TOD Beneficiary claim 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 1-800-225-1581 www.putnam.com

Use this form to request a transfer from a Putnam Transfer on Death (TOD) account due to the death of all owners listed in the registration.

- A request to transfer a TOD account due to the death of all owners cannot be completed until a minimum of 30 days have elapsed since the final owner's date of death.
- A certified copy of each account owner's **death certificate** must be provided or already on file at Putnam before any transaction can be completed. A certified copy of a **death certificate** must also be provided for any deceased beneficiaries.
- Each beneficiary must complete and return a separate version of the TOD Beneficiary claim form.
- A signature guarantee/medallion guarantee stamp is required in all cases.
- If you are signing this form in a legal capacity for a beneficiary, you must include the appropriate certified legal documents of appointment as guardian, conservator, attorney-in-fact, etc.
- When the beneficiary is an organization you must complete a Nonretirement account Transfer request form along with a Putnam mutual fund account application for legal entities (including the Certification of beneficial owners for new accounts) in lieu of this form.

Required sections

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eneficiary information	
leneficiary instructions	
uthorization (signature guarantee or medallion guarantee is required)	
Optional sections	
Optional sections inancial representative information	. 4
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Important information

Assets will be transferred in kind unless otherwise indicated on this form, a separate letter of instruction, or a new account application. The assets will be transferred to a new/existing Putnam account based on the corresponding beneficiary indicated in Section 2.

For beneficiaries who transfer the assets into an existing account, any information provided on this form will override the existing registration information. No changes will be made for fields that are left blank.

For Individual beneficiaries:

- When the beneficiary is over the age of majority (or has reached the age of distribution for their applicable state on an UGMA/UTMA beneficiary designation), then the assets will be transferred into an individual account.
- When the beneficiary is not specifically designated as an UGMA/UTMA registration and the beneficiary is below the age of majority, then the assets will be
 transferred into a guardianship or conservatorship account for the benefit of the minor.
 - This form must be signed by the minor beneficiary's legal guardian or conservator.
 - A letter of appointment naming the minor's legal guardian or conservator is required (original certification within 120 days).
- When the designated beneficiary passed away after the final account owner but before claiming the TOD assets, then the assets will be transferred to an Estate account for the deceased beneficiary.
 - If the deceased beneficiary's estate was subject to probate, then letters of testamentary or letters of administration of the deceased beneficiary are required (certified within 120 days of receipt).
 - If the deceased beneficiary's estate was not subject to probate, then a settlement of small estate of the deceased beneficiary's estate is required. Contact Putnam for state specific requirements.

For trust beneficiaries:

- The assets will be transferred to a trust registration.
 - A certified copy or excerpt of the trust must be provided (original certification within 120 days); the document must include the first page, signature page, and the page naming the trustees and successor trustees.
 - Putnam will accept a self-certification affidavit/declaration (notarized and executed within 120 days of receipt) for some states in lieu of a copy/excerpt of the trust. Contact Putnam for state specific requirements.

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Section 1 Deceased owner information						
Name of deceased owner (required) First MI Last	Suffix	Social Security number (required)	Date of birth (mm/dd/yyyy; required)			
Name of deceased joint owner (if applicable)						
First MI Last	Suffix	Social Security number (required)	Date of birth (mm/dd/yyyy; required)			
Section 2 Beneficiary information (requ	uired)					
2A: Beneficiary information (beneficiary of the deceased		named in Section 1)				
Name of beneficiary (individual, trust, or entity; required)		Social Security/Tax ID number (required)	Date of birth (mm/dd/yyyy; required)			
Name of trustee / executor / authorized signer (if applicable)		Social Security number (required)	Date of birth (mm/dd/yyyy; required)			
Name of co-trustee / co-executor / co-authorized signer (if applicable)	1	Social Security number (required)	Date of birth (mm/dd/yyyy; required)			
Beneficiary mailing address (street, city, state, ZIP code; required)						
Beneficiary residential address (street, city, state, ZIP code; required if t	:he mailing	address is a P.O. Box or c/o address)				
Contact phone number E-mail address						
Note Decilies and the latest and the			1 21 D 1 2 2 2 1 1 1 1 1 1 1 2			
Note: Providing an e-mail address and/or phone number above will be made for fields that are left blank. If you are enrolled in e						
Electronic delivery of account documents						
☐ I want to "Go Green" and reduce paper, printing and maili	ng by rec	eiving documents electronically.				
By checking the "Go Green" box above, an e-mail will be sent to the allow you to choose your eDelivery options. Documents available semiannual fund reports, proxy statements, and tax forms. When Investor Services will send you an e-mail notification that the document provided to you prior to confirmation of your elections.	e for eDeliv a new doc	ery include transaction confirmations, quaument is available, instead of sending the	arterly statements, prospectuses, annual/ document to you by U.S. mail, Putnam			
2B: Trustee residential address information (required onl	y when t	he beneficiary listed in Section 2A is	a trust)			
Trustee residential address (street, city, state, ZIP code; required if diffe	rent from t	he beneficiary address)				
Contribute a residential address (attent ait in that 7/D and a residential	ifforont fr	m the henefician address				
Co-trustee residential address (street, city, state, ZIP code; required if d.	merentiror	n the peneliciary dualess)	1			

Section 3 Beneficiary instructions

Please complete Sections 3A and 3B to ensure proper cost basis coding and to provide any desired redemption instructions. The assets will be transferred to a new/existing Putnam account for the beneficiary listed in Section 2 as an inheritance transfer based on the last decedent's date of death. The assets will be transferred in kind unless otherwise indicated on a separate letter of instruction. If different funds or allocations are indicated, an exchange will take place following the transfer. The exchange may be a taxable event.

3A: Last decedent's date of de	eath						
Date of death (mm/dd/yyyy; requirea 	<i>(</i>)						
3B: Redemption instructions							
□ Take no redemptions at this to Redeem 100% of the assets □ Redeem a partial amount us	, ,		ion 2, made payable	according	g to the paymen	it instructions in S	ection 6.
Fund number Dolla	ar amount		Fund number	Dollar	ramount		
				\$			
Section 4 Financial re	epresentative info	rmation					
You may designate a financial rep Retail Management Limited Partr sales charges if any of the followi	nership ("PRM") will be design						
You elect not to designate	ate a financial representative	·.					
The broker-dealer firm of	or financial institution you de	esignate does not have	e a selling agreemen	t with PRI	М.		
Please note that PRM is not a full financial planning or provide reco designate a financial representat	ommendations, services that						
Note: Please refer to https://wwv	v.finra.org for assistance in lo	ocating the Central Re	gistration Depository	number/	for the financia	l representative.	
Dealer number	Branch office number	Financial representative	number		Central Registrati	ion Depository (CRD,) number
Financial representative name(s) exa 	ıctly as it appears on firm's regis	stration					
Financial representative's firm				Financia		contact phone num	nber
Branch office street address							
City			State ZIF	ode code			_

Section 5 Account features

- If you wish to add telephone redemption options via Federal bank wire and/or ACH to a bank within the United States, please complete Putnam's Add or change bank account information form.
- If you wish to designate a beneficiary(ies) for the transfer to a new/existing account in your name, please complete Putnam's Transfer on death designation form (available for individual beneficiaries only).

Section 6 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 via the U.S. Postal Service (standard delivery).

Εl

Ele	ctronically deposit
	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 you investment company to obtain proper wire instructions on signed letterhead. Starter checks will not be accepted. Please do not staple. Indicate the type of bank account you would like to use:
	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 regardir eligibility, fees, and applicable routing number(s) for Federal bank wire and/or ACH transactions.
	Name Address City, State, ZIP
	PAY TO THE ORDER OF
	o mome:
	: 123456789 : 000123456789 : 101
	ABA routing number of financial institution Bank account number
	Name(s) of all bank account owner(s)
Ser	d check
	D 1: Select a delivery method Mail check(s) via U.S. Postal Service (standard delivery) Mail check(s) via overnight/express delivery (not available for systematic distributions)
to ta	cate the \$20 overnight/express fee source, otherwise Putnam will default king the fee from the lowest fund-account involved in the transaction. fee will be taken from the balance of the account.
Ste	2: Provide payee/address instructions
	To the account owner as registered to the address of record.
	To the alternate payee/alternate address listed below:
	Alternate payee
	Alternate mailing address (street, city, state, ZIP code)

Section 7 Authorization

☐ I do not authorize telephone redemptions. Accept only written instructions signed by me.

Unless I have checked the box above, Putnam Investor Services is authorized to act upon redemption instructions up to \$100,000 received by telephone from me or any other person claiming to act as my representative who can provide Putnam with my account registration and address as it appears on Putnam's records. For eligible redemptions without a medallion guarantee, the address on record must be maintained at Putnam for a minimum of 15 days. Putnam will not be liable for unauthorized transactions if it employs reasonable procedures to confirm that instructions received by telephone are genuine. I agree to indemnify and hold harmless Putnam Investor Services and any Putnam funds that may be involved in transactions authorized by telephone against any claim or loss in connection with any telephone transaction effected on my account.

Section 7 Authorization (continued)

□ I do not authorize the mailing of only one shareholder report, one prospectus, or one set of proxy materials if there are multiple accounts in a Putnam fund at my address. Send a separate copy for every account.

Unless I have checked the box above, Putnam Investor Services is authorized to send only one shareholder report, one prospectus, or one set of proxy materials for **all** accounts in any Putnam fund at my address.

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

Federal law requires the Putnam funds to obtain the name, residential or business address, Social Security or tax identification number, and date of birth for each registered owner, including trustees, opening a new account in order to verify their identities. For certain entities such as trusts, estates, or other non-corporate organizations, additional documentation may be required (see the following terms and conditions or call Putnam at 1-800-225-1581). The funds are unable to accept new accounts if any required information is not provided. If the funds are unable to verify your identity, your account will be closed at the then-current NAV, which may be more or less than your original investment, and the proceeds will be sent to you, net of any applicable sales charges. The information you provide may be shared with third parties for the purpose of verification subject to the terms of Putnam's privacy policy.

By signing below, I/we certify under penalties of perjury that:

- 1. The number shown on this form is my correct taxpayer identification number
- 2. I am not subject to backup withholding because:
 - a. I am exempt from backup withholding or
 - b. I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends (cross out (b) if you have been notified by the IRS that you are currently subject to backup withholding), or
 - . The IRS has notified me that I am no longer subject to backup withholding
- 3. I am a U.S. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are:
 - a. An individual who is a U.S. citizen or a U.S. resident alien
 - b. An estate (other than a foreign estate), or
 - c. A domestic trust (as defined in Treasury Regulation 301.7701-7)
- 4. I am exempt from FATCA reporting

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

I request the transfer and (when applicable) the distribution indicated above. I further certify that all the information on this form, including the Social Security number set forth in section 2A, 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/We request the redemption indicated above. Putnam Investor Services, Inc. is entitled to rely on this form and is released from any and all claims I/we may have or hereafter claim to have with respect to the redemption.

My/Our signature(s) below indicates that I/we have read the fund prospectus(es) and agree to the terms therein and herein, and agree to receive a copy of Putnam's privacy notice with the confirmation of my/our investment.

A signature guarantee or medallion guarantee stamp is required for all requests submitted through this form. A signature/medallion guarantee is a stamped assurance by a financial institution that indicates a signature is valid and has the financial backing of the institution. The stamp should not be dated. If a signature/medallion guarantee is dated, it is only valid for that date.

Signature of claiming beneficiary or authorized signer		Signature of co-authorized signer (if applicable)				
Print name of signature above		Print name of signature above				
Date (mm/dd/yyyy)		Date (mm/dd/yyyy)				
PLACE SIGNATURE/MEDALLION GUARANTEE STAMP BE The guarantee should not be dated	LOW	PLACE SIGNATURE/MEDALLION GUARANTEE STAMP BELOW The guarantee should not be dated				
REQUIRED		REQUIRED				
0	•					