

IRA/403(b) Designation of beneficiary 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
1-800-662-0019
www.putnam.com



Use this form to designate a beneficiary for any Putnam IRA account, 403(b) custodial account, or Beneficiary (inherited) retirement account, for which Putnam Fiduciary Trust Company, LLC (PFTC, LLC) acts as directed trustee. Please complete the information below and return this form to Putnam Investor Services. **Your signature in Section 4 must be either notarized or validated with a Signature Validation Program (SVP) stamp.**

If you wish to designate a beneficiary on a non-retirement account, please contact Putnam Investments for the appropriate form and requirements.

Note: PFTC, LLC generally cannot accept beneficiary designations from attorneys-in-fact, conservators, or guardians.

Section 1 Account owner information

Name of account owner/participant					
First	MI	Last	Suffix	Social Security number (required)	Date of birth (mm/dd/yyyy; required)
<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.

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/semi-annual 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 2 Plan type selection

Please complete Option 1 to designate beneficiaries on all retirement plan types held under your social security number or complete Option 2 to indicate only the specific retirement plan types for which you are designating beneficiaries. If beneficiary elections will differ across plan types please submit a separate form for each set of beneficiary designations.

Option 1: Designate beneficiaries on all retirement plan types

Update the beneficiary information on all Putnam retirement plans associated with the Social Security number in Section 1

Option 2: Designate beneficiaries on only the specific retirement plan types indicated below

- | | | |
|---|-------------------------------------|---|
| <input type="checkbox"/> Traditional IRA / Rollover IRA | <input type="checkbox"/> SIMPLE IRA | <input type="checkbox"/> Beneficiary IRA |
| <input type="checkbox"/> Roth IRA / Roth Conversion | <input type="checkbox"/> SEP IRA | <input type="checkbox"/> Beneficiary Roth IRA |
| <input type="checkbox"/> 403(b) | <input type="checkbox"/> SARSEP IRA | <input type="checkbox"/> Beneficiary 403(b) |

Signature of account owner/participant’s spouse (if applicable):

If you are married to the owner/participant and he or she designates a beneficiary(ies) other than you, please consult your financial advisor about the state law and tax law implications of this beneficiary designation, including the need for your consent. By signing below you indicate that you are the spouse of the individual named in Section 1 and that you consent to the designated beneficiary(ies). PFTC, LLC is not responsible to determining whether an account owner is married and is a resident of a jurisdiction in which community property rules apply.

Signature of spouse	Date (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>
Print name of signature above	
<input type="text"/>	

Section 3 Beneficiary designations

Complete Sections 3A and 3B to designate primary and contingent beneficiaries respectively for assets payable upon your death from each plan type designated above. For each beneficiary, PFTC, LLC requires the full name, tax identification number, and date of birth. If you name multiple primary or contingent beneficiaries, please specify the percentage each is to receive. If no percentage is specified, your account will be divided among your surviving primary beneficiaries in substantially equal amounts. If no primary beneficiaries survive you, your account will be divided among your surviving contingent beneficiaries. If none of your designated beneficiaries survive you, your account will be distributed as follows:

- For Beneficiary registrations your account will be distributed to your estate
- For all other IRA registrations, your account will be distributed according to the provisions of the IRA plan and disclosure statement
- For all other 403(b) registrations, your account will be distributed according to the provisions of the 403(b) custodial account agreement

Important: PFTC, LLC **does not accept customized beneficiary designations** (for example, designations which involve multiple contingencies within a primary or contingent beneficiary category) or “per stirpes” designations. All beneficiaries must be designated as either primary or contingent and must include all identifying information referenced above.

3A: Primary beneficiary(ies):

Percentages for **primary** beneficiaries **must equal 100%**. For any additional **primary** beneficiary designations, attach a separate page which contains all required information for each beneficiary and must be signed and dated by the Putnam account owner with either a notary or signature validation program stamp for signature authentication.

Name of individual (First, MI, Last)/Full name of entity/trust (required)	Relationship	Percentage
<input type="text"/>	<input type="checkbox"/> Spouse <input type="checkbox"/> Other	<input type="text"/> %
Social Security/Tax ID number (required) <input type="text"/>	Date of birth (mm/dd/yyyy; required) <input type="text"/>	
Residential address (street, city, state, ZIP code) <input type="text"/>		

Name of individual (First, MI, Last)/Full name of entity/trust (required)	Relationship	Percentage
<input type="text"/>	<input type="checkbox"/> Spouse <input type="checkbox"/> Other	<input type="text"/> %
Social Security/Tax ID number (required) <input type="text"/>	Date of birth (mm/dd/yyyy; required) <input type="text"/>	
Residential address (street, city, state, ZIP code) <input type="text"/>		

Name of individual (First, MI, Last)/Full name of entity/trust (required)	Relationship	Percentage
<input type="text"/>	<input type="checkbox"/> Spouse <input type="checkbox"/> Other	<input type="text"/> %
Social Security/Tax ID number (required) <input type="text"/>	Date of birth (mm/dd/yyyy; required) <input type="text"/>	
Residential address (street, city, state, ZIP code) <input type="text"/>		

Name of individual (First, MI, Last)/Full name of entity/trust (required)	Relationship	Percentage
<input type="text"/>	<input type="checkbox"/> Spouse <input type="checkbox"/> Other	<input type="text"/> %
Social Security/Tax ID number (required) <input type="text"/>	Date of birth (mm/dd/yyyy; required) <input type="text"/>	
Residential address (street, city, state, ZIP code) <input type="text"/>		

Total primary allocations must equal 100%

%

Section 3 Beneficiary designations (continued)

3B: Contingent beneficiary(ies):

Percentages for **contingent** beneficiaries **must equal 100%**. For any additional **contingent** beneficiary designations, attach a separate page which contains all required information for each beneficiary and must be signed and dated by the Putnam account owner with either a notary or signature validation program stamp for signature authentication.

Name of individual (First, MI, Last)/Full name of entity/trust (required)	Relationship	Percentage
<input type="text"/>	<input type="checkbox"/> Spouse <input type="checkbox"/> Other	<input type="text"/> %
Social Security/Tax ID number (required)	Date of birth (mm/dd/yyyy; required)	
<input type="text"/>	<input type="text"/>	
Residential address (street, city, state, ZIP code)		
<input type="text"/>		

Name of individual (First, MI, Last)/Full name of entity/trust (required)	Relationship	Percentage
<input type="text"/>	<input type="checkbox"/> Spouse <input type="checkbox"/> Other	<input type="text"/> %
Social Security/Tax ID number (required)	Date of birth (mm/dd/yyyy; required)	
<input type="text"/>	<input type="text"/>	
Residential address (street, city, state, ZIP code)		
<input type="text"/>		

Name of individual (First, MI, Last)/Full name of entity/trust (required)	Relationship	Percentage
<input type="text"/>	<input type="checkbox"/> Spouse <input type="checkbox"/> Other	<input type="text"/> %
Social Security/Tax ID number (required)	Date of birth (mm/dd/yyyy; required)	
<input type="text"/>	<input type="text"/>	
Residential address (street, city, state, ZIP code)		
<input type="text"/>		

Name of individual (First, MI, Last)/Full name of entity/trust (required)	Relationship	Percentage
<input type="text"/>	<input type="checkbox"/> Spouse <input type="checkbox"/> Other	<input type="text"/> %
Social Security/Tax ID number (required)	Date of birth (mm/dd/yyyy; required)	
<input type="text"/>	<input type="text"/>	
Residential address (street, city, state, ZIP code)		
<input type="text"/>		

Total contingent allocations must equal 100%

100.00 %

Section 4 Authorization

I hereby authorize PFTC, LLC to record the beneficiary designation(s) indicated above and revoke any previous designations made by me for the plan type(s). This beneficiary designation is not valid unless it is received, in good order, by PFTC, LLC on a date prior to the account owner's date of death and maintained in PFTC, LLC's records at the time of any request for a distribution or other payment from the Plan(s).

Your signature below must be either notarized or validated with a Signature Validation Program (SVP) stamp.

- A notary must include the date of certification, the original signature of the person whose signature is being notarized, the original signature of the notary public, an original notary stamp or seal, and the date of notary commission expiration
 - A SVP stamp is a stamped assurance for non-financial transactions by a financial institution that indicates a signature is valid
- I have attached additional primary and/or contingent beneficiaries on a separate sheet of paper which is signed, dated, and authenticated with either a notary or SVP stamp

Signature of account owner/participant **(required)**

Date (mm/dd/yyyy)

Print name of signature above

PLACE NOTARY PUBLIC OR SVP STAMP BELOW



REQUIRED



Notary Public's Signature (required if notarized)

Notary commission expiration date (required if notarized)