

# Duplicate statements or confirmations to a third party



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



This form may be used by existing Putnam shareholders to establish an additional mailing address for duplicate statements (produced quarterly) and/or confirmations (produced the day after any financial or non-financial activity occurs on your account). Please note: systematic transactions, such as systematic purchases, do not generate confirmations.

Duplicate statements and/or confirmations will be sent for all accounts related to the Social Security number(s) provided in Section 1. All owners must provide authorization in Section 3. All references herein to the singular (i.e., "I" or "my") include the plural as applicable.

## Section 1 Customer information

Name of current owner/custodian/trustee/entity

Tax identification number

Name of current joint owner/minor/co-trustee/authorized party

Tax identification number

Contact phone number

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

## Section 2 Third party information

Please establish the following additional mail address to receive duplicate statements and/or confirmations.

Recipient (individual, company, or firm name)

Mailing address (including apartment or box number)

City

State

ZIP code

### Document instructions:

Mail **both** duplicate statements and duplicate confirmations to the third party recipient named above.

Mail only duplicate **statements** to the third party recipient named above.

Mail only duplicate **confirmations** to the third party recipient named above.

## Section 3 Authorization

With this application, I authorize Putnam Investor Services to mail duplicate statements, confirmations, or both (as specified above), to the third party listed above, without responsibility for correctness thereof or for the existence of any further authorization relating thereto. I agree to indemnify and hold harmless the Putnam funds, and Putnam Investor Services for any loss, liability, or expense incurred from acting on these instructions.

This authorization may be terminated by me at any time by written notification to Putnam Investor Services, with reasonable time given to implement my/our request.

**My signature below indicates that I agree to the terms herein.**

Signature of owner/custodian/trustee/authorized signer

Current date (mm/dd/yyyy)

Print name of signer

Signature of joint owner/co-trustee/co-authorized signer

Current date (mm/dd/yyyy)

Print name of signer