# 403(b)(7) transfer/rollover/contract exchange

Putnam INVESTMENTS

**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

Please make checks payable to
Putnam Fiduciary Trust Company, LLC

Use this form to initiate a transfer, rollover, or contract exchange of your current employer's 403(b) Custodial Account, former employer's qualified retirement plan, or IRA to a Putnam 403(b)(7) Custodial Account. If you are establishing a new Putnam 403(b)(7) Custodial Account with a new plan sponsor, please also attach a completed 403(b)(7) employee adoption agreement.

**Important:** To update your financial advisor designation you must complete the Change of financial advisor form.

## Section 1 **Provide employee information**

*Name of employee*

*First* *MI* *Last* *Suffix* | *Social security number (required)* | *Date of birth (mm/dd/yyyy; required)*

*Contact phone number*

*E-mail address*

**Note:** Providing an e-mail address and/or phone number above will replace the current contact information on file with Putnam (if applicable). No changes will be made for fields that are left blank. If you are enrolled in electronic delivery, all notifications will be sent to the e-mail address listed above.

## Section 2 **Select your funds**

Please use the Putnam Fund Guide (https://www.putnam.com/literature/pdf/FM103.pdf) to select your investment. You must enter the fund name and number for the corresponding share class you wish to establish. For additional fund elections, please attach a separate sheet of paper with fund number, fund name, and dollar amount or percentage.

- For new investments made to Putnam: If no class of shares is indicated, class A shares will be purchased and any unallocated assets will be invested into Money Market A.
- For assets moved from an existing Putnam registration: Fund allocations will remain consistent with the originating Putnam account(s) unless otherwise indicated. In addition, the share class must remain consistent with the originating Putnam account(s).

Contributions will always be coded for the current year in which your paperwork is received at Putnam per IRS regulations.

| *Fund number* | *Account number/Fund name* | *Dollar amount* | | *Percentage* |
|---|---|---|---|---|
| | | $ | or | % |
| | | $ | or | % |
| | | $ | or | % |
| | | $ | or | % |
| | | $ | or | % |
| | | $ | or | % |
| | | | | 100% |

# Section 3 Instructions for transfer/rollover/contract exchange

I have adopted the Putnam 403(b)(7) plan for which Putnam Fiduciary Trust Company, LLC (PFTC, LLC) serves as Trustee. If you are establishing a new 403(b)(7) plan at Putnam, you must attach the appropriate 403(b)(7) Custodial Account forms. Please send all related correspondence and any appropriate remittances to Putnam Investments, P.O. Box 219697, Kansas City, MO 64121-9697.

***Note:*** *PFTC, LLC cannot accept an asset transfer or direct rollover of stock or other marketable securities held in your current plan. Please consult your financial advisor to make other arrangements for these assets.*

### Section 3A - To complete a transfer or contract exchange from a 403(b) plan with another provider

This authorization instructs my current Trustee/Custodian to liquidate assets from the plan and transfer proceeds by check payable to Putnam Fiduciary Trust Company, LLC (if permitted by the plan and acceptable to PFTC, LLC):

☐ **Please solicit for 100% of the assets of the employee listed in Section 1**

*Account number (***required***)*

**or**

☐ **Please solicit for a portion of the assets from the following account(s)**

| *Account number (***required***)* | *Percentage* | | *Dollar amount* |
|---|---|---|---|
| | % | **or** | $ |
| | % | **or** | $ |
| | % | **or** | $ |

### Section 3B - To complete a direct rollover

This authorization instructs my current Trustee/Custodian to liquidate assets from the plan indicated below and transfer proceeds by check payable to Putnam Fiduciary Trust Company, LLC (if permitted by the plan and acceptable to PFTC, LLC):

☐ Traditional IRA ☐ Qualified Retirement Plan or Governmental 457

☐ **Please solicit for 100% of the assets of the employee listed in Section 1**

*Account number (***required***)*

**or**

☐ **Please solicit for a portion of the assets from the following account(s)**

| *Account number (***required***)* | *Percentage* | | *Dollar amount* |
|---|---|---|---|
| | % | **or** | $ |
| | % | **or** | $ |
| | % | **or** | $ |

### Section 3C - Present trustee/custodian information

*Name of present trustee/custodian*

*Phone*

*Name of employer sponsored retirement plan (****if applicable****)*

*Account number*

*Trustee/Custodian mailing address*

*City*

*State*

*ZIP code*

*Name of contact person (if any)*

*Phone*

**Important:** You **must** include a statement from your current trustee/custodian. Please consult with you present trustee/custodian to see if there are any forms or fees associated with transferring your funds. If fees are required this may delay your request.

# Section 4 **Authorization**

**Section 4A - Employee authorization** (Please consult with your present trustee or custodian if they require a signature guarantee/medallion guarantee stamp and if there are any forms or fees associated with transferring your funds)

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 Employee (required)*

*Print name of signature above*

*Date (mm/dd/yyyy)*

PLACE SIGNATURE/MEDALLION GUARANTEE STAMP

THE GUARANTEE SHOULD NOT BE DATED

A signature guarantee/medallion guarantee is a stamped assurance by a financialinstitution that indicates a signature is valid and has the financial backing of the institution.

**Section 4B - Employer/Administrator authorization**

**Note:** Complete only if required by the releasing financial institution to process an in-plan transfer/contract exchange from a 403(b) plan.

The undersigned hereby represents that he or she is an authorized representative of the Employer named below, or an authorized representative of a Third Party Administrator designated by the Employer. The signer hereby certifies that he or she has reviewed the request to make the above transfer or contract exchange, and certifies that such transaction is in accordance with the provisions of the Plan and Code Section 403(b) requirements, including those relating to information sharing.

*Name of Employer*

*Name of Authorized Employer Representative/Administrator*

*Signature of Authorized Employer Representative/Administrator*

*Title*

*Date (dd/mm/yyyy)*