

Putnam 529 for AmericaSM

new account application guide for legal entities



For more information:

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

Please complete this application and the attached Certificate of beneficial owners form to establish an account for a legal entity such as a corporation, partnership, limited liability company, or non-profit foundation.* **Both forms must be completed.**

The authorized signer must include proof of their authorization and must sign in both of the following locations:

- Section 8 of the Putnam mutual fund account application for legal entities
- Section 5 of the Certification of beneficial owners form

Note: If you would like to fund your 529 for America account from an existing 529 or Coverdell Education Savings Account with another financial institution you must also complete the enclosed Putnam 529 for America direct rollover form.

Available registration types and considerations

Please consult your financial advisor to determine eligibility rules and requirements.

Corporation: A corporation is a legal entity chartered by the state that acts as a unit to buy, sell, and inherit property. It is controlled by the officers and/or directors named in the corporate documents. Please indicate in Section 1 below the tax treatment for this account by checking the appropriate box. If you are not sure, please consult your financial or tax advisor. In addition, you must provide one or more of the following documents to verify the existence of the entity and the capacity of the person signing this application on behalf of the corporation:

- Copy of Bylaws extract
- Copy of articles of incorporation filed with the Secretary of State or other appropriate state agency
- Certificate of good standing issued by the Secretary of State or other appropriate state agency
- Copy of employer identification number (EIN) assignment letter from the IRS
- Certificate of incumbency for the authorized signer**
- Corporate resolution**
- Resolution of governing body**

Partnership (including a Limited Liability Partnership): A partnership is an organization consisting of two or more partners. You must provide one or more of the following documents to verify the existence of the partnership and the capacity of the person signing this application on behalf of the partnership:

- Copy of Partnership agreement
- Certificate of good standing issued by the Secretary of State or other appropriate state agency
- Copy of employer identification number (EIN) assignment letter from the IRS
- Certificate of incumbency for the authorized signer**

Limited Liability Company (LLC): A LLC is an entity organized under state law that may consist of one or more members. LLC's may elect to be treated for tax purposes as a partnership, C-Corp, or S-Corp. Please indicate in Section 1 below the tax treatment for this account by checking the appropriate box. If you are not sure, please consult your financial or tax advisor. In addition, you must provide one or more of the following documents to verify the existence of the LLC and the capacity of the person signing this application on behalf of the LLC:

- Copy of articles of incorporation filed with the Secretary of State or other appropriate state agency
- Certificate of good standing issued by the Secretary of State or other appropriate state agency
- Copy of employer identification number (EIN) assignment letter from the IRS
- Certificate of incumbency for the authorized signer**

Non-profit foundation: A group of people organized for a specific charitable purpose. You must provide one or more of the following documents to verify the existence of the entity and the capacity of the person signing this application on behalf of the entity:

- Copy of Bylaws extract
- Copy of articles of incorporation filed with the Secretary of State or other appropriate state agency
- Certificate of good standing issued by the Secretary of State or other appropriate state agency
- Copy of employer identification number (EIN) assignment letter from the IRS
- Certificate of incumbency for the authorized signer**
- Resolution of governing body**

* Other entities such as sole proprietorships and unincorporated associations should complete a different form. Call Investor Services at 1-800-225-1581 for more information.

Original or a copy certified by either (1) an attorney on the attorney's letterhead, by the clerk of the court if filed in court, or by the appropriate state agency if filed with that agency **within 120 days of receipt or (2) by a Medallion guarantee stamp.

For additional registrations types please see Putnam's mutual fund account application.

Putnam 529 for AmericaSM
new account application for legal entities



Return by mail:
Putnam Investments
PO Box 219697
Kansas City, MO 64121-9697

Return by express delivery:
Putnam Investments
801 Pennsylvania Ave
Suite 219697
Kansas City, MO 64105-1307

For more information:
Putnam Investments
1-877-PUTNAM529
1-877-788-6265
www.putnam.com

Please make checks
payable to Putnam
Investments



Section 1 **Name of registered account owner/beneficiary and type of entity**

The account owner opens the account, directs all beneficiary designations and withdrawals, and receives statements for the account. The beneficiary is the person whose qualified education expenses may be paid from the account. **All information in Section 1 is required.**

1A: **Select your account owner/beneficiary**

☐ Corporation ☐ Partnership ☐ LLC ☐ Non-profit foundation

Name of legal entity

Tax identification number

Name of beneficiary

FirstMILastSuffix

Social Security number

Date of birth (mm/dd/yyyy)

1B: **Select your tax status (only for corporations and LLCs)**

Select the appropriate tax status for a corporation or LLC. If no tax status is indicated then Putnam will default to a status of S-Corp. If you selected either a partnership or non-profit foundation in Section 1A, skip to Section 2.

Corporation tax status:
☐ C-Corp ☐ S-Corp

LLC tax status:
☐ C-Corp ☐ S-Corp ☐ Partnership

Section 2 **Provide you address and contact information**

Provide the address and contact information for the legal entity listed in Section 1. You must also provide the residential address for the beneficiary listed in Section 1. Providing an e-mail address and/or phone number below will replace the current contact information on file with Putnam (if applicable). No changes will be made for fields that are left blank.

Mailing address (street, city, state, ZIP code; **required**)

Business address (street, city, state, ZIP code; **required if the mailing address is a P.O. Box or c/o address**)

Beneficiary residential address (street, city, state, ZIP code; **required**)

Contact phone number

E-mail address

Section 3 **Designate a successor owner**

The successor owner will become the owner of the account in the event of the account owner's death. The successor owner cannot be the same person as the account owner. **All information is required.**

Name of successor owner

Social Security /Tax ID number

Date of birth (mm/dd/yyyy)

Section 4 Provide information about your financial advisor

Dealer number	Branch office number	Financial advisor number	Central Registration Depository (CRD) number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Financial advisor name(s) exactly as it appears on firm's registration

Financial advisor's firm

Financial advisor's contact phone number

Branch office street address

City

State

ZIP code

Note: If you do not designate a financial advisor, or if the broker-dealer firm you designate does not have a selling agreement with the distributor, Putnam Retail Management Limited Partnership ("PRM") will be designated as the default broker-dealer firm of record on your account and will retain all applicable sales charges. You may designate another broker-dealer firm at any time by returning a signed Change of financial advisor form to Putnam Investor Services.

Section 5 Investment Instructions

Please indicate how you wish to fund your Putnam 529 for America account. Select all that apply.

☐ **A check is enclosed** / ☐ **A check is en route** (make checks payable to Putnam Investments)

☐ Invest as a contribution into a Putnam 529 for America account

☐ Invest as a rollover from an account that was held at another financial institution (you must indicate the type of plan held with your previous custodian):

Source of the rollover: All rollover investments from a 529 or US Savings Bond will be coded as earnings unless **documentation*** showing the breakdown of principal and earnings is attached. All rollover investments from a Coverdell ESA will be coded as contributions.

☐ Another 529 program ☐ Coverdell ESA ☐ US Savings Bond(s)

☐ **A check is not enclosed**

☐ Solicit my current trustee via rollover (please attach the enclosed Putnam 529 for America direct rollover request form)

☐ Fund my 529 with a purchase from an existing non-retirement account registered solely in my name (investments will be made into the same share class as previously held. Some restrictions may apply.)

Fund number	Account number	Dollar amount
<input type="text"/>	<input type="text"/>	<input type="text"/>

☐ Draft a one-time investment from my checking or savings account for:

\$ (indicate investment elections in Section 6 and bank account information in Section 7)

Note: The one-time investment will be initiated on the date the account is established.

☐ Draft systematic investments from my checking or savings account (indicate bank account information in Section 7)

*Documentation requirements:

- Another 529 program – a statement issued by the distributing 529 program which shows the earnings portion of the distribution.
- Qualified US Savings Bond(s) (under Section 135(c)(2)(C) of the Internal Revenue Code) – an account statement or Form 1099-INT issued by the financial institution that redeemed the bond(s) showing interest from the redemption of the bond(s). If no documentation is attached, the IRS requires Putnam to treat the entire amount of the rollover contribution as earnings.

Section 6 **Select your investment options**

Please use the Putnam Fund Guide (<https://www.putnam.com/literature/pdf/FM103.pdf>) to select your investment. For additional fund elections, please attach a separate sheet of paper with the applicable fund number, fund name, and dollar amount.

- For new investments made to Putnam: If no class of shares is indicated, class A shares will be purchased.
- If you are transferring shares held in The Putnam funds to a new ownership registration with Putnam, you must select the same share class as the original account.

6A: Age-Based Investment Option

Age-Based Investment options are determined by the beneficiary's year of birth. Beneficiaries of age 21 and older requesting the Age-Based Option will be invested into Putnam's Graduate fund.

Age Based Fee structure

☐ A ☐ C

Dollar amount

\$

6B: Goal Based/Individual Investment Options

You must enter the fund name and number for the corresponding share class you wish to establish.

Fund number	Fund name	Dollar amount
<div></div>		<div>\$</div> <div></div>
<div></div>		<div>\$</div> <div></div>
<div></div>		<div>\$</div> <div></div>
<div></div>		<div>\$</div> <div></div>
<div></div>		<div>\$</div> <div></div>

Section 7 **Select your account features**

Section 7A — Bank account information (you **must** provide a voided check or deposit slip; **please do not staple**)

Note: Starter checks, brokerage checks and checkwriting checks will not be accepted.

Please provide your bank information to allow subsequent purchases to be sent from your bank account. The bank account must be registered in the name of the legal entity that is the registered owner of the fund account.

Attach a preprinted or web-generated voided check/deposit slip or a signed letter from the bank on bank letterhead below. Each of these documents must include: bank name, name(s) as registered on the bank account, routing number and account number.

Check the bank account you would like to use: ☐ Checking account ☐ Savings account

tape your document here

Name

Address

City, State, ZIP

DATE

PAY TO THE

ORDER OF

\$

DOLLARS

memo:

: 123456789

: 000123456789

: 101

☐ Please use my enclosed investment check to establish bank account options on my account in lieu of other acceptable documents named above.

ABA routing number of financial institution

Bank account number

Name(s) of all bank account owner(s)

Section 7B — Systematic Investment plan

Complete this section to establish a new systematic investment plan using the bank account information provided above. Please indicate the investment option, dollar amount, frequency and date for your investments below. **Investments will be made into the same fee structure selected in Section 6 unless otherwise indicated.** Putnam requests the draft from your bank account on the business day prior to the investment date. If no date is selected, Putnam will default to the 15th. **If no frequency is selected, Putnam will default to every month.** If the investment date falls on a weekend or a holiday, the investment will be made the next business day. If the investment date falls on a date that does not occur within a particular month (29th-31st), the investment will be made the prior day, unless this day falls on a weekend or holiday then the investment will be made the next business day.

Step 1: Investment allocation

Investment option name

Dollar amount

\$

Investment option name

Dollar amount

\$

Step 2: Option frequency

Choose a frequency below:

Frequency: ☐ Invest every month (enter investment date(s) below) **or** ☐ Invest only in the month(s) chosen below:
☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ June ☐ July ☐ Aug ☐ Sept ☐ Oct ☐ Nov ☐ Dec

Indicate investment date(s) below: Investment date: (MM/DD) Additional investment date: (use if you wish to invest multiple times within a month) (DD)

Section 7C — Reduced sales charge

If you already own shares of another Putnam fund, or if you agree to invest a certain amount, you may be able to reduce the sales charge you pay. Shares that have not been assessed a sales charge will not count towards your Cumulative Discount or Letter of Intent. This includes commissionable shares of the Putnam Money Market Fund, the Putnam Government Money Market Fund, and the Short Duration Income Fund, as well as closed end funds and Putnam class Y shares.

Cumulative discount

To qualify for sales charge discounts on class A and M shares, list the account number(s) of other Putnam fund(s) that are registered to the legal entity.

Fund number

Account number

Letter of intent

By checking an amount below, I agree to the terms and conditions for a Letter of Intent as set forth in the Statement of Additional Information (including the escrowing of shares). Although I am not obligated to complete a Letter of Intent, I plan to invest in one or more Putnam funds over a 13-month period an aggregate amount equal to at least the amount of the box checked below. I am aware that if I do not invest at least this amount over a 13-month period any purchases made pursuant to this Letter of Intent will be adjusted to the commission rate that otherwise would apply.

☐ \$50,000

☐ \$100,000

☐ \$250,000

☐ \$500,000

☐ \$1,000,000

Section 8 **Authorize Putnam to open your account**

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

Unless I have checked the box above, Putnam Investor Services, Inc. is authorized to act upon redemption instructions 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. Redemption proceeds of up to \$100,000 will be sent to me at the address of record with Putnam for at least 15 days or my bank via federal bank wire or ACH as requested at the time of the redemption. 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, Inc., the State of Nevada, the Nevada College Savings Trust Fund, the Board of Trustees of the College Savings Plans of Nevada and the Putnam Investment Options against any claim or loss in connection with any telephone transaction effected on my account.

☐ **I do not authorize the mailing of only one annual report, one offering statement, or one set of other investor documents for all accounts in a Putnam investment option at my address. Send a separate copy for every account.**

Unless I have checked the box above, Putnam Investor Services, Inc. is authorized to send only one annual report, one offering statement, or one set of other investor documents for **all** accounts in any Putnam investment option at my address. I may call Putnam at 1-877-788-6265 if I decide to receive my own copy of these documents in the future, and Putnam will begin sending individual copies within 30 days.

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/>

If I have completed the bank account information section, I authorize my/our bank/credit union to accept credit entries initiated by Putnam Investor Services, Inc., to my/our account and to credit, as requested, the same to my account, without responsibility for correctness thereof or for the existence of any further authorization relating thereto. I also authorize my/our bank/credit union to accept debit entries initiated by Putnam Investor Services, Inc., to reverse or otherwise correct any erroneous credit to my/our bank/credit union account. I agree to indemnify and hold harmless my bank/credit union, Putnam Investment Options, Putnam Investor Services, Inc., the State of Nevada, the Nevada College Savings Trust Fund and the Board of Trustees of the College Savings Plans of Nevada for any loss, liability, or expense incurred from acting on these instructions. I also agree to waive any right under the NACHA Rules to rescind any instruction for ACH transactions that have already occurred at the time of the attempt to rescind. This waiver of the rescission right applies to both ACH investments in and ACH redemptions from the Putnam funds. This authorization may be terminated by me/us at any time by written notification to Putnam Investor Services, Inc., with reasonable time given to implement my/our request. Putnam Investor Services, Inc. may amend or terminate this agreement at any time. You will be notified before any such changes go into effect. For bank account information, Putnam does not assess a fee for federal bank wire and/or ACH transactions on your account(s). Some banks/credit unions may not offer ACH transactions or may charge a fee to conduct such transactions. Please check with your financial institution for information regarding eligibility, fees and applicable routing number(s) for federal bank wire and/or ACH transactions.

If I have completed a Letter of Intent (LOI) in Section 7, I agree that the minimum initial investment, which will be held in escrow until the full LOI amount is purchased, is 5% of the amount checked. If I invest less than the LOI amount, shares may be redeemed from my account to cover the higher sales charge. If I invest more, the sales charge will only be adjusted when and if my dealer refunds Putnam its portion of the adjustment. I will not receive LOI credit for shares purchased by dividend reinvestment.

I acknowledge that investments in the Putnam 529 for America program are not mutual funds; are not deposits or obligations of, or guaranteed or endorsed by, the State of Nevada, the Nevada College Savings Trust Fund, the Board of Trustees of the College Savings Plans of Nevada, Putnam Investments, or any financial institution; are not insured by the Federal Deposit Insurance Corporation (FDIC), the Federal Reserve Board, or any other agency; and involve risk, including the possible loss of principal.

I understand and acknowledge that any systematic purchases or other contributions are not deductible from federal income tax.

Federal law requires the Putnam funds to obtain the full legal name, business address, and tax identification number for the registered owner opening a new account in order to verify its identity. In addition, the funds must verify the identities of certain beneficial owners and/or control persons, including their name, residential address, Social Security number (or foreign identification number), and date of birth. The funds are unable to accept new accounts if any required information is not provided. If the funds are unable to verify the identity of the entity or any beneficial owner(s) and/or control persons, 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 ACKNOWLEDGE THAT I HAVE READ AND AM AGREEING TO THE TERMS OF THE OFFERING STATEMENT, ITS ATTACHED PARTICIPATION AGREEMENT FOR THE PUTNAM 529 FOR AMERICA PROGRAM, AND THIS APPLICATION. I UNDERSTAND THAT I SHOULD CONSULT A FINANCIAL OR LEGAL ADVISOR IF I HAVE ANY QUESTIONS ABOUT THE TERMS AND CONDITIONS OF THIS AGREEMENT. THIS APPLICATION TOGETHER WITH THE PARTICIPATION AGREEMENT INCORPORATED HEREIN, CONSTITUTES MY CONTRACT WITH THE STATE OF NEVADA, THE NEVADA COLLEGE SAVINGS TRUST FUND, AND THE BOARD OF TRUSTEES OF THE COLLEGE SAVINGS PLANS OF NEVADA WITH RESPECT TO AMOUNTS INVESTED PURSUANT TO THIS APPLICATION.

Signature of authorized signer (required)

Date (mm/dd/yyyy)

Print name of signature above

Putnam 529 for AmericaSM
direct rollover request 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
1-877-PUTNAM529
1-877-788-6265
www.putnam.com

Please make checks
payable to Putnam
Investments

Use this form to request a direct rollover from your current 529 program manager or Coverdell Education Savings account trustee to fund your Putnam 529 for America account. Please note: you must include this form with a new account application to establish a new Putnam 529 for America account. Upon receipt, Putnam will use this form as authorization to solicit assets from your current program manager or trustee. Requirements may vary based on dollar amount and changes in ownership. Please contact your current program manager or trustee to inquire if they require additional documentation.

Section 1 Account owner information

Please complete Sections 1, 2 and 3 with your current account information as it appears on your most recent 529 program or Coverdell Education Savings Account statement from your current program manager or trustee.

Name of owner

Individual/organization/trust

Social Security/Tax ID number (required)

Date of birth (mm/dd/yyyy; required)

Authorized representative of organization or trustee

Section 2 Current beneficiary information

Name of beneficiary

First

MI

Last

Suffix

Social Security number (required)

Date of birth (mm/dd/yyyy; required)

Existing account type:

☐ 529 Savings Plan

☐ Coverdell Education Savings Account

Section 3 Current 529 program manager/Coverdell trustee

Name of current program manager, custodian or trustee

Phone number

Mailing address (street, city, state, ZIP code)

Section 4 Instructions to current 529 program manager/Coverdell trustee

Please roll over the following for the owner and beneficiary listed above. For 529 plans, please fill out Sections 4 and 5. For Coverdell Education Savings accounts, only complete Section 4. If you currently hold 529 UTMA/UGMA or Coverdell Education Savings assets apart from contributory assets, please provide separate checks. Provide the appropriate contributions and earnings breakdown separately.

Please include a statement from your current trustee/custodian. Please consult your 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.

☐ Solicit 100% of the assets of the account owner/beneficiary listed above:

Account number (required)

Dollar amount

\$

or

☐ Solicit for a portion of the assets from the following account(s):

Account number (required)

Percentage

%

or

Dollar amount

\$

%

or

\$

%

or

\$

Section 5 Rollover Authorization

I am requesting a direct rollover from my existing 529 plan into an account for the same beneficiary as referenced in Section 2, unless a new beneficiary is noted below.

Name of beneficiary

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

Note: If the receiving beneficiary is not a “member of the family” of the current beneficiary, the rollover to the account of the receiving beneficiary will be treated as a distribution with earnings subject to tax and penalty. See Section 6 for definition of “member of the family.” You are not eligible to roll over this account if you have performed a rollover from one Program Manager to another Program Manager for the current beneficiary within the last 12 months. If you currently act as custodian of an account for a beneficiary under an account subject to the Uniform Transfers to Minors Act (UTMA) or Uniform Gifts to Minors Act (UGMA), the beneficiary cannot be changed.

Section 6 Authorization

I authorize Putnam 529 for America to process this direct rollover on my behalf, and/or to certify the above information regarding the attached check(s) to be complete and correct. My current 529 program manager/Coverdell Education Savings account trustee is entitled to rely on this request and is released from any and all claims I may have or hereafter claim to have with respect to the withdrawal. I certify that both my Social Security number and that of the beneficiary, set forth in Sections 1, 2 and 5 (if any) are true, correct and complete and that the numbers are our Taxpayer Identification Numbers (TIN).

I understand that if I am designating a new beneficiary for the Putnam 529 account, as defined by IRC 529, the new beneficiary must be a member of the current beneficiary’s family and either a U.S. citizen or resident alien. If the new beneficiary is not a member of the family, the transfer will be treated as a withdrawal, and the transaction will be subject to federal income tax and a 10% federal penalty tax on earnings. For purposes of Internal Revenue Code Section 529, a member of the beneficiary’s family is: 1) a son or daughter or a descendent of either; (2) a stepson or stepdaughter; (3) a brother, sister, stepbrother or stepsister; (4) a father or mother or an ancestor of either; (5) a stepfather or stepmother; (6) a brother or sister of the father or mother; (7) a son or daughter of a brother or sister; (8) a son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law or sister-in-law; (9) the spouse of the beneficiary or the spouse of any individuals described above; or (10) a first cousin of the beneficiary.

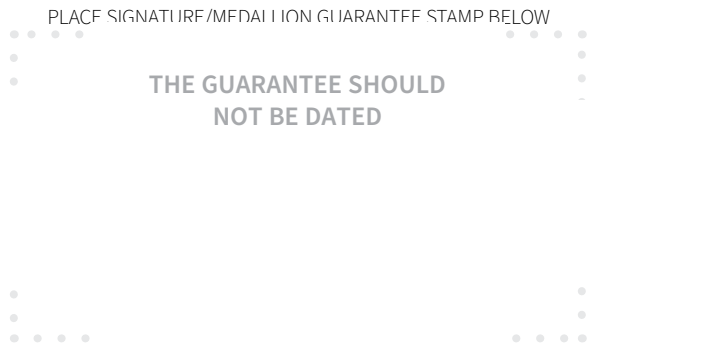
I also understand that I may transfer funds from another qualified tuition program for the benefit of the same beneficiary without tax or penalty, so long as the transfer does not occur within 12 months from the date of a similar transfer for the same beneficiary.

I understand that if my current 529 program manager or Coverdell Education Savings account trustee does not provide required documentation, Putnam will treat my entire rollover contribution as consisting of earnings.

A signature/medallion guarantee may be required by your current custodian in order to complete your rollover request. 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 guaranteed stamp should not be dated. If a signature/medallion guarantee is dated, it is only valid for that date. **Please contact your current custodian to inquire whether or not a signature/medallion guarantee is required.**

Signature of account owner or authorized party	Date (mm/dd/yyyy)

Print name of signature above



Certification regarding beneficial owners of legal entity customers for new accounts

GENERAL INSTRUCTIONS

What is this form?

To help the government fight financial crime, Federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity helps law enforcement investigate and prosecute these crimes.

Who has to complete this form?

This form must be completed by the person opening a new account on behalf of a legal entity with any of the following U.S. financial institutions: (i) a bank or credit union; (ii) a broker or dealer in securities; (iii) a mutual fund; (iv) a futures commission merchant; or (v) an introducing broker in commodities.

For the purposes of this form, a legal entity includes a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country. Legal entity does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf.

What information do I have to provide?

This form requires you to provide the name, address, date of birth and Social Security number (or passport number or other similar information, in the case of foreign persons) for the following individuals (i.e., the beneficial owners):

- (i) Each individual (“Beneficial Owner”), if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity customer (e.g., each natural person that owns 25 percent or more of the shares of a corporation); and
- (ii) An individual with significant responsibility (a “Control Person”) for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer).

The number of individuals that satisfy this definition of “Beneficial Owner” may vary. Under section (i), depending on the factual circumstances, up to four individuals (but as few as zero) may need to be identified. Regardless of the number of individuals identified under section (i), you must provide the identifying information of one individual under section (ii). It is possible that in some circumstances the same individual might be identified under both sections (e.g., the President of Acme, Inc. who also holds a 30 percent equity interest). Thus, a completed form will contain the identifying information of at least one individual (under section (ii)), and up to five individuals (i.e., one individual under section (ii) and four 25 percent equity holders under section (i)). The financial institution may also ask to see a copy of a driver’s license or other identifying document for each beneficial owner listed on this form.

Important: You must provide all information for each Beneficial Owner listed in Section 3 and a Control Person listed in Section 4 in order for the form to be accepted.

Certification of beneficial owners for new accounts



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
1-877-PUTNAM529
1-877-788-6265
www.putnam.com

Please make checks
payable to
PutnamInvestments

Section 1 Name and title of natural person completing this form

The person signing this form must provide the following information.

Name of natural person acting on the account

First	MI	Last	Suffix	Title of natural person acting on the account

Section 2 Name and address of legal entity

Name of legal entity	Tax identification number

Address of legal entity (street, city, state, ZIP code)

Section 3 Beneficial Owner information

Provide the following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity interests of the legal entity listed above.

- For all U.S. persons: The full name, Social Security number, date of birth, and residential address are required.
- For all foreign persons: The full name, passport number, country of passport issuance, date of birth, and residential address are required. In lieu of a passport number, foreign persons may also provide an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard. A copy of the passport, alien identification card, or other government-issued identification document must be enclosed with this form.

Important: If no individual meets this definition you must check “Not applicable” below and proceed to Section 4.

☐ Not applicable (no individual owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity)

First	MI	Last	Suffix	Social Security / Passport number	Date of birth (mm/dd/yyyy)
Residential or business street address (street, city, state, ZIP code)					Passport country of issuance

First	MI	Last	Suffix	Social Security / Passport number	Date of birth (mm/dd/yyyy)
Residential or business street address (street, city, state, ZIP code)					Passport country of issuance

First	MI	Last	Suffix	Social Security / Passport number	Date of birth (mm/dd/yyyy)
Residential or business street address (street, city, state, ZIP code)					Passport country of issuance

First	MI	Last	Suffix	Social Security / Passport number	Date of birth (mm/dd/yyyy)
Residential or business street address (street, city, state, ZIP code)					Passport country of issuance

Section 4 Control Person

Provide the following information for one individual with significant responsibility for managing the legal entity listed above, such as:

- An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or
- Any other individual who regularly performs similar functions. (If appropriate, an individual listed in Section 3 above may also be listed in this section).

First	MI	Last	Suffix	Social Security / Passport number	Date of birth (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential or business street address (street, city, state, ZIP code)				Passport country of issuance	
<input type="text"/>				<input type="text"/>	

Section 5 Certification

I hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

Signature of natural person acting on the account	Date (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>
Print name of signature above	
<input type="text"/>	

Legal Entity Identifier (Optional)

Important: You must provide either an original or certified copy of one of the following documents appropriate to the legal entity in Section 2 to verify your capacity to act on behalf of the entity (see certification requirements below):

- Certificate of incumbency for the authorized signer
- Corporate Resolution
- Resolution of governing body
- Other

Certification may be obtained via a Medallion guarantee stamp or by an attorney or the attorney's letterhead, by the clerk of the court if filed in court, or the appropriate state agency if filed with that agency, **dated within 120 days of receipt.**

Signature authentication guidelines



Use this document as a reference to explain the different authentications that may be required to process a transaction. Please refer to the specific Putnam form to verify which type of authentication is required as not all signature authentication types are acceptable for all transactions. You may be able to obtain signature authentication from securities broker/dealers, commercial banks, federally chartered savings institutions, federally chartered credit unions, trust companies, state chartered savings institutions or credit unions. Check with your financial institution for availability.

All authentications must be original; photocopies or fax copies are not acceptable.

This document is for reference only. Please **do not stamp this form**.

Medallion Program Signature Guarantee

A Medallion Program signature guarantee is a form of signature guarantee that is a stamped assurance provided by a financial institution that guarantees that a signature is genuine, the signer is an appropriate person to sign and the signer has legal capacity to sign. The purpose of a signature guarantee is to protect transfer agents and shareholders against loss from fraudulent signatures on instructions in connection with securities transactions, which are defined as the sale, assignment, transfer or redemption of a security. A Medallion Program signature guarantee provides additional protection against fraud by using special security ink, a bar code that can be scanned to identify a stamp that has been reported lost or stolen, and a prefix code that discloses the maximum transaction value covered by the stamp (see chart below). The guarantee should **not** be dated.

Prefix Letter	Liability Limit per Transaction
Z	\$10,000,000
Y	\$5,000,000
X	\$2,000,000
A	\$1,000,000
B	\$750,000
C	\$500,000
D	\$250,000
E	\$100,000
F	\$100,000 (credit unions only)



The letter prefix of each identification number signifies the amount of the surety bond obtained by the guarantor. The amount of coverage associated with the corresponding prefix is detailed above.

Signature Guarantee

A signature guarantee is a stamped assurance provided by a financial institution that guarantees that a signature is genuine, the signer is an appropriate person to sign and the signer has legal capacity to sign. The purpose of the signature guarantee is to protect transfer agents and shareholders against loss from fraudulent signatures on instructions in connection with securities transactions, which are defined as the sale, assignment, transfer or redemption of a security.

