

# Putnam 529 for America<sup>SM</sup> payroll deduction 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 establish, or change payroll deduction contributions to an existing Putnam 529 for America account. Please submit a copy of this form to your employer in order to begin the deductions and return the original form to Putnam to store your investment allocation instructions. Your elections on this form will override any existing payroll deduction instructions.

## Section 1 Employee information

Name of employee

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

Contact phone number

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.

## Section 2 Employer information

Name of company

Putnam group number (if known)

  
  

Mailing address

Street

City

State

ZIP code

## Section 3 Payroll deduction request

The contributor requests employer to deduct the following amount each pay period on an after-tax basis and pay it to the designated Putnam 529 for America accounts. (Please note that your employer may impose additional requirements to implement payroll deductions).

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