

Putnam 529 for AmericaSM new account application



Return by mail:
Putnam 529 for America
Putnam Investor Services, Inc.
P.O. Box 8383
Boston, MA 02266-8383

Return by express delivery:
Putnam Investor Services, Inc.
30 Dan Road
Canton, MA 02021-2809

For more information:
Putnam Investments
1-877-PUTNAM529
1-877-788-6265
www.putnam.com

Please make checks
payable to Putnam
Investments



Section 1 Select your account owner

Please complete **only one** subsection below (1A, 1B, or 1C). All information within that subsection is required. The account owner opens the account, directs all beneficiary designations and withdrawals, and receives statements for the account.

Section 1A: Individual as account owner

Name of account 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 _____.

Section 1B: Tax exempt organization, governmental organization, or corporation as account owner

Additional documentation may be required; refer to "Corporations, partnerships, organizations, and other entities" below.

Name of organization	Taxpayer identification number (required)

Authorized representative of organization

First	MI	Last	Suffix

Please indicate if you wish to own this account as a scholarship program, refer to the Program Offering Statement for more details.

Corporations, partnerships, organizations, and other entities (provide one of the following):

- A certificate of good standing issued by the state in which the entity is incorporated or organized
- Articles of incorporation or organization certified by the appropriate state agency
- A copy of IRS Employee Identification Number (EIN) assignment letter and one of the following: corporate resolution or equivalent, copy of by-laws, partnership agreement, or other organizing document.

Section 1C: Trust as account owner

Additional documentation may be required; refer to "Trusts" below.

Name of trust	Name of trustee
	First MI Last Suffix

Taxpayer identification number (required)	Date of trust (mm/dd/yyyy; required)

Trusts:

- Provide an excerpt of the trust, including the first page, all signed pages, and the designation of trustees, certified within 120 days

Section 2 Name your beneficiary

The beneficiary is the person whose qualified higher education expenses may be paid from the account.

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

Section 3 Provide your address and contact information

Owner's mailing address (required)

City

State

ZIP code

Owner's residential address (required if mailing address is a P.O. Box or c/o address)

City

State

ZIP code

Owner's contact phone number

Owner's 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.

Beneficiary's address (required if different than account owner's mailing address)

City

State

ZIP code

Section 4 Provide information about your financial advisor

Dealer number

Branch office number

Financial advisor number

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"), PRM will be designated as the default broker-dealer firm of record on your account and PRM 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 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 6 Investment Instructions

Please indicate how you wish to fund your Putnam 529 for America account. Select all that apply.

A check is enclosed / **A check is en route** (make checks payable to Putnam Investments)

Invest as a contribution into a Putnam 529 for America account

Invest as a rollover from an account that was held at another financial institution (you must indicate the type of plan held with your previous custodian):

Source of the rollover: All rollover investments from a 529 or US Savings Bond will be coded as earnings unless **documentation*** showing the breakdown of principal and earnings is attached. All rollover investments from a Coverdell ESA will be coded as contributions.

Another 529 program Coverdell ESA US Savings Bond(s)

A check is not enclosed

Solicit my current trustee via rollover (please attach the enclosed Putnam 529 for America direct rollover request form)

Fund my 529 with a purchase from an existing non-retirement account registered solely in my name (investments will be made into the same share class as previously held. Some restrictions may apply.)

Fund number	Account number	Dollar amount
		\$

Draft a one-time debit from my checking or savings account for:

\$ (indicate investment elections in Section 7 and bank account information in Section 8)

Note: The one-time debit will be initiated on the date the account is established.

Draft systematic investments from my checking or savings account (indicate bank account information in Section 8)

*Documentation requirements:

- *Another 529 program* – a statement issued by the distributing 529 program which shows the earnings portion of the distribution.
- *Qualified US Savings Bond(s)* (under Section 135(c)(2)(C) of the Internal Revenue Code) – an account statement or Form 1099-INT issued by the financial institution that redeemed the bond(s) showing interest from the redemption of the bond(s). If no documentation is attached, the IRS requires Putnam to treat the entire amount of the rollover contribution as earnings.

Section 7 Select your investment options

Please use the Putnam Fund Guide (<https://www.putnam.com/literature/pdf/FM103.pdf>) to select your investment. You must enter the fund name and number for the corresponding share class you wish to establish. For additional fund elections, please attach a separate sheet of paper with the applicable fund number, fund name, and dollar amount or percentage.

- For new investments made to Putnam: If no class of shares is indicated, class A shares will be purchased.
- Accounts established for beneficiaries 15 years of age or older are not eligible for fee structure B.
- 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.

Fund number	Fund name	Dollar amount
		\$
		\$
		\$

Section 8 Select your account features

Section 8A — Bank account information (you must provide a voided check or deposit slip; please do not staple)

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 8B — Systematic Investment plan

Complete this section to establish a new systematic investment plan using the bank account information provided above. Please indicate the investment option, dollar amount, frequency and date for your investments below. **Investments will be made into the same fee structure selected in Section 7 unless otherwise indicated.** Putnam requests the draft from your bank account on the business day prior to the investment date. **If no date is selected, Putnam will default to the 15th. If no frequency is selected, Putnam will default to every month.** If the investment date falls on a weekend or a holiday, the investment will be made the next business day. If the investment date falls on a date that does not occur within a particular month (29th-31st), the investment will be made the prior day, unless this day falls on a weekend or holiday then the investment will be made the next business day.

Step 1: Investment allocation

<i>Investment option name</i>	<i>Dollar amount</i>
<input style="width: 95%; height: 25px;" type="text"/>	\$ <input style="width: 50%; height: 25px;" type="text"/>
<i>Investment option name</i>	<i>Dollar amount</i>
<input style="width: 95%; height: 25px;" type="text"/>	\$ <input style="width: 50%; height: 25px;" type="text"/>
<i>Investment option name</i>	<i>Dollar amount</i>
<input style="width: 95%; height: 25px;" type="text"/>	\$ <input style="width: 50%; height: 25px;" type="text"/>

Step 2: Option frequency

Choose a frequency below:

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

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

Indicate draft date(s) below:

Investment date: Additional investment date: (use if you wish to invest multiple times within a month)
 (MM/DD) (DD)

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Section 8C — Reduced sales charge

If you already own shares of another Putnam fund, or agree to invest a certain amount, you may be able to reduce the sales charges you pay.

CUMULATIVE DISCOUNT

To qualify for sales charge discounts on class A shares, list the account number(s) of other Putnam fund(s) that you or your family (spouse and/or children under age 21) own.

Fund number	Account number
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

LETTER OF INTENT

By checking an amount below, I agree to the terms and conditions for a Letter of Intent as set forth in the Statement of Additional Information (including the escrowing of shares). Although I am not obligated to complete a Letter of Intent, I plan to invest in one or more Putnam funds over a 13-month period an aggregate amount equal to at least the amount of the box checked below. I am aware that if I do not invest at least this amount over a 13-month period any purchases made pursuant to this Letter of Intent will be adjusted to the commission rate that otherwise would apply.

- \$50,000 \$100,000 \$250,000
 \$500,000 \$1,000,000

Section 9 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 the address of record with Putnam for at least 15 days or my bank via federal bank wire or ACH as requested at the time of the redemption. 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 other investor documents 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. I may call Putnam at 1-877-788-6265 if I decide to receive my own copy of these documents in the future, and Putnam will begin sending individual copies within 30 days.

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.

If I have completed a Letter of Intent (LOI) in Section 6, I agree that the minimum initial investment, which will be held in escrow until the full LOI amount is purchased, is 5% of the amount checked. If I invest less than the LOI amount, shares may be redeemed from my account to cover the higher sales charge. If I invest more, the sales charge will only be adjusted when and if my dealer refunds Putnam its portion of the adjustment. I will not receive LOI credit for shares purchased by dividend reinvestment.

Section 9 Authorize Putnam to open your account (continued)

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 systematic purchases or other contributions are not deductible from federal income tax.

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 1-877-788-6265 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 rollover of such 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.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ AND AM AGREEING TO THE TERMS OF THE OFFERING STATEMENT, ITS ATTACHED PARTICIPATION AGREEMENT FOR THE PUTNAM 529 FOR AMERICA PROGRAM, AND 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. 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.

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 8 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

Putnam 529 for AmericaSM direct rollover request form



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Putnam 529 for America
Putnam Investor Services, Inc.
P.O. Box 8383
Boston, MA 02266-8383

Return by express delivery:
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Please make checks
payable to Putnam
Investments

Use this form to request a direct rollover from your current 529 program manager or Coverdell Education Savings account trustee to fund your Putnam 529 for America account. Please note: you must include this form with a new account application to establish a new Putnam 529 for America account. Upon receipt, Putnam will use this form as authorization to solicit assets from your current program manager or trustee. Requirements may vary based on dollar amount and changes in ownership. Please contact your current program manager or trustee to inquire if they require additional documentation.

Section 1 Account owner information

Please complete Sections 1, 2 & 3 with your current account information as it appears on your most recent 529 program or Coverdell Education Savings Account statement from your current program manager or trustee.

Name of owner

Individual/organization/trust

Social Security/Tax ID number (required)

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

Authorized representative of organization or trustee

Section 2 Current beneficiary information

Name of beneficiary

First

MI

Last

Suffix

Social Security number (required)

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

Existing account type:

529 Savings Plan

Coverdell Education Savings Account

Section 3 Current 529 program manager/Coverdell trustee

Name of current program manager, custodian or trustee

Phone number

Mailing address

City State ZIP code

Section 4 Instructions to current 529 program manager/Coverdell trustee

Please roll over the following for the owner and beneficiary listed above. For 529 plans, please fill out Sections 4 and 5. For Coverdell Education Savings accounts, only complete Section 4. If you currently hold 529 UTMA/UGMA or Coverdell Education Savings assets apart from contributory assets, please provide separate checks. Provide the appropriate contributions and earnings breakdown separately.

Solicit 100% of the assets of the account owner/beneficiary listed above:

Account number (required)

or

Solicit for a portion of the assets from the following account(s):

Account number (required)

Percentage

Dollar amount

% or

% or

% or

Section 5 Rollover Authorization

I am requesting a direct rollover from my existing 529 plan into an account for the same beneficiary as referenced in Section 2, unless a new beneficiary is noted below.

Name of beneficiary

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

Note: If the receiving beneficiary is not a "member of the family" of the current beneficiary, the rollover to the account of the receiving beneficiary will be treated as a distribution with earnings subject to tax and penalty. See Section 6 for definition of "member of the family." You are not eligible to roll over this account if you have performed a rollover from one Program Manager to another Program Manager for the current beneficiary within the last 12 months. If you currently act as custodian of an account for a beneficiary under an account subject to the Uniform Transfers to Minors Act (UTMA) or Uniform Gifts to Minors Act (UGMA), the beneficiary cannot be changed.

Section 6 Authorization

I authorize Putnam 529 for America to process this direct rollover on my behalf, and/or to certify the above information regarding the attached check(s) to be complete and correct. My current 529 program manager/Coverdell Education Savings account trustee is entitled to rely on this request and is released from any and all claims I may have or hereafter claim to have with respect to the withdrawal. I certify that both my Social Security number and that of the beneficiary, set forth in Sections 1, 2 and 5 (if any) are true, correct and complete and that the numbers are our Taxpayer Identification Numbers (TIN).

I understand that if I am designating a new beneficiary for the Putnam 529 account, as defined by IRC 529, the new beneficiary must be a member of the current beneficiary's family and either a U.S. citizen or resident alien. If the new beneficiary is not a member of the family, the transfer will be treated as a withdrawal, and the transaction will be subject to federal income tax and a 10% federal penalty tax on earnings. For purposes of Internal Revenue Code Section 529, a member of the beneficiary's family is: 1) a son or daughter or a descendent of either; (2) a stepson or stepdaughter; (3) a brother, sister, stepbrother or stepsister; (4) a father or mother or an ancestor of either; (5) a stepfather or stepmother; (6) a brother or sister of the father or mother; (7) a son or daughter of a brother or sister; (8) a son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law or sister-in-law; (9) the spouse of the beneficiary or the spouse of any individuals described above; or (10) a first cousin of the beneficiary.

I also understand that I may transfer funds from another qualified tuition program for the benefit of the same beneficiary without tax or penalty, so long as the transfer does not occur within 12 months from the date of a similar transfer for the same beneficiary.

I understand that if my current 529 program manager or Coverdell Education Savings account trustee does not provide required documentation, Putnam will treat my entire rollover contribution as consisting of earnings.

A signature/medallion guarantee may be required by your current custodian in order to complete your rollover request. 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 guaranteed stamp should not be dated. If a signature/medallion guarantee is dated, it is only valid for that date. **Please contact your current custodian to inquire whether or not a signature/medallion guarantee is required.**

Signature of account owner or authorized party

Date (mm/dd/yyyy)

Print name of signature above

PLACE SIGNATURE/MEDALLION GUARANTEE STAMP

THE GUARANTEE SHOULD
NOT BE DATED