## 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 <b>Employee information</b>					
Name of employee First MI L	Last	Suffix		Social Security number	
Mailing address for account	City		State	ZIP code	
Section 2 <b>Employer information</b> Name of company			Compan	y number	
Company street address	City		State	ZIP code	
This is an: Original agreement Amended agreement  1) The employee elects to have their compensation for sense of this Agreement reduced by \$ or determining that the salary reduction in this paragraph Internal Revenue Code, the limit on "elective deferrals" is to the employee, upon request, any available informatic tax determinations.  The employer will forward the amount of such reduction who maintain a Putnam 403(b)(7) Custodial Account to:	vices rendered on or after the first day of the first % (complete either space) per pay pe does not exceed the maximum permitted "annua in Section 402(g) of the Code, and any other appli on from the employer's records that is necessary t in for the purchase of shares in one or more Putna Putnam Investments, PO Box 219697, Kansas	eriod. The employee al addition" under Si icable limit. The em to enable the emplo am fund(s) made av s City, MO 64121-9	e is respons ection 415 ployer will byee to ma ailable to e	ible for of the provide ke these employees	
<ul> <li>2) The amount of the salary reduction may be modified by practicable after the modification is signed by the employence to the other, may terminate this Agreement with</li> <li>3) The employee bases their salary reduction election on the Internal Revenue Code and that the employer's so transfer such salary reduction contributions to the Custo</li> </ul>	oyer and the employee. The employee or employ respect to amounts not earned at the time of terr he understanding that the employer is an organiz ble responsibilities are to make salary reductions odian, and to comply with all applicable 403(b) re	er, by mination. zation described in S in accordance with egulations.	days wr Section 403 this Agree	itten 8(b)(1)(A) ment, to	
4) This Agreement is subject to the provisions of the Putna  Signature of Authorized Employer Representative/Administrato		is hereby incorpora	ted by refe	rence.	
Print name and title of signer	Print name of signer				
Current date (mm/dd/yyyy)	Current date (mm/dd/yy	ууу)			