

# Putnam 529 for America<sup>SM</sup> corporate payroll deduction 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  
Putnam Investments



Use this form to establish payroll deduction contributions to a new Putnam 529 for America account. Please submit a copy of this form to your employer in order to begin the deductions. If you wish to establish payroll deduction contributions to an existing account, please complete a Putnam 529 for America payroll deduction form.

## Section 1 Account owner information

Name of owner

| First | MI | Last | Suffix | Social Security number (required) | Date of birth (mm/dd/yyyy; required) |
|-------|----|------|--------|-----------------------------------|--------------------------------------|
|       |    |      |        |                                   |                                      |

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. Check the box below and indicate the applicable donor state **only** if you are establishing this account with contributions from an existing UTMA/UGMA account of the same beneficiary.

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

Contact phone number

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.

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

|  |
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|  |
|--|

Owner's residential address (street, city, state, ZIP code; **required if mailing address is a P.O. Box or c/o address**)

|  |
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|  |
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## Section 2 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.

Name of successor owner

| First | MI | Last | Suffix | Social Security number (required) | Date of birth (mm/dd/yyyy; required) |
|-------|----|------|--------|-----------------------------------|--------------------------------------|
|       |    |      |        |                                   |                                      |

### Section 3 Beneficiary information

Please list all new beneficiaries for which you wish to contribute via payroll deduction. The beneficiary is the person whose qualified education expenses may be paid from the account. Note: you must complete date of birth for each beneficiary below. **If you designate more than one beneficiary, a separate Putnam 529 for America account will be established for each and this application will apply to each account.**

Name of beneficiary

|       |    |      |        |                                   |                                      |
|-------|----|------|--------|-----------------------------------|--------------------------------------|
| First | MI | Last | Suffix | Social Security number (required) | Date of birth (mm/dd/yyyy; required) |
|       |    |      |        |                                   |                                      |

Beneficiary's residential address (street, city, state, ZIP code; **required if different than the account owner's mailing address**)

Name of beneficiary

|       |    |      |        |                                   |                                      |
|-------|----|------|--------|-----------------------------------|--------------------------------------|
| First | MI | Last | Suffix | Social Security number (required) | Date of birth (mm/dd/yyyy; required) |
|       |    |      |        |                                   |                                      |

Beneficiary's residential address (street, city, state, ZIP code; **required if different than the account owner's mailing address**)

Name of beneficiary

|       |    |      |        |                                   |                                      |
|-------|----|------|--------|-----------------------------------|--------------------------------------|
| First | MI | Last | Suffix | Social Security number (required) | Date of birth (mm/dd/yyyy; required) |
|       |    |      |        |                                   |                                      |

Beneficiary's residential address (street, city, state, ZIP code; **required if different than the account owner's mailing address**)

### 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 5 Payroll deduction election

The account owner requests the employer to deduct the following amount each pay period on an after-tax basis and pay it to the account owner's Putnam 529 for America account. You must indicate the total amount to be deducted for all beneficiaries, new and/or existing. Review the investment options in Section 7 and specify the investment elections in Section 8. Please note that your employer may impose additional requirements to implement payroll deductions.

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## Section 6 Employer information

Name of company

Putnam group number

|  |  |
|--|--|
|  |  |
|--|--|

### Mailing address

Street

|  |
|--|
|  |
|--|

City State ZIP code

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

## Section 7 Investment options

Please use the Putnam Fund Guide (<https://www.putnam.com/literature/pdf/FM103.pdf>) to indicate your investment options in Section 8 and Section 9 of this form.

- For new investments made to Putnam: If no class of shares is indicated, class A shares will be purchased.
- If you are transferring shares held in The Putnam funds to a new ownership registration with Putnam, you must select the same share class as the original account.

## Section 8 Payroll funding

Please specify the investment elections for payroll funding below. Please note that your employer may impose additional requirements to implement payroll deductions.

**Fee structure**     A     C

Name of beneficiary

| First                        | MI | Last | Suffix | Investment option | Percentage allocation |
|------------------------------|----|------|--------|-------------------|-----------------------|
|                              |    |      |        |                   | %                     |
|                              |    |      |        |                   | %                     |
|                              |    |      |        |                   | %                     |
|                              |    |      |        |                   | %                     |
|                              |    |      |        |                   | %                     |
|                              |    |      |        |                   | %                     |
|                              |    |      |        |                   | %                     |
|                              |    |      |        |                   | %                     |
|                              |    |      |        |                   | %                     |
|                              |    |      |        |                   | %                     |
|                              |    |      |        |                   | %                     |
| Total beneficiary allocation |    |      |        |                   | 100%                  |

## Section 9 Additional funding

Please complete this section to jump start your savings with an initial investment by check or ACH. You may allocate your contribution to one or among any combination of the available investment options. Please indicate the dollar amount of your contribution to be allocated to each investment option. If you chose to do additional funding, your share class selection in Section 8 will be applied unless you specifically request a different fee structure below.

**Fee structure**     A     C

**Funding method:**

- Draft a one-time debit from my checking or savings account referenced in Section 10
- Invest the enclosed check as a contribution (make checks payable to Putnam Investments)

*Name of beneficiary*

| First | MI | Last | Suffix | Investment option | Dollar amount |
|-------|----|------|--------|-------------------|---------------|
|       |    |      |        |                   | \$ _____      |
|       |    |      |        |                   | \$ _____      |
|       |    |      |        |                   | \$ _____      |
|       |    |      |        |                   | \$ _____      |
|       |    |      |        |                   | \$ _____      |

## Section 10 Bank account information

**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** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**City, State, ZIP** \_\_\_\_\_

**DATE** \_\_\_\_\_

PAY TO THE  
ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ DOLLARS

memo: \_\_\_\_\_

|: 123456789    |: 000123456789    |: 101

*ABA routing number of financial institution*

*Bank account number*

## Section 11 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 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., 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 proxy materials 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.

**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.

The payroll deduction amount may be modified by the account owner at any time by completing a new Payroll deduction form effective as soon as reasonably practicable thereafter. The employer may terminate payroll deduction contributions at any time.

I certify that the information contained herein is true and correct. I, the successor owner, and the beneficiary(ies) are U.S. Citizens or resident aliens. I certify that the taxpayer identification numbers in Sections 1 and 3 are correct (or a number has been applied for and will be provided upon receipt).

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 payroll deduction contributions are deducted from my pay on an after-tax basis and are not deductible from federal income tax.

**By signing below, I am agreeing to the terms of the offering statement, participation agreement attached to the offering statement, and the terms of 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.**

**My signature below indicates I have read the offering statement and participation agreement for the Putnam 529 for America program and agree to the terms therein and herein. 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. If more than one beneficiary is designated in Section 3, I agree that a new account will be established for each beneficiary and this application will constitute a separate contract with respect to each such account.**

## Section 11 Authorize Putnam to open your account (continued)

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I am solely responsible for monitoring contributions to my account(s) pursuant to a payroll deduction arrangement with my employer. I agree that Putnam Investments, the State of Nevada, the Nevada College Savings Trust Fund and the Board of Trustees of the College Savings Plans of Nevada have no duty or obligation to monitor or question changes to, or termination of, payroll deduction contributions to my account(s). I hereby acknowledge that my employer may cease offering payroll deduction at any time without notice.

Without limiting, and in addition to, the foregoing, I affirm that I have read and understood the descriptions of the investment options in the Offering Statement, and I acknowledge that I have chosen the investment option(s) I believe best suit the needs of the beneficiary(ies) designated above.

In accordance with federal law, Putnam is required to obtain my name, residential or business address, Social Security or tax identification number, and date of birth (if applicable) in order to verify my identity. In addition, trusts and non-profit organizations are required to provide documentation in order for the funds to verify their identities. Please contact Putnam at 1-800-634-1591 for more information. The information I provide may be shared with third parties for the purpose of verification subject to the terms of Putnam's privacy policy. Putnam is unable to accept this new account if any required information is not provided. If Putnam is unable to verify the account owner's identity, this account will be distributed at the then-current unit value. I understand that federal income taxes may be due on the taxable part of any such distribution. I further understand that under federal tax law any roll over distribution to another qualified tuition program that will accept it must occur within 60 days. I will consult my professional tax advisor if I have any questions about the tax consequences of any such distribution.

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 10 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