

# Request for Coverdell ESA distribution



**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 request a complete, partial, or systematic distribution from your Putnam Coverdell ESA Account. Distributions from these accounts have tax consequences to the beneficiary and can never be made payable solely to the account director. Please review the Putnam Coverdell ESA Plan and Disclosure Statement and/or consult your tax advisor if you have any questions.

## Section 1 Account owner information

Name of account director

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

Contact phone number

**Note:** Providing a phone number above will replace the current contact information on file with Putnam (if applicable). If this field is left blank, no changes will be made.

Name of beneficiary

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

## Section 2 Type of distribution

I request the following (check one):

- Normal distribution (payable as registered, payable to the beneficiary, or payable to a qualified educational institution)
- Transfer of assets to another Coverdell ESA
- Rollover to a 529 qualified tuition plan
- Death of beneficiary (certified copy of death certificate is required)
- Disability of beneficiary (Note: If you are requesting a waiver of a CDSC on account of disability per the terms of the applicable prospectus, you must include a notarized doctor's note or letter of determination from the Social Security Administration)
- Distribution of excess contributions, plus applicable earnings (proceed to Section 5)  
(Note: earnings are taxable in the year in which the contributions to which they relate were made)

## Section 3 One-time distribution options

Please indicate your distribution method by selecting from the options below:

- Distribute **100%** of the assets in all Coverdell accounts for the director/beneficiary combination named in Section 1
- Take a one-time distribution from the following account(s):

Fund number	Account number	Dollar amount	Percentage
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	or <input type="text"/> %
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	or <input type="text"/> %
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	or <input type="text"/> %
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	or <input type="text"/> %

## Section 4 Systematic distribution options

Please indicate a date and frequency for systematic distributions. **If no date is selected, Putnam will default to the 15th.** If the systematic distribution date falls on a weekend or a holiday, the distribution will be made the next business day. If the distribution date falls on a date that does not occur within a particular month (29th-31st), the distribution will be made the prior day, unless this day falls on a weekend or holiday then the distribution will be made the next business day.

### Step 1: Distribution allocation(s)

<i>Fund number</i>	<i>Account number</i>	<i>Dollar amount</i>	<i>Annualized Percentage</i>
<input type="text"/>	— <input type="text"/>	\$ <input type="text"/>	or <input type="text"/> %
<input type="text"/>	— <input type="text"/>	\$ <input type="text"/>	or <input type="text"/> %
<input type="text"/>	— <input type="text"/>	\$ <input type="text"/>	or <input type="text"/> %

### Step 2: Distribution frequency

Choose a frequency below. Putnam will default to once per year if no option is selected:

Frequency:  Distribute every month (enter distribution date(s) below) **or**  Distribute only in the month(s) chosen below:

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

Indicate distribution date(s) below:

Distribution date: Additional distribution date (use if you wish to distribute multiple times within a month)

(MM/DD) (DD)

<input type="text"/>	<input type="text"/>
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## Section 5 Return of excess contribution instructions

Indicate the tax year for which the excess contribution was made:

Specify the amount of the excess contribution and the account(s) from which it should be distributed:

<i>Fund number</i>	<i>Account number</i>	<i>Dollar amount</i>
<input type="text"/>	— <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	— <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	— <input type="text"/>	\$ <input type="text"/>
		<b>Total:</b> \$ <input type="text"/>

Remove the excess contribution plus any applicable earnings. Earnings are only removed if the request is received on or before the tax filing deadline.

Remove the excess contribution only



## Section 7 Authorization

**Putnam requires the signature guarantee/medallion guarantee** if any of the scenarios below apply. A signature guarantee/medallion guarantee is a stamped assurance by a financial institution that indicates a signature is valid and has the financial backing of the institution.

- 1) distribution is sent electronically to a bank account
- 2) check is not made payable as registered (not required if the check is made payable to your new custodian or trustee of a Coverdell ESA or qualified tuition plan with the same director/beneficiary designation or if the check is made payable to an educational institution for the benefit of the beneficiary and a copy of the beneficiary's tuition bill is provided)
- 3) distribution amount is more than \$100,000
- 4) request is signed by anyone other than the registered account director (**must be signed in capacity and accompanied by the appropriate certified legal document(s) with original certification**)
- 5) distribution is being mailed to an alternate address and the amount is more than \$25,000
- 6) distribution is being mailed to an address that has changed in the past 15 days and the amount is more than \$25,000

I request the distribution indicated above. I further certify that all the information on this form, including the Social Security numbers set forth in Section 1, 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 6, 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 anytime by written notification to Putnam Investor Services, Inc. with reasonable time given to implement my request.

My signature below also indicates that if I am designating an investment in a fund that I do not already own I have read the fund prospectus(es) and agree to the terms therein.

*Signature of account owner/authorized party*

*Print name of signature above*

*Date (mm/dd/yyyy)*

PLACE SIGNATURE/MEDALLION GUARANTEE STAMP BELOW

