403(b)(7) salary reduction agreement



For more information: Putnam Investments 1-800-662-0019 www.putnam.com Return completed form to your employer

Please make checks payable to Putnam Fiduciary Trust Company, LLC

Section 1 Employee information

Name of employee		
First	MI Last	Social Security number (required) Date of birth (mm/dd/yyyy; requir
Mailing address (Require	d)	
City		State ZIP code
Section 2 Em	nployer information	
lame of company		
Street address		
City		State ZIP code
This is an: Original	agreement	t
the date of this Agre determining that the Internal Revenue Co	eement reduced by \$ or e salary reduction in this paragraph does ode, the limit on "elective deferrals" in Se	ces rendered on or after the first day of the first pay period that begins after
		r the purchase of shares in one or more Putnam fund(s) made available to count to: Putnam Investments, PO Box 219697, Kansas City, MO 64121-9697
practicable after the	e modification is signed by the employer	e employee at any time and modification shall be effective as soon as reasonably r and the employee. The employee or employer, by days written notice to nounts not earned at the time of termination.
403(b)(1)(A) of the	Internal Revenue Code and that the emp	the understanding that the employer is an organization described in Section ployer's sole responsibilities are to make salary reductions in accordance with this to the Custodian, and to comply with all applicable 403(b) regulations.
4) This Agreement is s	ubject to the provisions of the Putnam 4	403(b)(7) Custodial Account Agreement which is hereby incorporated by reference.
ignature of Authorized E	Employer Representative/Administrator	Signature of Employee
lame of Authorized Emp	oloyer Representative/Administrator	Name of Employee
ïtle		Date (mm/dd/yyyy)
Date (mm/dd/yyyy)		