# Name change authorization form

Section 1 Account information



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 1-800-225-1581 www.putnam.com



Complete this form to authorize a name change for your existing Putnam accounts. This form cannot be used to designate a new owner or beneficiary. All accounts associated with your Social Security number will be updated. For updates to beneficiary/minor names, or participant names in Putnam 401(k) Plan, Money Purchase Pension Plan, Profit Sharing Plan or outside trustee accounts, please contact Putnam Investments for additional instructions.

Section 1A						
Name of account owner or auth First	orized si MI	gner Last	Suffix	Social Security nun	nber (required)	Date of birth (mm/dd/yyyy)
Contact phone number		E-mail address				
		or phone number above will replace the are enrolled in electronic delivery, all no				
Electronic delivery of accoun	t docum	ents				
☐ I want to "GO GREEN" an	d reduc	e paper, printing and mailing by receiv	ing docum	ents electronically	,	
annual/semiannual fund repo mail, Putnam Investor Service	orts, pro es will s	rry options. Documents available for e oxy statements, and tax forms. When a end you an e-mail notification that th or to confirmation of your elections.	new docui	ment is available, i	nstead of sending	the document to you by U.S.
If the account is not registered v	with you	r Social Security number (i.e. trust or joir	nt registratio	ons), please supply tl	he account numbe	er(s) to be updated with the new
name.	j		J			
Putnam account number		Putnam account number	Pu	tnam account numb	per	
Section 2 Former r	ame	and new name				
Please update the <b>former nam</b> First MI	<b>ie</b> from:	st Suffix	To the <b>new</b> First	<b>/ name</b> of:	Last	Suffix
THISE IVII		Sunix		1011	Lust	Sunx
Section 3 Account	featu	res				

Changing your name can impact other aspects of your account. If your account currently has Checkwriting privileges, you will need to reapply for the option. Your existing Checkwriting checks will not be acceptable once the name change has been completed.

If you require Checkwriting checks in your new name, or an update to your address, bank account, or beneficiary information please contact Putnam for the appropriate paperwork.

All outstanding certificates must be returned to Putnam before a name change can be processed. Please contact Putnam for additional requirements in the event that any certificates have been lost or stolen.

## Section 4 Authorization

Important notice regarding Putnam's privacy policy: By signing this form, I acknowledge that Putnam's privacy policy is available for viewing and printing via Putnam's website at https://www.putnam.com/policies/index.

Please sign using **one** of the options below.

**Important:** If the request is signed by anyone other than the person whose name has changed (POA, Coverdell director signing on behalf of the beneficiary, UGMA/UTMA custodian signing on behalf of the minor) Putnam requires **both** the appropriate certified document for the person whose name is changing **and** an SVP stamp for the authorized party signing the form.

## Option 1: Sign with your new name - The appropriate certified document must be included

If you are signing with your **new name** you must submit one of the following certified documents: marriage certificate, divorce decree, court order, or adoption certificate. If submitting a court order, it must be original and certified within 120 days of Putnam's receipt and include a provision that authorizes the name change.

Or

## Option 2: Sign with your former name - An SVP Stamp must be provided to certify your signature

If you are signing with your **former name** as it currently appears on your Putnam statement, this form must be validated with an SVP stamp. An SVP stamp is a stamped assurance for non-financial transactions by a financial institution that indicates a signature is valid.

Signature of account owner or authorized signer	• • • •	PLACE SVP STAMP BELOW	• • • •
Print name of signature above	•	IIRED	-
Date (mm/dd/yyyy)		REQUIRED	
	•		