

Putnam 529 for AmericaSM new account 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

Make checks payable to
Putnam Investments



Section 1 Select your account owner/beneficiary

Please complete only one subsection below (1A or 1B). **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. The beneficiary is the person whose qualified education expenses may be paid from the account.

Section 1A: Individual as account owner

Name of account owner/custodian

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

Name of beneficiary

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

Section 1B: Trust as account owner

You must provide an excerpt of the trust, including the first page, all signed pages, and the designation of trustees.

Name of trust	Tax identification number	Date of trust (mm/dd/yyyy)

Name of trustee

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

Name of beneficiary

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

Section 2 Source of investment

A 529 UGMA/UTMA account can only be opened with assets from an existing UGMA/UTMA account of the same beneficiary. Money placed in an UGMA/UTMA registration represents an irrevocable gift to the minor and cannot be combined with other 529 plan types. Indicate the source of the investment below:

- The investment to this account is **not** from an existing UGMA/UTMA account (default option).
- The investment to this account is from an existing UGMA/UTMA account from the donor state of _____ (required).

Section 3 Provide your address and contact information

Provide the address and contact information for the individuals/entities listed in Section 1. Providing an e-mail address and/or phone number below 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 below.

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

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

Beneficiary residential address (street, city, state, ZIP code; **required if different from the primary address**)

Primary contact phone number

Primary e-mail address

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 through Putnam’s website. Terms and Conditions related to eDelivery will be provided to you prior to confirmation of your elections.

Section 4 Designate a successor owner/custodian (if applicable)

The successor owner/custodian will become the owner/custodian of the account in the event of the account owner’s/custodian’s death. The successor owner/custodian cannot be the same person as the account owner/custodian. **All information is required.**

Name of successor owner/custodian (First, MI, Last, Suffix/Full name of trust)

Social Security /Tax ID number (required)

Date of birth (mm/dd/yyyy; required for an individual)

Date of trust (mm/dd/yyyy; required for a trust)

Section 5 Financial intermediary information

Please use this section to designate financial intermediary and financial representative information on your Putnam account. A financial intermediary is the broker-dealer, bank, or other financial institution through which you purchase shares of the Putnam Funds. The financial representative is the person associated with the financial intermediary who is assisting you with your investments. You may designate a financial intermediary at any time by returning a signed Financial intermediary change request to Putnam Investor Services. Putnam Retail Management Limited Partnership (PRM) will be designated as the default broker-dealer of record on your account(s) and will retain all applicable sales charges if any of the following apply:

- You do not designate a financial intermediary below.
- The financial intermediary you designate does not have a selling agreement with PRM.

Please note that PRM is not a full service broker-dealer and does not provide investment advice. As default broker-dealer, PRM cannot assist you with financial planning or provide recommendations, services that are provided by a financial intermediary. If you wish to receive such services, you must designate a financial intermediary.

Note: Please refer to <https://www.finra.org> for assistance in locating the Central Registration Depository (CRD) number for the financial intermediary.

Financial institution ID

Branch office ID

Financial representative ID

CRD number

Financial intermediary

Financial representative’s name exactly as it appears on the financial intermediary’s registration

Financial representative’s contact phone number

Branch office street address

City

State

ZIP code

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)

Alternative investment instructions

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 (limit of \$200,000 per fund-account):

\$ (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. For additional investment options, please attach a separate sheet of paper with the applicable fund number, investment option name, and dollar amount.

- 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. Some restrictions may apply.

Section 7A - Age-based investment option

Age-based Investment options are determined by the beneficiary's year of birth. Beneficiaries of age 21 and older requesting the Age-based Option will be invested into Putnam's Graduate fund.

Dollar amount

Age-based fee structure A C \$

Section 7B - Goal based/individual investment options

You must enter the investment option name and fund number for the corresponding share class you wish to establish.

Fund number	Investment option name	Dollar amount
		\$
		\$
		\$
		\$
		\$

Section 8 Select your account features (if applicable)

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 below to purchase shares by phone, web, or systematic investment plan. All individuals named on the bank account registration must authorize the use of the bank account to purchase shares by signing in Section 9. If you wish to add telephone redemption options via Federal bank wire and/or ACH to a bank within the United States, please complete Putnam's Add or change bank account information form with the applicable signature authentication stamp.

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.

Indicate the type of 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 _____	DATE _____
Address _____	
City, State, ZIP _____	
VOID	
PAY TO THE ORDER OF _____	\$ _____
_____ DOLLARS	
memo: _____	_____
: 123456789	: 000123456789
	: 101

Bank ABA routing number

Bank account number

Name(s) of all bank account owner(s)

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 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

Investment option name

Dollar amount

\$

Investment option name

Dollar amount

\$

Investment option name

Dollar amount

\$

Step 2: Option frequency

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

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

Additional investment date(s) within each month (if applicable)

(MM/DD/YYYY)

(DD)

(DD)

(DD)

Begin scheduled investments on

Section 8 Select your account features (if applicable)(continued)

Section 8C - Reduced sales charge

If you already own shares of another Putnam fund, or if you agree to invest a certain amount, you may be able to reduce the sales charge you pay. Shares that have not been assessed a sales charge will not count towards your Cumulative Discount or Letter of Intent. This includes commissionable shares of the Putnam Money Market Fund, the Putnam Government Money Market Fund, and the Ultra Short Duration Income Fund, as well as closed end funds and Putnam class Y shares.

Cumulative discount

To qualify for sales charge discounts on class A and M 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, my legal representative, or any other person authorized by me who can confirm pertinent information identifying me and my account as it appears on Putnam's records. Redemption proceeds of up to \$100,000 may be sent (1) by check payable as the account is registered and mailed to the address of record on file with Putnam for at least 15 days, or (2) by check to an educational institution for the benefit of the beneficiary of the account. 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 8, 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.

Federal law requires the Putnam funds to obtain the name, residential or business address, Social Security or tax identification number, and date of birth for each registered owner, including trustees, opening a new account in order to verify their identities. For certain entities such as trusts, estates, or other non-corporate organizations, additional documentation may be required (see the following terms and conditions or call Putnam at 1-800-225-1581). The funds are unable to accept new accounts if any required information is not provided. If the funds are unable to verify your identity, your account will be closed at the then-current NAV, which may be more or less than your original investment, and the proceeds will be sent to you, net of any applicable sales charges. The information you provide may be shared with third parties for the purpose of verification subject to the terms of Putnam's privacy policy.

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/Trustee/Authorized Signer (**required**)

Current date (mm/dd/yyyy)

Print name of signature above

Signature of bank account owner(s)

All individuals named on the bank account registration in Section 8 who did not already sign above as a Putnam account owner must sign below to authorize the use of the bank account to purchase shares. By signing below, each bank account owner authorizes purchases to be made from their bank account.

Signature of bank account owner (**required if different from Putnam account owner**)

Current date (mm/dd/yyyy)

Print name of signature above

Signature of bank account owner (**required if different from Putnam account owner**)

Current date (mm/dd/yyyy)

Print name of signature above

Putnam 529 for AmericaSM direct rollover request form



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

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 and 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 (street, 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 UGMA/UTMA or Coverdell Education Savings assets apart from contributory assets, please provide separate checks. Provide the appropriate contributions and earnings breakdown separately.

Please include a statement from your current trustee/custodian. Please consult your present trustee/custodian to see if there are any forms or fees associated with transferring your funds. If fees are required this may delay your request.

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 Gifts to Minors Act (UGMA) or Uniform Transfers to Minors Act (UTMA), 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 (required)

Current date (mm/dd/yyyy)

Print name of signature above

PLACE SIGNATURE/MEDALLION GUARANTEE STAMP BELOW

THE GUARANTEE SHOULD
NOT BE DATED