

# Putnam 529 for America<sup>SM</sup> beneficiary rollover 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 change the current beneficiary designation on your Putnam 529 for America account. This form may also be used to rollover whole or partial amounts to a new or existing beneficiary with the current account owner. This transaction may have tax consequences. You may wish to consult your tax advisor prior to requesting a rollover. If you are using this form to authorize a rollover to a new account, please attach a completed 529 for America new account application.

**Note:** If you currently act as custodian of an account for a beneficiary under an account subject to the Uniform Transfers to Minors Act (UTMA) or Uniform Gifts to Minors Act (UGMA), the beneficiary cannot be changed.

## Section 1 Account owner 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>
<i>Authorized representative of organization or trustee</i>		
<i>Contact phone number</i>		

**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.

## Section 2 Current beneficiary/account information

<i>Name of beneficiary</i>					
<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)</i>

Please list all accounts that you wish to transfer below along with the applicable dollar amount, share amount, or percentage allocation that should be transferred.

<i>Fund number</i>	<i>Account number</i>	<i>Dollar amount</i>	<i>Share amount</i>	<i>Percentage</i>

## Section 3 Receiving beneficiary/account information

For each receiving beneficiary that is a "member of the family" of the current beneficiary you must indicate this status by checking the box below the receiving beneficiary's name. If you do not check off this box, the listed beneficiary will be treated as "not a member of the family" of the current beneficiary and the rollover to the account of the receiving beneficiary will be treated as a distribution with earnings **subject to tax and penalty**.

A "member of the family" is defined under section 529 of the Internal Revenue Code as a person related to the beneficiary as follows: (i) a son or daughter, or a descendant of either; (ii) a stepson or stepdaughter; (iii) a brother, sister, stepbrother or stepsister; (iv) the father, mother, or an ancestor of either; (v) a stepfather or stepmother; (vi) a son or daughter of a brother or sister; (vii) a brother or sister of the father or mother; (viii) a son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law or sister-in-law, (ix) the spouse of the beneficiary or of any of the other foregoing individuals or (x) a first cousin.

Funds will be transferred in kind based on the allocations in Section 2 unless otherwise indicated on a separate letter of instruction or new account application. If different funds or allocations are indicated, an exchange will take place following the transfer. When transferring to multiple recipients, the total allocations below must equal 100%.

**Note:** Age-based investment options will be reallocated to coincide with the age of the receiving beneficiary.

**Transfer to a new Putnam 529 for America registration.** Please fill in the information below. A 529 for America new account application must be completed for each new registration.

Name of receiving beneficiary

First	MI	Last	Suffix	Social Security number (required)	Percentage
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %

Check here if the receiving beneficiary is a "member of the family" of the current beneficiary

Name of receiving beneficiary

First	MI	Last	Suffix	Social Security number (required)	Percentage
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %

Check here if the receiving beneficiary is a "member of the family" of the current beneficiary

Name of receiving beneficiary

First	MI	Last	Suffix	Social Security number (required)	Percentage
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %

Check here if the receiving beneficiary is a "member of the family" of the current beneficiary

**Transfer to an existing Putnam 529 for America registration.** Please fill in the information below for each recipient.

Name of receiving beneficiary

First	MI	Last	Suffix	Account number	Percentage
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %

Check here if the receiving beneficiary is a "member of the family" of the current beneficiary

Name of receiving beneficiary

First	MI	Last	Suffix	Account number	Percentage
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %

Check here if the receiving beneficiary is a "member of the family" of the current beneficiary

Name of receiving beneficiary

First	MI	Last	Suffix	Account number	Percentage
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %

Check here if the receiving beneficiary is a "member of the family" of the current beneficiary

100%

## Section 4 Authorization

I hereby elect to roll over the amount(s) indicated in Section 2 to a different beneficiary with a new or existing Putnam 529 for America plan. I certify that the information contained herein is true and correct. I certify that each receiving beneficiary is a U.S. Citizen or resident alien and that the taxpayer identification numbers in Sections 1, 2, and 3 are true, correct and complete.

Signature of Owner/Custodian/Trustee/Authorized Signer

Date (mm/dd/yyyy)

Print name of signature above