

Putnam Fair Fund Appeal Form

This form is being provided to initiate the Putnam Fair Fund appeal process. In accordance with the Putnam Plan of Distribution, appeals will be accepted only for "failure to execute the distribution plan in accordance with its terms for purposes of determining eligibility or mechanical errors in calculating the payment to a recipient." Please review the information on this form and complete all sections that apply. Once completed please mail this form to the address provided below:

Putnam Fair Fund
Attention: Appeals Arbiter
P.O. Box 990126
Boston, MA 02199-0126

A. Account Holder Information:

Name (First, M.I., Last)	/ /	Account / Invoice #	
Social Security Number	- -	Check # received	
Mailing Address	City	State	ZIP

B. Please provide any additional relevant information (e.g. account numbers, additional account owner names) pertaining to your appeal:

C. SIGNATURE

Signature	Printed Name	Date
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