# Putnam 529 for America<sup>SM</sup> distribution request form

Return by standard delivery:

Putnam Investments PO Box 219697 Kansas City, MO 64121-9697



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



Use this form to request a complete, partial, or systematic distribution from your Putnam 529 for America account. Distributions from the account have different tax consequences depending on how the proceeds are used, whether you claim certain federal tax benefits, and certain other factors. State tax treatment of withdrawals used for elementary or secondary school tuition may vary by state, may not align with federal tax withholding, and may be uncertain. You may wish to consult your tax advisor prior to requesting a distribution. Please see the current Offering Statement for details.

Section 1 A	account owner and ber	neficiary info	ormation	
Name of owner (Individual/organization/trust)		Social Security/tax ID number (required)	Date of birth (mm/dd/yyyy)	
Contact phone nur	mber			
<b>Note:</b> Providing a	phone number above will replace the	current contact infor	nation on file with Putnam (if applicable). If this	field is left blank, no changes will be made.
Name of beneficial	у			
First	MI Last	Suffix	Social Security number (required)	Date of birth (mm/dd/yyyy)
	'	'		
Section 2 T	ype of distribution			
I request the follow	ring ( <b>check one</b> ):			
		ualified education o	f the current beneficiary). The account owner,	/beneficiary is responsible for documenting the
use of funds fo	r tax purposes.			
			cation of the current beneficiary). Note: The	earnings portion of a non-qualified withdrawal
	the recipient's tax rate and a penalty	·		
	name is provided, Putnam will defaul	-	ction 4 the other qualified tuition plan's name, b iciary.	peneficiary's name, and the account number. If
-	account of a scholarship award. Atta		•	
☐ Distribution du	e to the permanent disability of the b	eneficiary. Attach a d	octor's letter stating that the beneficiary is unab	le to attend any eligible educational institution
	jury or illness is expected to continue	-		
☐ Distribution du	ie to the death of the beneficiary. Atta	ch a certified copy of	the beneficiary's death certificate with their nan	ne and Social Security number.
Section 3 C	ne-time distribution o	options		
	the options below:	7610113		
		America accounts for	the owner/beneficiary combination named in	Section 1
Or				
	ne distribution from the following acc	ount(s):		
Fund number	Account number		Dollar amount	Percentage
			\$	or
			Ċ	0/2
			<b>Y</b>	or
			\$	or
			\$	or 0/0

### Section 4 Distribution payment instructions

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

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. **See Section 6 for signature guarantee/medallion guarantee stamp requirements.** 

- IRS form 1099-Q will be sent to the beneficiary for distribution proceeds payable to (1) the beneficiary or (2) an eligible educational institution.
- IRS form 1099-Q will be sent to the account owner for distribution proceeds payable to (1) the account owner, (2) a new Section 529 Qualified Tuition Program, or (3) an alternate payee.

Electronically deposit (a signature guarantee/medallion guarantee and one of the applicable bank documents are 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. For electronic deposits to an educational institution, attach a document on the institution's letterhead. The document must include: name of the educational institution, routing number, account number, student name and student ID. Check the bank account you would like to use: ☐ Checking account ☐ Savings account 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 financial institutions 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 and/or ACH transactions Tape voided check/deposit slip here ABA routing number of financial institution Bank account number Name(s) of all bank account owner(s)/name of educational institution For further credit (if applicable) Send check Step 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 redemptions) Indicate the \$20 overnight/express fee source, otherwise Putnam will default **Fund number** Account number to taking the fee from the lowest fund-account involved in the transaction. The fee will be taken from the balance of 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: Name of institution/529 qualified tuition program/alternate payee Student ID/account number (if applicable) Name of beneficiary (if applicable)

## Section 5 Systematic distribution options

Systematic distributions from your Putnam 529 for America account are only allowed for qualified education expenses. Please indicate a date and frequency for systematic distributions. If no date is selected, Putnam will default to the 15th. If the systematic distribution date falls on a weekend or a holiday, the distribution will be made the next business day. If the distribution date falls on a date that does not occur within a particular month (29th-31st), the distribution will be made the prior day, unless this day falls on a weekend or holiday then the distribution will be made the next business day.

**Note:** Systematic distributions to an eligible educational institution must be sent by check.

Step 1: Distribution a	allocation(s)		Annualized
Fund number	Account number	Dollar amount	Percentage
	- [	O	%
	-	O	%
	-	O	%
	\$	01	%
Step 2: Distribution f	requency		
Choose a frequency be	elow. Putnam will default to once per year if no optio	n is selected:	
Frequency: $\square$ Distribut	te every month (enter distribution date(s) below) <b>or</b> I	☐ Distribute only in the month(s) chosen	below:
□ Jan □ Feb I	□ Mar □ Apr □ May □ June □ July	□ Aug □ Sept □ Oct □ Nov	□ Dec
Begin my systematic d	listribution(s) on the following date(s):		
Distribution date:	Additional distribution date: (Use if you wish to distrib	oute multiple times within a month)	
(MM/DD)	(DD)		
Section 6 Autl	horization		

Putnam requires the signature guarantee/medallion guarantee for any of the scenarios listed below. 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.

- 1) distribution is sent electronically to a bank account
- 2) check is not payable to the registered owner or to an eligible educational institution for the benefit of the beneficiary
- distribution amount is more than \$250,000
- 4) check is mailed to an address not on file with Putnam

- 5) check is mailed to an address that has been added or changed in the past 15
- 6) 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**; some restrictions may apply)

I request the distribution indicated above. Putnam Investments, the State of Nevada, the Nevada College Savings Trust Fund and the Board of Trustees of the College Savings Plans of Nevada are entitled to rely on this request and are released from any and all claims I may have or hereafter claim to have with respect to the distribution. I certify that both my Social Security number and that of the beneficiary, set forth in Section 1 is true, correct and complete and that the numbers are our Taxpayer Identification Numbers (TIN).

I authorize the bank/credit union to accept credit entries initiated by Putnam Investor Services, Inc. to the account designated in Section 4, 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 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 which have already occurred at the time of the attempt to rescind. This waiver of the rescission right applies to ACH liquidations from the Putnam funds. This authorization may be terminated by me at any time by written notification to Putnam Investor Services, Inc. with reasonable time given to implement my request.

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

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PLACE SIGNATURE/MEDALLION GUARANTEE STAMP BELOW

### 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
Υ	\$5,000,000
X	\$2,000,000
А	\$1,000,000
В	\$750,000
С	\$500,000
D	\$250,000
Е	\$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.

