Putnam 529 for America^{sм} owner/successor change form



Return by mail: Putnam 529 for America 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 change the account owner or successor owner of your Putnam 529 for America account.

Section 1 Cur	rent account owner in	nformation
Name of owner Individual/organization/tru Authorized representative		Taxpayer Identification number (required)
Section 2 Bei	neficiary information	
Name of beneficiary First Section 3 Nev	MI Last N account owner info	Social Security number (required) Date of birth (required; mm/dd/yyyy
		ur Putnam 529 for America account. Additional documentation may be required. See Section 7 of
Name of owner Individual/organization/tru		Taxpayer Identification number (required) Date of birth (required;mm/dd/yyyy
Authorized representative	of organization or trustee	
Mailing address (requi	ired)	
City		State ZIP code
Day phone		Evening phone
E-mail address		
Residential address (restreet	equired; P.O. boxes and c/o addre	sses will not be accepted.) Check here if same as mailing address
City		State ZIP code

Note: existing service options will not carry over. To establish systematic investments or automatic reallocations on your new Putnam 529 for America account, please complete the Automated investment and reallocation application. For questions please contact Putnam at 1-877-788-6265.

Section 4 New successor owner information

Complete this section to assign or change mation will not be carried over to the ne		nm 529 for America	account. (Ple	ease note	that any p	re-existing s	successor	owner infor-
Name of new successor								
First MI	Last	Social Sec	urity numbei	r (required)	Date of birth	n (required	d; mm/dd/yyyy
	I		1 1 1	1 1			1 1	1 1
Section 5 Registered	Owner Authorizat	ion						
I hereby transfer ownership of the accounthe information contained herein is true at that the taxpayer identification numbers it and that, if I am transferring the account the Putnam. I understand that if I have any quipetent counsel prior to submitting this for	nd correct. The new account owner in Section 1 and 2 are true, correct ar o a new account owner, I will cease lestions as to the tax, legal or other	and new successor nd complete. I ackno to have any right, ti	owner (as a _l owledge and tle, claim or	pplicable) a l agree tha interest in	and I are U t this trans the accour	S. Citizens c fer and/or d t upon acce	or resident esignation optance of	aliens. I certify is irrevocable this form by
Putnam requires a signature/medallion of	juarantee on this form for the exis	sting account owne	r's signature	е.				
Signature of existing owner			Date (mm/dd/yyyy)					
PLACE SIGNATURE/MEDALLION GUAR	• • •	A signature/medall financial institution cial backing of the	that indicat			-	-	
•	•							
Section 6 Provide info	ormation about yo	ur financia	al advis	sor				
☐ Check here to carry over the existing Dealer number Branch of	financial advisor information (Please							
Name of financial advisor	List							
First MI	Last	ı						
Financial advisor's firm		Phone						
Branch office street address								
City			State .	Zip code				

Section 7 New Owner Authorization

	□ I do NOT authorize tele	phone redemptions.	Accept only	written instr	uctions signed by m	e.
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Unless I have checked the box above, Putnam Investor Services, Inc. is authorized to act upon instructions received by telephone from me or any other person claiming to act as my representative who can provide Putnam with my account registration and address as it appears on Putnam's records. Redemption proceeds of up to \$100,000 will be sent to me at an address on record with Putnam for at least 15 days. Putnam will not be liable for unauthorized transactions if it employs reasonable procedures to confirm that instructions received by telephone are genuine. I agree to indemnify and hold harmless Putnam Investor Services, Inc., the State of Nevada, the Nevada College Savings Trust Fund, the Board of Trustees of the College Savings Plans of Nevada and the Putnam investment options against any claim or loss in connection with any telephone transaction effected on my account.

□ I do NOT authorize the mailing of only one annual report, one offering statement, or one set of other investor documents for all accounts in a Putnam investment option at my address. Send a separate copy for every account.

Unless I have checked the box above, Putnam Investor Services, Inc. is authorized to send only one annual report, one offering statement, or one set of other investor documents for **all** accounts in any Putnam investment option at my address. I may call Putnam at 1-877-788-6265 if I decide to receive my own copy of these documents in the future, and Putnam will begin sending individual copies within 30 days.

I certify that the taxpayer identification number in Section 3 is true, correct and complete.

I acknowledge that investments in the Putnam 529 for America program are not mutual funds; are not deposits or obligations of, or guaranteed or endorsed by, the State of Nevada, the Nevada College Savings Trust Fund, the Board of Trustees of the College Savings Plans of Nevada, Putnam Investments, or any financial institution; are not insured by the Federal Deposit Insurance Corporation (FDIC), the Federal Reserve Board, or any other agency; and involve risk, including the possible loss of principal.

In accordance with federal law, Putnam is required to obtain my name, residential or business address, Social Security or tax identification number, and date of birth (if applicable) in order to verify my identity. In addition, trusts and non-profit organizations are required to provide documentation in order for the funds to verify their identities. Please contact Putnam at 1-877-788-6265 for more information. The information I provide may be shared with third parties for the purpose of verification subject to the terms of Putnam's privacy policy. Putnam is unable to accept this new account if any required information is not provided. If Putnam is unable to verify the account owner's identity, this account will be distributed at the then-current unit value. I understand that federal income taxes may be due on the taxable part of any such distribution. I further understand that under federal tax law any rollover of such distribution to another qualified tuition program that will accept it must occur within 60 days. I will consult my professional tax advisor if I have any questions about the tax consequences of any such distribution.

By signing below, I am agreeing to the terms of the Offering Statement, Participation Agreement attached to the Offering Statement, and the terms of the Account Application, a copy of which I have received. I understand that I should consult a financial or legal advisor if I have any questions about the terms and conditions of this agreement.

My signature below indicates I have read the Offering Statement and Participation Agreement for the Putnam 529 for America program and agree to the terms therein and herein. The Account Application together with the Participation Agreement incorporated herein, constitutes my contract with the State of Nevada, the Nevada College Savings Trust Fund and the Board of Trustees of the College Savings Plans of Nevada with respect to amounts invested pursuant to the application.

*If you are taking ownership of this account because the existing account owner is deceased, Putnam requires a signature/medallion guarantee on this form for the new account owner's signature.

Signature of new account owner (if applicable)	*PLACE SIGNATURE/MEDAL	LION GUARANTEE STAMP BELOW
		0
Date (mm/dd/yyyy)		

Additional documentation for trusts, estates and other entities

Trusts Provide an excerpt of the trust, including the first page, all signed pages, and the designation of trustees, certified within 120 days

Corporations, partnerships, organizations, and other entities (provide one of the following)

- A certificate of good standing issued by the state in which the entity is incorporated or organized
- Articles of incorporation or organization certified by the appropriate state agency
- A copy of IRS Employee Identification Number (EIN) assignment letter and one of the following: corporate resolution or equivalent, copy of by-laws, partnership agreement, or other organizing document

Note: If you are only adding or changing successor custodian information, additional documentation is not required.