

# Putnam 529 for America<sup>SM</sup> new account application



**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 Select your account owner/beneficiary

Please complete **only one** subsection below (1A, 1B, or 1C). **All information within that subsection is required.** 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.

### Section 1A: Individual as account owner

Name of account owner

First	MI	Last	Suffix	Social Security 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"/>

Name of beneficiary

First	MI	Last	Suffix	Social Security 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"/>

### Section 1B: 529 UGMA/UTMA

A 529 UTMA/UGMA account can only be opened with assets from an existing UTMA/UGMA account of the same beneficiary. Money placed in an UTMA/UGMA registration represents an irrevocable gift to the minor and cannot be combined with other 529 plan types. You must indicate the applicable donor state for this registration type.

Contributions to this account are from an existing UTMA/UGMA account from the donor state of \_\_\_\_\_. **(required)**

Name of custodian

First	MI	Last	Suffix	Social Security 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"/>

Name of minor beneficiary

First	MI	Last	Suffix	Social Security 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"/>

### Section 1C: Trust as account owner

You must provide an excerpt of the trust, including the first page, all signed pages, and the designation of trustees.

Name of trust	Tax identification number	Date of trust (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of trustee

First	MI	Last	Suffix	Social Security 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"/>

Name of beneficiary

First	MI	Last	Suffix	Social Security 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"/>

## Section 2 Provide you address and contact information

Provide the address and contact information for the individuals/entities 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. If you are enrolled in electronic delivery, all notifications will be sent to the e-mail address listed below.

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

Primary residential 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 if different from the primary address**)

Primary contact phone number

Primary e-mail address

**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.

Electronic delivery of account documents

I want to “Go Green” and reduce paper, printing and mailing by receiving documents electronically.

By checking the “Go Green” box above, an e-mail will be sent to the e-mail address provided above with a link to Putnam’s secure Investor Website, which will allow you to choose your eDelivery options. Documents available for eDelivery include transaction confirmations, quarterly statements, prospectuses, annual/semiannual fund reports, proxy statements, and tax forms. When a new document is available, instead of sending the document to you by U.S. mail, Putnam Investor Services will send you an e-mail notification that the document is available via Putnam’s website. Terms and Conditions related to eDelivery will be provided to you prior to confirmation of your elections.

## 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

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 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. If the Putnam account owner's name is listed in the bank account registration, you will then be eligible for ACH on-demand purchasing via phone or web.

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

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

tape your document here

Name	DATE _____
Address	
City, State, ZIP	
PAY TO THE ORDER OF _____	\$ _____
_____	DOLLARS
memo: _____	_____
: 123456789	: 000123456789
: 101	

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
<input type="text"/>	\$ <input type="text"/>
Investment option name	Dollar amount
<input type="text"/>	\$ <input type="text"/>
Investment option name	Dollar amount
<input type="text"/>	\$ <input type="text"/>

#### 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: Additional investment date: (use if you wish to invest multiple times within a month)

(MM/DD)	(DD)
<input type="text"/>	<input type="text"/>

## 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 shares, list the account number(s) of other Putnam fund(s) that you or your family (spouse and/or children under age 21) own.

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

### 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/we have completed the bank account information section, I/we 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/we 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/we 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.

## Section 8 Authorize Putnam to open your account (continued)

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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 name, residential or business address, Social Security or tax identification number, and date of birth for each registered owner, including trustees, opening a new account in order to verify their identities. For certain entities such as trusts, estates, or other non-corporate organizations, additional documentation may be required (see the following terms and conditions or call Putnam at 1-800-225-1581). The funds are unable to accept new accounts if any required information is not provided. If the funds are unable to verify your identity, 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 Account Owner

Date (mm/dd/yyyy)

Print name of signature above

### **SIGNATURE OF CONTRIBUTOR OR BANK ACCOUNT OWNER**

If the checking or savings account indicated in Section 7 is not that of the Putnam account owner, an individual whose name appears on the bank account registration must sign below (only one bank account owner must sign).

Signature of bank account owner (if different from account owner)

Date (mm/dd/yyyy)

Print name of signature above

# Putnam 529 for America<sup>SM</sup> 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  
 PutnamInvestments

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)

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Authorized representative of organization or trustee

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## Section 2 Current beneficiary information

Name of beneficiary

First

MI

Last

Suffix

Social Security number (required)

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

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**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

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

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## 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

\$	
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or

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

Account number (required)

Percentage

Dollar amount

	%	or	\$	
--	---	----	----	--

	%	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

PLACE SIGNATURE/MEDALLION GUARANTEE STAMP BELOW

THE GUARANTEE SHOULD  
NOT BE DATED