

Putnam 529 for AmericaSM distribution 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

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. **State tax treatment of withdrawals used for elementary or secondary school tuition may vary by state, may not align with federal tax withholding, and may be uncertain.** 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

<i>Name of owner (Individual/organization/trust)</i>	<i>Social Security / Tax ID number (required)</i>	<i>Date of birth (mm/dd/yyyy)</i>
<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

<i>First</i>	<i>MI</i>	<i>Last</i>	<i>Suffix</i>	<i>Social Security number (required)</i>	<i>Date of birth (mm/dd/yyyy: required)</i>
<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 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.

- 1) distribution is sent electronically to a bank account
- 2) 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)
- 3) 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**)
- 4) distribution amount is more than \$100,000
- 5) distribution is being mailed to an alternate address and the amount is more than \$25,000
- 6) 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