

Name change authorization form



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

Please make checks payable to: Putnam Fiduciary Trust Company, LLC



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 1 Account owner information

Section 1A

Current name on account of owner or authorized signer

First	MI	Last	Suffix	Social Security number (required)	Date of birth (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact phone number	E-mail address				
<input type="text"/>	<input type="text"/>				

Note: Providing an e-mail address and/or phone number above will replace the current contact information on file with Putnam (if applicable). No changes will be made for fields that are left blank. If you are enrolled in electronic delivery, all notifications will be sent to the e-mail address listed above.

Section 1B

If the account is not registered with your Social Security number (i.e. trust or joint registrations), please supply the account number(s) to be updated with the new name.

Putnam account number	Putnam account number	Putnam account number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 2 Former name and new name

Please update the **former name** from:

First	MI	Last	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

To the **new name** of:

First	MI	Last	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 3 Account features

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 at <https://www.franklintempleton.com/help/privacy-policy>.

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

Print name of signature above

Date (mm/dd/yyyy)

PLACE SVP STAMP BELOW

