

Putnam 529 for AmericaSM distribution request form



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

Use this form to request a complete, partial, or systematic distribution from your Putnam 529 for America account. Distributions from the account have different tax consequences depending on how the proceeds are used, whether you claim certain federal tax benefits, and certain other factors. Please see the current Offering Statement for details. You may wish to consult your tax advisor prior to requesting a distribution.

Section 1 Account owner and beneficiary information

Name of owner (Individual/organization/trust)	Social Security / Tax ID number (required)	Date of birth (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Contact phone number

Note: Providing a phone number above will replace the current contact information on file with Putnam (if applicable). If this field is left blank, no changes will be made.

Name of beneficiary

First	MI	Last	Suffix	Social Security number (required)	Date of birth (mm/dd/yyyy: required)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 2 Type of distribution

I request the following (**check one**):

- Qualified distribution (**funds will be used for qualified education**). Account owner/beneficiary is responsible for documenting use of funds for tax purposes.
- Non-qualified distribution (**funds will not be used for qualified education**). Note: The earnings portion of a non-qualified withdrawal will be taxed at the recipient's tax rate and a penalty equal to 10% of the earnings distributed will be imposed. Please consult your tax advisor or the Offering Statement for details.
- Rollover to another Section 529 Qualified Tuition Program. Indicate in Section 4 the other qualified tuition plan's name, beneficiary's name, and the account number.
- Distribution on account of a scholarship award. Attach a copy of the scholarship award letter.
- Permanent disability of beneficiary. Attach a doctor's letter stating that the beneficiary is unable to attend any eligible educational institution because of injury or illness expected to continue indefinitely.
- Death of beneficiary. Attach a certified copy of beneficiary's death certificate with name and Social Security number.

Section 3 One-time distribution options

Please select from the option(s) below:

- Distribute 100% of the assets in all Putnam 529 for America accounts for the owner/beneficiary combination named in Section 1
- Take a one-time distribution from the following account(s):

Fund number	—	Account number	Dollar amount		Percentage
<input type="text"/>	—	<input type="text"/>	\$ <input type="text"/>	or	<input type="text"/> %
<input type="text"/>	—	<input type="text"/>	\$ <input type="text"/>	or	<input type="text"/> %
<input type="text"/>	—	<input type="text"/>	\$ <input type="text"/>	or	<input type="text"/> %
<input type="text"/>	—	<input type="text"/>	\$ <input type="text"/>	or	<input type="text"/> %

Section 4 Distribution payment instructions

Select your payment instructions below; if no selection/instructions are provided, payment will be made to the account owner as registered to the address of record. **See Section 6 for signature guarantee/medallion guarantee stamp requirements.**

- IRS form 1099-Q will be sent to the beneficiary for distribution proceeds payable to (1) the beneficiary or (2) an eligible educational institution.
- IRS form 1099-Q will be sent to the account owner for distribution proceeds payable to (1) the account owner, (2) a new Section 529 Qualified Tuition Program, or (3) an alternate payee.

Important: For distributions payable to an eligible educational institution Putnam requires either a signature guarantee/medallion guarantee or a copy of the college bill. The college bill must include the college's name and the student's name. The student's name must match the beneficiary of record on the account. The amount of the distribution cannot exceed the amount of the tuition bill.

Electronically deposit (a signature guarantee/medallion)

- Into the bank account indicated on the attached document. A preprinted or web-generated voided check/deposit slip or a signed letter from the bank on bank letterhead must be attached. Each of these documents must include: bank name, name(s) as registered on the bank account, routing number and account number. Brokerage checks and investment company checks cannot be used for bank instructions as these checks do not contain the correct wiring information. Contact your investment company to obtain proper wire instructions on signed letterhead. Starter checks will not be accepted. **Please do not staple.**

Check the bank account you would like to use: Checking account Savings account

Note: One-time distributions will be sent via Federal bank wire; systematic distributions will be sent via Automated Clearing House (ACH). Putnam does not assess a fee for electronic transactions; however some banks/credit unions may assess a fee upon receipt. Please check with your financial institution for information regarding eligibility, fees, and applicable routing number(s) for Federal bank wire and/or ACH transactions

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

_____	_____
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Name(s) of all bank account owner(s) / Name of educational institution For further credit (if applicable)

_____	_____
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Send check

- To the account owner as registered to the address of record
 Mail check to the alternate payee/alternate address listed below.

Name of institution/new Section 529 Qualified Tuition Program /alternate payee

Student ID/Account # (if applicable)

_____	_____
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Name of beneficiary (if different from current beneficiary)

Alternate mailing address (street, city, state, ZIP code)

Select one of the following delivery options for check requests; if no selection is provided, the check(s) will be delivered by the U.S. Postal Service.

- Mail check(s) via **U.S. Postal Service** (standard delivery)
 Mail check(s) via **overnight/express delivery** (not available for systematic distributions)

If overnight/express delivery is requested, Putnam will default to taking the \$20 service charge from the lowest fund-account involved in the transaction unless an acceptable alternative fund-account is specified below. The fee will be taken from the balance of the account.

Indicate the \$20 overnight/express fee source:

Fund number

Account number

_____	—	_____
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Section 5 Systematic distribution options

Systematic distributions from your Putnam 529 for America account are only allowed for qualified education expenses. Please indicate a date and frequency for systematic distributions. **If no date is selected, Putnam will default to the 15th.** If the systematic distribution date falls on a weekend or a holiday, the distribution will be made the next business day. If the distribution date falls on a date that does not occur within a particular month (29th-31st), the distribution will be made the prior day, unless this day falls on a weekend or holiday then the distribution will be made the next business day.

Note: Systematic distributions to an eligible educational institution must be sent by check.

Step 1: Distribution allocation(s)

Fund number	Account number	Dollar amount	Annualized Percentage
<input type="text"/>	— <input type="text"/>	\$ <input type="text"/>	or <input type="text"/> %
<input type="text"/>	— <input type="text"/>	\$ <input type="text"/>	or <input type="text"/> %
<input type="text"/>	— <input type="text"/>	\$ <input type="text"/>	or <input type="text"/> %
<input type="text"/>	— <input type="text"/>	\$ <input type="text"/>	or <input type="text"/> %

Step 2: Distribution frequency

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

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

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

Begin my systematic distribution(s) on the following date(s):

Distribution date: Additional distribution date: (Use if you wish to distribute multiple times within a month)

(MM/DD) (DD)

Section 6 Authorization

Putnam requires the signature guarantee/medallion guarantee for any of the scenarios listed below. A signature guarantee/medallion guarantee is a stamped assurance by a financial institution that indicates a signature is valid and has the financial backing of the institution.

- distribution is sent electronically to a bank account
- check is not payable to the registered owner (signature guarantee/medallion guarantee not required if the check is made payable to an eligible educational institution and a copy of the tuition bill is provided)
- request is signed by anyone other than the registered account owner (**must be signed in capacity and accompanied by the appropriate certified legal document(s) with original certification**)
- distribution amount is more than \$100,000
- distribution is being mailed to an alternate address and the amount is more than \$25,000
- distribution is being mailed to an address that has changed in the past 15 days and the amount is more than \$25,000

I request the distribution indicated above. Putnam Investments, the State of Nevada, the Nevada College Savings Trust Fund and the Board of Trustees of the College Savings Plans of Nevada are entitled to rely on this request and are released from any and all claims I may have or hereafter claim to have with respect to the distribution. I certify that both my Social Security number and that of the beneficiary, set forth in Section 1 is true, correct and complete and that the numbers are our Taxpayer Identification Numbers (TIN).

With this application, I authorize the bank/credit union to accept credit entries initiated by Putnam Investor Services, Inc. to the account designated in Section 4, and to credit the same account, without responsibility for correctness thereof or for the existence of any further authorization relating thereto. I agree to indemnify and hold harmless my bank/credit union, the 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 also agree to waive any right under the NACHA rules to rescind any instruction for ACH transactions which have already occurred at the time of the attempt to rescind. This waiver of the rescission right applies to ACH liquidations from the Putnam funds. This authorization may be terminated by me at any time by written notification to Putnam Investor Services, Inc. with reasonable time given to implement my request.

Signature of account owner or authorized party

Print name of signature above

Date (mm/dd/yyyy)

PLACE SIGNATURE/MEDALLION GUARANTEE STAMP BELOW

THE GUARANTEE SHOULD NOT BE DATED