

# Request for Coverdell ESA distribution



**Return by standard delivery:**  
Putnam Investments  
PO Box 219697  
Kansas City, MO 64121-9697

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

**For more information:**  
Putnam Investments  
1-800-662-0019  
www.putnam.com



Use this form to request a complete, partial, or systematic distribution from your Putnam Coverdell ESA Account. Distributions from these accounts have tax consequences to the beneficiary and can never be made payable solely to the account director. Please review the Putnam Coverdell ESA Plan and Disclosure Statement and/or consult your tax advisor if you have any questions.

## Section 1 Account information

**Name of account director**

First

MI

Last

Suffix

Social Security number

Date of birth (mm/dd/yyyy)

Phone number

**Note:** Providing a phone number above will replace the current contact information on file with Putnam (if applicable).

**Name of beneficiary**

First

MI

Last

Suffix

Social Security number

Date of birth (mm/dd/yyyy)

## Section 2 Type of distribution

I request the following **(check one)**:

☐ Normal distribution (payable as registered, payable to the beneficiary, or payable to a qualified educational institution)

☐ Transfer of assets to another Coverdell ESA

☐ Rollover to a 529 qualified tuition plan

☐ Death of beneficiary (certified copy of death certificate is required)

☐ Disability of beneficiary (Note: If you are requesting a waiver of a CDSC on account of disability per the terms of the applicable prospectus, you must include a notarized doctor's note or letter of determination from the Social Security Administration)

☐ Distribution of excess contributions, plus applicable earnings (proceed to Section 5)

## Section 3 One-time distribution options

Please indicate the dollar amount or percentage to redeem from each applicable account. If both a dollar amount and percentage are provided, Putnam will default to distributing by percentage.

Fund number	Account number	Dollar amount	Percentage
-		\$	or %
-		\$	or %
-		\$	or %
-		\$	or %

Section 4 Systematic distribution options

Please indicate your desired systematic distribution frequency and allocation instructions below. Systematic distributions cannot be requested by a power of attorney and cannot be systematically distributed into a 529 for America account. Please note that systematic distributions sent by check will always be sent by standard delivery.

Step 1: Distribution frequency

Please indicate a start month, start year, frequency, and distribution date for your systematic distributions. If a date falls on a weekend or a holiday, the distribution will be made the next business day.

- If no start month is indicated, distributions will begin in the next available month.
- If no start year is indicated, distributions will begin in the current year. If there are no distributions remaining for the current year, then the program will begin the following year.
- If no frequency is selected, distributions will take place annually.
- If no distribution date is selected, distributions will take place on the 15th.
- Any distributions designated for a date which has already occurred will not be processed until the next distribution date indicated.

Start month	Start year	Frequency (check one)		Distribution Date (check one)		
		Monthly	Semiannually	1st	10th	20th
		Quarterly	Annually	5th	15th	25th

Step 2: Distribution allocation(s)

Please indicate the dollar amount or annualized percentage to redeem from each applicable account.

Fund number	Account number	Dollar amount	Annualized Percentage
	-	\$	or %
	-	\$	or %
	-	\$	or %

Section 5 Return of excess contribution instructions

5A Indicate the Putnam Coverdell ESA account associated with the excess contribution along with the details related to the excess contribution.

Account number	Dollar amount	Contribution year	Date of contribution* (mm/dd/yyyy; required)
	\$		

\*For multiple excess contributions within a single year; provide the date of the initial excess contribution.

5B Indicate the fund-account(s) from which to remove any excess contributions (plus/minus any earnings, if applicable). Please indicate the applicable distribution percentage from each fund. Percentages must total to 100%. Please attach a separate letter of instruction for additional distribution instructions. If no indication is provided; contributions will be removed based on how they were initially contributed.

Fund number	Account number	Dollar amount	Percentage
	-	\$	or %
	-	\$	or %
	-	\$	or %

5C Choose only one option to correct your excess Coverdell ESA contribution. Your selection will depend on when you made the original contribution, your tax filing deadline (plus extensions), and today's date. Please review both options before selecting which one is right for you.

Option 1: Correction before the tax filing deadline or between the tax filing deadline and extension

This correction is a taxable event and will generate 1099-Q form for the full amount of the excess contribution plus any applicable earnings. The earnings should be included as income in the year the contribution was made, and may be subject to a 10% penalty.

If you are correcting an excess contribution after the tax filing deadline and before the tax filing extension deadline, please check below to have the applicable earnings included.

Include applicable earnings with the distribution of the excess contribution

Option 2: Correction after the tax filing deadline (including extension)

This correction is a taxable event and will generate a 1099-Q form for the full amount of the excess contribution. The amount of the excess contribution will be removed, but no calculations will be done for the earnings. The excess contribution is subject to a 6% excise tax for each year that it remains in the account and you may be subject to a 10% penalty on the entire amount returned.

## Section 6 Distribution payment instructions

Coverdell ESA accounts can only be distributed (1) by check or (2) to a bank account which is (a) solely in the name of the Putnam beneficiary or (b) in the name of an eligible educational institution for the benefit of the Putnam beneficiary.

Select your payment instructions below. **See Section 7 for signature guarantee/medallion guarantee stamp requirements.**

**6A Payee options:** Select one of the following; if none are selected, Payable as registered will be the default.

As registered      Beneficiary      Eligible educational institution      Coverdell ESA      529 Qualified tuition plan      Estate of beneficiary

**6B Distribution destination:** Select only one of the following; if none are selected, Address of record will be the default.

**Electronically deposit** (a **signature guarantee/medallion guarantee stamp** is required)

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 your 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:**      Checking account      Savings account

**Note:** One-time distributions will be sent via Federal bank wire. 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 regarding eligibility, fees, and applicable routing number(s) for Federal bank wire transactions.

Tape voided check/deposit slip here

Bank ABA routing number      Bank account number

### Send check

**Step 1:** Select a delivery method

Mail check(s) via standard delivery (U.S. Postal Service)

Mail check(s) via overnight/express delivery

A \$20 service charge will apply for overnight/express delivery requests. The fee will be taken from the account with the lowest fund number involved in the transaction. For partial redemptions, the service charge will be taken from the remaining balance in the account.

**Step 2:** Provide payee/address instructions

To the account owner as registered to the address of record

To the alternate payee/alternate address listed below (review **signature guarantee/medallion guarantee stamp** requirements):

Alternate payee (Institution/Custodian/Trustee/Payee)

Student ID/Account number

Alternate mailing address (street, city, state, ZIP code)

**Note:** If the distribution is to a Coverdell ESA or 529 qualified tuition plan, please confirm the beneficiary for the new plan (the account director must remain the same). Putnam will default to the same beneficiary designation if the below field is left blank:

### Name of beneficiary

First      MI      Last      Suffix

Section 7 Authorization

Putnam **requires** the **signature guarantee/medallion guarantee stamp** for any of the scenarios listed below:

- Distribution is sent electronically to a bank account
- Distribution amount is more than \$250,000
- Check is not payable as registered (a stamp is not required if the check is made payable to your new custodian or trustee of a Coverdell ESA or qualified tuition plan with the same director and beneficiary designation, or if the check is made payable to an educational institution for the benefit of the beneficiary and a copy of the beneficiary's tuition bill is provided)
- Distribution amount exceeds \$25,000 and the check is mailed to an address not on file with Putnam or to an address that has been added or changed in the past 15 days
- Request is signed by anyone other than the registered account owner (must be **signed in capacity** and accompanied by the appropriate **certified legal document(s) with original certification**; a certification older than **120 days** is not valid; some distribution restrictions may apply)

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

I request the distribution indicated above. I further certify that all the information on this form, including the Social Security numbers set forth in Section 1, 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 also agree to waive any right under the NACHA rules to rescind any instruction for ACH transactions which have already occurred at the time of the attempt to rescind. This waiver of the recision right applies to ACH liquidations from the Putnam funds. This authorization may be terminated by me at anytime by written notification to Putnam Investor Services, Inc. with reasonable time given to implement my request.

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 account director

Print name of signer

Current date (mm/dd/yyyy)

PLACE SIGNATURE/MEDALLION GUARANTEE STAMP BELOW  
THE GUARANTEE SHOULD NOT BE DATED

