Putnam 529 for AmericasM direct rollover request form

Putnam
 Nyestments

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 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. Please contact your current program manager or trustee to inquire if they require additional documentation.

Section 1 Account owner inform	ation
Please complete Sections 1, 2 & 3 with your current statement from your current program manager or	account information as it appears on your most recent 529 program or Coverdell Education Savings Account ustee.
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 i	ormation
Name of beneficiary	
First MI Last	Suffix Social Security number (required) Date of birth (mm/dd/yyyy; required)
Existing account type: 529 Saving	Plan Coverdell Education Savings Account
Section 3 Current 529 program	nanager/Coverdell trustee
Name of current program manager, custodian or tr	ee Phone number
Mailing address	
City	State ZIP code
Section 4 Instructions to currer	529 program manager/Coverdell trustee
distributing 529 program which shows the earning	ficiary listed above. For 529 plans, please fill out Sections 4 and 5 and provide a statement issued by the portion of the distribution. For Coverdell Education Savings accounts, only complete Section 4. If you currently assets apart from contributory assets, please provide separate checks.
$f \square$ Solicit 100% of the assets of the account ow	er/beneficiary listed above:
Account number (required)	Dollar amount \$
or	· ————————————————————————————————————
☐ Solicit for a portion of the assets from the fo	owing account(s):
Account number (required)	Percentage Dollar amount
	% or \$
	% or \$
	0/0 or \$

Section 5 Rollover Authorization

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I am requesting a direct rollover from my existing 529 plan i below.	nto an account	for the same bene	ficiary as refere	nced in Section 2,	unless a ne	ew beneficiary is noted		
Name of beneficiary								
First MI Last	Suffix :	Social Security num	Date of birth (mr	ate of birth (mm/dd/yyyy; required)				
Note: If the receiving beneficiary is not a "member of the far a distribution with earnings subject to tax and penalty. See performed a rollover from one Program Manager to another dian of an account for a beneficiary under an account subjecannot be changed.	Section 7 for de Program Mana	efinition of "memb ager for the curren	er of the family.' t beneficiary wit	' You are not eligib hin the last 12 mo	le to roll ov nths. If you	er this account if you currently act as custo	hav o-	
Section 6 Select your investment opt	ions							
Please use the Putnam Fund Guide (https://www.putnam.co the corresponding share class you wish to establish. For add name, and dollar amount or percentage. For new investments made to Putnam: If no class of shall be seen in the Putnam funds account.	ditional fund el	ections, please att ed, class A shares w	ach a separate s	sheet of paper with d.	n the applic	able fund number, fur	for 1d	
Fund number Fund name					Percentage			
		ای			or	0/0		
						70		
		_ \$			or	%		
		\$			or	%		
					1	00%		
						00/0		
Section 7 Authorization								
I authorize Putnam 529 for America to process this direct ro complete and correct. My current 529 program manager/Co all claims I may have or hereafter claim to have with respect Sections 1, 2 and 5 (if any) are true, correct and complete ar	verdell Educati to the withdra	on Savings accour wal. I certify that b	nt trustee is enti oth my Social S	tled to rely on this ecurity number ar	request an	d is released from any	an n in	
I understand that if I am designating a new beneficiary for the beneficiary's family and either a U.S. citizen or resident alier the transaction will be subject to federal income tax and a 1 the beneficiary's family is: 1) a son or daughter or a descence or mother or an ancestor of either; (5) a stepfather or stepm son-in-law, daughter-in-law, father-in-law, mother-in-law, be above; or (10) a first cousin of the beneficiary.	ne Putnam 529 n. If the new be .0% federal per ent of either; (2 other; (6) a bro other-in-law or	account, as define eneficiary is not a n nalty tax on earnin, 2) a stepson or step ther or sister of the sister-in-law; (9) th	ed by IRC 529, the nember of the fags. For purpose odaughter; (3) a e father or moth ne spouse of the	e new beneficiary mily, the transfer s of Internal Rever brother, sister, ste er; (7) a son or dat beneficiary or the	will be trea nue Code S obrother or ghter of a l spouse of	ted as a withdrawal, a ection 529, a member r stepsister; (4) a fathe prother or sister; (8) a any individuals descri	nd of r	
I also understand that I may transfer funds from another qu transfer does not occur within 12 months from the date of a				e beneficiary witho	out tax or p	enalty, so long as the		
I understand that if my current 529 program manager do consisting of earnings. Putnam will treat the entire rollo	oes not provid over contribut	e required docun ion of a Coverdell	nentation, Putr Education Sav	nam will treat my rings account as c	entire roll onsisting	over contribution as of contributions.		
A signature/medallion guarantee may be required by your c stamped assurance by a financial institution that indicates be dated. If a signature/medallion guarantee is dated, it is o medallion guarantee is required.	a signature is va	alid and has the fin	ancial backing o	of the institution. T	he guarant	teed stamp should no	t ire/	
Signature of account owner or authorized party		PLACE	SIGNATURE/ME	DALLION GUARAN	TEE STAME	BELOW		
		• • • •	•			• • • •		
		•	THE GU	JARANTEE SHO	ULD	•		
Print name of signature above			N	OT BE DATED				
 Date (mm/dd/yyyy)								
3 d.c. (, d.d.) 3 j j j j								
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