

IRA Beneficiary distribution form for a spouse beneficiary



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 transfer and/or distribute assets from a Traditional IRA, Rollover IRA, Roth IRA, Roth Conversion, SEP IRA, SARSEP IRA or SIMPLE IRA due to the death of the owner. If you have any questions, please contact your financial intermediary or Putnam Investor Services. All references herein to the singular (i.e., "I" or "my") include the plural as applicable.

Please keep the following points in mind as you complete the appropriate sections of the form:

- You may want to seek tax advice regarding your distribution options. It is the beneficiary's responsibility to follow IRS distribution requirements; otherwise, penalties may apply.
- A certified copy of the account owner's **death certificate** must be provided or already on file at Putnam before any transaction can be completed (additional requirements will apply for a non-resident decedent; contact Putnam for additional information). A certified copy of a death certificate must also be provided for any deceased beneficiaries.
- Each beneficiary must complete and return a separate version of the IRA Beneficiary distribution form.
- A signature guarantee/medallion guarantee stamp is required in all cases.
- If you are signing this form in a legal capacity for a beneficiary, you must include the appropriate certified legal documents of appointment as guardian, conservator, attorney-in-fact, etc. **Note:** A legal representative generally cannot designate beneficiaries.
- Please contact Putnam to address any outstanding checks. Checks issued before the account owner's death will require additional documentation in order to be reissued to the decedent's estate. Checks issued after the account owner's death will require reinvestment instructions before the assets can be transferred to the beneficiary(ies).
- The Putnam funds do not accept new accounts for non-U.S. residents. If you are not a U.S. resident, the assets will be redeemed in full immediately following the transfer.

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Important information

Information for assets received from a Traditional IRA, Rollover IRA, Roth IRA, Roth Conversion, SEP IRA, SARSEP IRA, or SIMPLE IRA:

A spouse who is the beneficiary of an IRA has the option to transfer the decedent's assets into an IRA in their own name. The IRA will be subject to the terms and conditions of the applicable Putnam IRA Plan and Disclosure Statement. You are responsible for taking a required minimum distribution (RMD) as follows:

- If you were born on or before 06/30/1949, your RMD obligation begins the year you attain the age of 70½.
- If you were born after 06/30/1949, your RMD obligation begins the year you attain the age of 72.

Important: If the decedent passed away after the required commencement of his/her RMD, any remaining RMD owed in the year of death must be distributed based on the decedent's life expectancy.

For spouse beneficiaries who transfer the assets into an **existing** IRA in their own name, any information provided on this form will **override** the existing registration information. No changes will be made for fields that are left blank. Please note that Rollover IRA registrations will be treated the same as Traditional IRA registrations and that Roth Conversion registrations will be treated the same as Roth IRA registrations with regard to overriding information.

Funds which are not transferred into the spouse's own IRA will be subject to the Beneficiary IRA guidelines below:

- If the decedent passed away prior to the required commencement of his/her RMD, or at any point when the owner of a Roth IRA/Roth Conversion passes away, the spouse beneficiary may elect to take required distributions beginning the year following the decedent's death. The calculation will be based on the longer of the spouse beneficiary's or the decedent's single life expectancy.
- If the decedent passed away after the required commencement of his/her RMD, any remaining RMD owed in the year of death must be distributed based on the decedent's life expectancy. Beginning the year following the decedent's death, the spouse beneficiary may elect to take required distributions based on the longer of the spouse beneficiary's or the decedent's single life expectancy.

For assets currently held in a Beneficiary retirement account, you must complete the IRA Beneficiary distribution form (FM313N).

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Use this form to request a transfer and/or distribution from a Putnam IRA due to the death of the account owner. This form is not intended for IRA registrations where Putnam Fiduciary Trust Company, LLC (PFTC, LLC) is not the trustee of the plan. For IRA registrations invested in Putnam funds that are held by other trustees or custodians, please contact the trustee/custodian of your plan for more information.

Section 1 Decedent information

Name of decedent (required)

First	MI	Last	Suffix	Social Security number (required)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

<input type="text"/>	<input type="text"/>
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Section 2 Spouse beneficiary information

Beneficiary information (beneficiary of the decedent named in Section 1)

Name of spouse beneficiary	Social Security number (required)	Date of birth (mm/dd/yyyy; required)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of authorized Signer (if applicable)	Social Security number (required)	Date of birth (mm/dd/yyyy; required)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Spouse beneficiary mailing address (street, city, state, ZIP code; required)

Spouse beneficiary residential address (street, city, state, ZIP code; required if the mailing address is a P.O. Box or c/o address)

Contact phone number E-mail address

<input type="text"/>	<input type="text"/>
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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 Spouse beneficiary instructions

Assets will be transferred in kind unless otherwise indicated on a separate letter of instruction. If different funds or allocations are indicated, an exchange will take place following the transfer, which may not be processed on the date of receipt of instructions in good order. If no selection is made in Step 1, or if the specific selection is not allowed, the assets will be transferred to a new Beneficiary IRA. Your RMD (if applicable) will be calculated using the Uniform Lifetime Table for assets held in your own name and using the Single Lifetime Table for assets held in a Beneficiary IRA.

Step 1: Choose **one** of the transfer options below.

- Transfer the decedent's IRA directly to a new/existing IRA in my name.
 - Distributions taken from your own IRA will be coded as normal or premature distributions based on your age at the time of the distribution. Early distribution penalties may apply for premature distributions.
- Transfer the decedent's IRA to a new Putnam Beneficiary IRA.
 - Distributions taken from the Beneficiary IRA will be coded as a death distribution.
- Transfer the decedent's IRA to a new Putnam Beneficiary IRA for any distributions listed in Step 2 and then transfer any remaining assets to a new/existing IRA in my name.
 - Distributions taken from the Beneficiary IRA will be coded as a death distribution.

Step 2: Choose **one** of the withdrawal options below for the assets being transferred as indicated in Step 1.

- Take no distributions at this time (default option).
- Distribute 100% of the assets being transferred as indicated in Step 1, made payable according to the distribution payment instructions in Section 5.
- Distribute my current year portion of the RMD, if applicable (e.g. the decedent had attained the age of distribution, the account is not a Roth IRA, the RMD has not already been satisfied for the current year, the RMD has not been waived for the current year by federal law, etc.), for the assets received from the decedent's IRA account (as named in Section 1). Distributions requested in the year of death will be based on the decedent's remaining required minimum amount. Distributions requested when death occurred in a previous year will be based on the beneficiary's required minimum amount for the current year. Distributions will be made proportionately.

Important: Consult a tax advisor if death occurred in a prior year to ensure that all required distributions have been satisfied or tax penalties may apply.

- Process a partial distribution for the assets being transferred as indicated in Step 1 using the dollar amounts listed below:

<i>Fund number</i>	<i>Dollar amount</i>	<i>Fund number</i>	<i>Dollar amount</i>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>

Step 3: Choose **one** of the systematic distribution options below.

- Do not establish a systematic distribution program at this time (default option). Failure to satisfy an RMD may result in tax penalties.
- Establish systematic life expectancy distributions based on the information provided in Sections 1 and 2 of this form. If the systematic option is selected in connection with a request to distribute the current year RMD in Step 2, the systematic program will have the start date deferred until the following year. Distributions will be made proportionately.

Indicate how often you would like to take distributions. **Putnam will default to once per year if no option is selected:**

Frequency: Distribute every month or Distribute only in the month(s) chosen below:

Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec

Indicate the month, day, and year you wish to begin scheduled payments. Putnam will default to the 15th of the next applicable month if no date is selected:

Note: Drafts requested for January 1st will be delayed to allow for the completion of the year end life expectancy payment calculation and will be processed using a trade date of the first business day of the year. Drafts are not available for the 29th-31st; if an invalid draft date is selected Putnam will default to the 15th.

For Beneficiary IRA registrations: When there are additional non-spouse beneficiaries who failed to segregate their assets prior to December 31st of the year following death, the eldest named beneficiary's date of birth is required to ensure that the life expectancy payment is properly calculated. If applicable please provide the eldest beneficiary's date of birth: ____/____/____

Section 4 **Income tax withholding (if applicable)**

Federal Income Taxes

Federal income taxes will be withheld at a rate of 10% (except for Roth IRA/Beneficiary Roth IRA plans) unless you elect not to have taxes withheld or provide a different rate below. Please see below for the situations in which Putnam withholds state taxes.

If you have elected systematic distributions, the election you make below will apply to all your distributions.

IRA federal withholding (except for Roth IRA/Beneficiary Roth IRA plans)

- Do not withhold federal income tax from my total distribution.
- Withhold federal income tax at a rate of _____ %.
 - Withhold my taxes from the distribution proceeds, **gross** (this will be the default withholding option if no choice is made).
 - Withhold my taxes from the remaining account balance, **net** (only allowed for one time distributions).

Roth federal withholding (Putnam will default to no federal withholding for Roth IRA/Beneficiary Roth IRA distributions unless specified below)

- Withhold federal income tax at a rate of _____ %.
 - Withhold my taxes from the distribution proceeds, **gross** (this will be the default withholding option if no choice is made).
 - Withhold my taxes from the remaining account balance, **net** (only allowed for one time distributions).

State income taxes

Putnam will withhold state income taxes if your address of record is in one of the following states: AR, CA, CT*, DE, IA, KS, MA, ME, MI*, NC, OK, OR, VT or the District of Columbia (DC)** and federal income tax is being withheld. State tax withholding requirements vary by state.

*Residents of CT or MI will have state income taxes withheld regardless of federal income tax withholding. To opt out of CT or MI state income taxes, the appropriate state specific form must be submitted with this distribution request or already on file with Putnam.

**Residents of DC will have local income taxes withheld on 100% distributions regardless of federal income tax withholding.

Note: Whether or not you elect to have federal and, if applicable, state tax withholding applied, you are responsible for the full payment of federal income tax, any state or local taxes, and any penalties that may apply to your distribution. You may be responsible for estimated tax payments and could incur penalties if your estimated tax payments are not sufficient.

Section 6 Name your designated beneficiaries (if applicable)

If you have requested a 100% distribution in Section 3, skip to Section 8. If this section is left blank or not returned, no beneficiary will be designated for your account

Complete Sections 6A and 6B to designate primary and contingent beneficiaries respectively for assets payable from the Plan in the event of your death. For each beneficiary, PFTC, LLC requires the full name, tax identification number, and date of birth (if applicable). 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 you do not designate beneficiaries, or if none of your designated beneficiaries survive you, your account will be distributed as follows:

- For Beneficiary IRA 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 plans and disclosure statements.

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. PFTC, LLC generally cannot accept beneficiary designations from attorneys-in-fact, conservators, or guardians. Entities such as trusts or estates cannot designate beneficiaries.

6A: Primary beneficiaries:

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.

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

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

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

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

Total primary allocations must equal 100%

100.00 %

Section 6 Name your designated beneficiaries (continued)

6B: Contingent beneficiaries:

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.

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

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

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

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

Total contingent allocations must equal 100%

100.00 %

6C: Additional plan designations:

Please select any additional applicable plan types for which you are designating beneficiaries. If you do not make any selections below the designations will only apply to the registration(s) to which the money is transferred as a result of this paperwork.

Option 1: Designate beneficiaries on all retirement plan types

Update the designated beneficiary information on all Putnam retirement plans associated with the Social Security / Tax ID number in Section 2

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) |

Section 7 Financial intermediary information (if applicable)

You may designate a financial intermediary at any time by returning a signed Financial intermediary change request to Putnam Investor Services. Putnam Retail Management Limited Partnership ("PRM") will be designated as the default broker-dealer of record on your account(s) and will retain all applicable sales charges if any of the following apply:

- You elect not to designate a financial intermediary.
- The broker-dealer firm or financial institution you designate does not have a selling agreement with PRM.

Please note that PRM is not a full service broker-dealer and does not provide investment advice. As default broker-dealer, PRM cannot assist you with financial planning or provide recommendations, services that are provided by a financial intermediary. If you wish to receive such services, you must designate a financial intermediary.

Note: Please refer to <https://www.finra.org> for assistance in locating the Central Registration Depository number for the financial intermediary.

Dealer number Branch office number Financial intermediary number Central Registration Depository (CRD) number

Financial intermediary name(s) exactly as it appears on firm's registration

Financial intermediary's firm

Financial intermediary's contact phone number

Branch office street address

City State ZIP code

Note: If you do not designate a financial intermediary 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 Financial intermediary change request form to Putnam Investor Services.

Section 8 Agreement and authorization

8A: Agreement

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 an address on record with Putnam for at least 15 days. 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. and any Putnam funds that may be involved in transactions authorized by telephone against any claim or loss in connection with any telephone transaction effected on my account.

I do not authorize the mailing of only one shareholder report, one prospectus, or one set of proxy materials if there are multiple accounts in a Putnam fund 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 shareholder report, one prospectus, or one set of proxy materials for all accounts in any Putnam fund at my address.

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/>

Important notice regarding Putnam's IRA Plans and disclosure statements: By signing this application, I acknowledge that Putnam's IRA Plans and Disclosure statements document is available for viewing and printing via Putnam's website at <https://www.putnam.com/literature/pdf/IR616.pdf>.

I hereby (I) adopt The Putnam Traditional IRA Plan or The Putnam Roth IRA Plan (the "Plans") as an individual retirement account under Section 408(a) or 408A of the Internal Revenue Code of 1986, as amended; (II) acknowledge receipt of the Plan and Disclosure Statement; (III) have received and have read a current prospectus of any fund; (IV) appoint PFTC, LLC as Trustee; (V) acknowledge that the terms in this agreement mean the same as in the Plan; and (VI) agree that an annual maintenance fee of \$25 will automatically be deducted from the account in accordance with Putnam's annual maintenance fee policy for accounts with a balance below \$50,000 on the day the fee is scheduled to be taken. I also acknowledge that Putnam's annual maintenance fee policy is subject to change.

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.

Putnam will attempt, on a best efforts basis, to carry over your distribution option due to a fund exchange, fund merger, or share class conversion in order to satisfy your next RMD; however, Putnam cannot guarantee that your full RMD will be satisfied. If the balance in any fund falls below the amount or percentage designated during the year, you may not receive the full amount of your RMD. By signing this form you agree that Putnam is not responsible for ensuring that your full RMD has been met by December 31.

If Putnam receives returned mail for your account and is unable to confirm your new address, your account will be restricted and no further RMDs will be processed until Putnam receives appropriate documentation of your current address. Putnam will require new instructions to re-establish your RMD after your address has been

Section 8 Agreement and authorization (continued)

updated. Similarly, if your assets are escheated to the state as a result of inactivity, no further RMDs will be processed and Putnam will require new instructions to re-establish your RMD after the escheated assets have been returned from the state.

I further understand that under federal tax law I will have 60 days from date of receipt by me to roll over such distribution to another IRA or eligible plan that will accept it. I will consult my professional tax advisor if I have any questions about the tax consequences of any such distribution.

The information you provide may be shared with third parties for the purpose of verification subject to the terms of Putnam's privacy policy.

8B: Authorization

I request the transfer and (when applicable) the distribution indicated above. I further certify that all the information on this form, including the Social Security number set forth in Section 2, is true, correct, and complete. I authorize the bank/credit union to accept credit entries initiated by Putnam Investor Services, Inc. to the account designated in Section 5, 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 funds, and Putnam Investor Services, Inc. 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. I also understand my distribution choices, including my right to defer payments to me under the plan.

I make the beneficiary designation(s) indicated in Section 6 and revoke any previous designations made by me for the Plan. This beneficiary designation is not valid unless it is received, in good order, by Putnam on a date prior to my date of death and maintained in Putnam's records at the time of any request for a distribution or other payment from the Plan(s).

By signing below, I certify under penalties of perjury that:

1. **The number shown on this form is my correct taxpayer identification number**
2. **I am not subject to backup withholding because:**
 - a. **I am exempt from backup withholding or**
 - b. **I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends (cross out (b) if you have been notified by the IRS that you are currently subject to backup withholding), or**
 - c. **The IRS has notified me that I am no longer subject to backup withholding**
3. **I am a U.S. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are:**
 - a. **An individual who is a U. S. citizen or a U.S. resident alien**
 - b. **An estate (other than a foreign estate), or**
 - c. **A domestic trust (as defined in Treasury Regulation 301.7701-7)**
4. **I am exempt from FATCA reporting**

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

A signature guarantee or medallion guarantee stamp is required for all requests submitted through this form. 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 stamp should not be dated. If a signature/medallion guarantee is dated, it is only valid for that date.

Signature of claiming beneficiary or authorized signer (required)

Print name of signature above

Current date (mm/dd/yyyy)

Signature of co-authorized signer (required if applicable)

Print name of signature above

Current date (mm/dd/yyyy)

PLACE SIGNATURE/MEDALLION GUARANTEE STAMP BELOW



The guarantee should not be dated

REQUIRED



PLACE SIGNATURE/MEDALLION GUARANTEE STAMP BELOW



The guarantee should not be dated

REQUIRED

