or systematic distribution from your Putnam Coverdell ESA Account. Distributions from these accounts have tax conse- quences to the beneficiary and can never be made payable solely to the account director. Please review the Putnam Coverdell ESA Plan and Disclosure Statement and/or consult your tax advisor if you have any questions.

Name of account direc	tor			
First	MI Last	Suffix Social Securi	ty number (required)	Date of birth (mm/dd/yyyy)
Contact phone number	r			
Note: Providing a pho	ne number above will replace the cur	rent contact information on file with [Putnam (if annlicable) If	this field is left blank, no changes will be
made.	Te Humber above will replace the cur	Terre contact information on the with	atriam (ii applicable). Ii	this field is left blairk, no changes will be
Name of beneficiary				
First	MI Last	Suffix Social Securi	ity number (required)	Date of birth (mm/dd/yyyy; required)
	I I			
Section 2 T	ype of distribution			
I request the following				
_				
		e beneficiary, or payable to a qualified e	educational institution)	
	o another Coverdell ESA			
Rollover to a 529 qu	·			
	ry (certified copy of death certificate is			
	ciary (Note: If you are requesting a wai ter of determination from the Social S		per the terms of the applic	able prospectus, you must include a notarized
	ess contributions, plus applicable earn			
(Note: earnings are	taxable in the year in which the contri	butions to which they relate were made	e)	
Section 3 C	ne-time distributio	on options		
	One-time distribution	-		
Please indicate your dis	stribution method by selecting from th	e options below:	named in Section 1	
Please indicate your dis Distribute 100% of	stribution method by selecting from th the assets in all Coverdell accounts for	e options below: the director/beneficiary combination i	named in Section 1	
Please indicate your dis Distribute 100% of	stribution method by selecting from th	e options below: the director/beneficiary combination i	named in Section 1	
Please indicate your dis Distribute 100% of Take a one-time dis	stribution method by selecting from th the assets in all Coverdell accounts for	e options below: the director/beneficiary combination (s):		Percentage
Please indicate your dis Distribute 100% of	stribution method by selecting from the the assets in all Coverdell accounts for stribution from the following account(e options below: the director/beneficiary combination i		Percentage
Please indicate your dis Distribute 100% of Take a one-time dis	stribution method by selecting from the the assets in all Coverdell accounts for stribution from the following account(e options below: the director/beneficiary combination (s):		Percentage
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Please indicate your dis Distribute 100% of Take a one-time dis	stribution method by selecting from the the assets in all Coverdell accounts for stribution from the following account(e options below: the director/beneficiary combination (s):		Percentage %
Please indicate your dis Distribute 100% of Take a one-time dis	stribution method by selecting from the the assets in all Coverdell accounts for stribution from the following account(e options below: the director/beneficiary combination (s):	or	Percentage % % %

Section 4 Systematic distribution options

☐ Remove the excess contribution only

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.

		Annualized
Fund number Account number	Dollar amount	Percentage
	\$	or
	\$	or
	\$	or
Step 2: Distribution frequency		
Choose a frequency below. Putnam will default to once per year if no	option is selected:	
Frequency: $\ \square$ Distribute every month (enter distribution date(s) b	elow) or \square Distribute only in the month(s) ch	osen below:
□ Jan □ Feb □ Mar □ Apr □ May □ June □ Ju	uly □ Aug □ Sept □ Oct □ Nov	□ Dec
Indicate distribution date(s) below: Distribution date: Additional distribution date (use if you wish to (DD) Section 5 Return of excess contribution date (section 5)		
Indicate the tax year for which the excess contribution was made:		
Indicate the tax year for which the excess contribution was made: Specify the amount of the excess contribution and the account(s) from a fund number Account number	which it should be distributed: Dollar amount	
Specify the amount of the excess contribution and the account(s) from v		
Specify the amount of the excess contribution and the account(s) from v		
Specify the amount of the excess contribution and the account(s) from v		
Specify the amount of the excess contribution and the account(s) from v		
Specify the amount of the excess contribution and the account(s) from a fund number Account number Account number		

Section 6 Distribution payment instructions Select your payment instructions below. See Section 7 for signature guarantee/medallion guarantee stamp requirements. **6A Payee options:** Select one of the following; if none are selected, Payable as registered will be the default. As registered □ Beneficiary ☐ Eligible educational institution ☐ Coverdell ESA ☐ 529 Qualified tuition plan ☐ Estate of beneficiary **6B Distribution destination:** Select only one of the following; if none are selected, Address of record will be the default. Electronically deposit ☐ Into the bank account indicated on the attached document. The bank account must either be solely in the name of the beneficiary or in the name of an eligible educational institution for the benefit of the beneficiary. A preprinted or web-generated voided check/deposit slip or a signed letter from the bank on bank letterhead must be attached. 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. 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 banks/credit unions 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. her Name Address DATE City, State, ZIP e n t docum PAY TO THE ORDER OF DOLLARS your ø |: 000123456789 |: 101 |: 123456789 ABA routing number of financial institution Bank account number For further credit(if applicable) Name(s) of all bank account owner(s) / Name of educational institution Send check □ Address of record ☐ Mail check to the alternate payee/alternate address listed below. Please see Section 7 for medallion guarantee requirements. Institution/Custodian/Trustee/Payee Student ID/Account number Alternate mailing address (street, city, state, ZIP code) Note: If the distribution is to a qualified tuition plan (Coverdell ESA / 529), please confirm the beneficiary for the new plan (the account director must remain the same).

6C Check	delivery	options:

Beneficiary

Select one of the following delivery	options for check requests;	if no selection is provided,	the check(s) will be delivered	d by the U.S. Postal Service.

☐ Mail check(s) via **U.S. Postal Service** (standard delivery)

☐ Mail check(s) via **overnight/express delivery** (not available for systematic distributions)

Putnam will default to the same beneficiary designation if the below field is left blank:

If overnight/express delivery is requested, Putnam will default to taking the \$20 service charge from the lowest fund-account involved in the transaction unless an acceptable alternative fund-account is specified below. The fee will be taken from the balance of the account.

Indicate the \$20 overnight/express fee source:	Fund number			Account number									

Section 7 Authorization

Putnam requires the signature guarantee/medallion guarantee if any of the scenarios below apply. A signature guarantee/medallion guarantee is a stamped assurance by a financial institution that indicates a signature is valid and has the financial backing of the institution.

- 1) distribution is sent electronically to a bank account
- 2) check is not made payable as registered (not required if the check is made payable to your new custodian or trustee of a Coverdell ESA or qualified tuition plan with the same director/beneficiary designation or if the check is made payable to an educational institution for the benefit of the beneficiary and a copy of the beneficiary's tuition bill is provided)
- 3) distribution amount is more than \$100.000

- request is signed by anyone other than the registered account director (must be signed in capacity and accompanied by the appropriate certified legal document(s) with original certification)
- 5) distribution is being mailed to an alternate address and the amount is more than \$25,000
- 6) distribution is being mailed to an address that has changed in the past 15 days and the amount is more than \$25,000

I request the distribution indicated above. I further certify that all the information on this form, including the Social Security numbers set forth in Section 1, is true, correct, and complete. I authorize the bank/credit union to accept credit entries initiated by Putnam Investor Services, Inc. to the account designated in Section 6, and to credit the same account, without responsibility for correctness thereof or for the existence of any further authorization relating thereto. I agree to indemnify and hold harmless my bank/credit union, the Putnam funds, and Putnam Investor Services, Inc. for any loss, liability or expense incurred from acting on these instructions. I also agree to waive any right under the NACHA rules to rescind any instruction for ACH transactions which have already occurred at the time of the attempt to rescind. This waiver of the recision right applies to ACH liquidations from the Putnam funds. This authorization may be terminated by me at anytime by written notification to Putnam Investor Services, Inc. with reasonable time given to implement my request.

My signature below also indicates that if I am designating an investment in a fund that I do not already own I have read the fund prospectus(es) and agree to the terms therein.

Signature of account owner/authorized party	PLACE	ACE SIGNATURE/MEDALLION GUARANTEE STAMP BELOV					
Print name of signature above		THE GUARANTEE SHOULD NOT BE DATED	-				
Date (mm/dd/yyyy)							
	•	•					