Putnam Investments 403 (b) Fair Fund Reissue Form

This form is being provided to complete the reissuing of your 403 (b) Fair Fund check to either a new payee, beneficiary, or to a new trustee. Please review the information on this form and complete all sections that apply.

Return delivery option:

- Mail this completed form to the address below **OR**
- Fax this signed form to the below fax number

Putnam Investments
P.O. Box 8383
Boston, MA 02266

Telephone # 1-800-848-9697
Fax # 1-800-913-6160

I am the account holder ☐ **I am the beneficiary** ☐

A. REISSUE OPTIONS

☐ Issue a check in my name, subject to 20% federal withholding and applicable state withholding.*
(Complete Section B and E)

☐ Issue a check payable to my IRA, qualified retirement plan, 403(a), 403(b), or 457 plan
(Complete Section B, D and E)

☐ Issue a check in my name as I am the beneficiary of the account owners 403(b), subject to 20% federal withholding and applicable state withholding*
(Complete Section B, C and E)

☐ Issue a check payable to my §408(d)(3)(c) Inherited IRA (Complete Section B, C, D and E)

* State income taxes may be withheld if your address of record is in one of the following states: AR, CA, DE, IA, KS, ME, NE, MA, NC, OK, OR, VA, VT and federal income tax is being withheld.

B. ACCOUNT HOLDER INFORMATION:

_____ _____ - _____ - _____ _____
Account Holder Name (First, M.I., Last) Social Security Number Account/Invoice #

_____ _____ ___/___/_____ ____ - _____ - _____ _____
Check # Amount of check Date of Birth Daytime phone State of Residence

_____ _____ _____ _____
Mailing Address City State ZIP

C. BENEFICIARY INFORMATION:

Beneficiary %:_____ State of Residence: _____

_____ _____/____/_____
Name (First, M.I., Last) Date of Birth

Spousal Beneficiary ☐ Non-Spouse Beneficiary ☐

_____ - _____ - _____ _____ - _____ - _____
Social Security Number Daytime phone

_____ _____ _____ _____
Mailing Address City State ZIP

D. RECEIVING TRUSTEE:

Payee	Account Type	Account #		
Mailing Address	City		State	ZIP

E. SIGNATURE - I am authorized to receive this distribution. I understand that I will receive IRS Form **1099-R** reporting this amount. I hereby affirm that the information given is true and correct, and authorize the Qualified Settlement Fund to make the distribution according to the instructions on this form.

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct social security number (or I am waiting for a number to be issued to me), and
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, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

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

Signature	Printed Name	Date