

# Request for IRA distribution



**Return by mail:**  
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  
1-800-662-0019  
www.putnam.com



Use this form to request a complete, partial, or systematic distribution from your Putnam IRA or Beneficiary IRA. Distributions from these accounts may have tax consequences. Consult your tax advisor if you have any questions.

**Do not use this form to request an IRA to IRA transfer of assets.** Transfers to an IRA with another company must be initiated with the receiving company's paperwork and must include a letter of acceptance.

## Section 1 Account owner information

Name of account owner

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"/>

Contact phone number

If you have not provided Putnam with your Social Security number or you are a nonresident alien or a U.S. person living outside the United States, your distributions will be subject to the mandatory tax withholding rate, regardless of your withholding election in Section 5.

**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 Type of distribution

I request the following (check one):

### Distribution

- Normal; distribution made at age 59 1/2 or older
- Premature; distribution made before age 59 1/2 (early distribution penalties may apply)
- Substantially equal periodic payments under section 72(t) of the Internal Revenue Code (must select systematic distributions in Section 4 below)
- Disability (if you are requesting a waiver of a CDSC per the terms of the applicable prospectus, you must include a notarized doctor's note or letter of determination from the Social Security Administration)
- Distribution from an existing Putnam Beneficiary IRA account

### Direct Rollover (to qualify for a rollover the proceeds must be payable to the receiving firm)

- Rollover to your employer sponsored 403(b), 401(k), Money Purchase Plan, Profit Sharing Plan, or Government 457 retirement plan (the client is responsible for ensuring that the requested distribution is eligible for rollover to an employer sponsored retirement plan)

**Note:** A signature guarantee/medallion guarantee is required for all direct rollover requests unless a letter of acceptance is provided **and** the distribution amount is below \$100,000.

## Section 3 One time distribution options

Please select from the option(s) below:

### Option 1: Distribute 100% of the assets in each of the plan type(s) indicated below (please see your statement for plan type):

- |  |                                     |  |   |
|--|-------------------------------------|--|---|
| <input type="checkbox"/> Traditional IRA | <input type="checkbox"/> SEP IRA    | <input type="checkbox"/> Beneficiary IRA             | <input type="checkbox"/> Beneficiary SEP IRA    |
| <input type="checkbox"/> Rollover IRA    | <input type="checkbox"/> SARSEP IRA | <input type="checkbox"/> Beneficiary Rollover IRA    | <input type="checkbox"/> Beneficiary SARSEP IRA |
| <input type="checkbox"/> Roth IRA        | <input type="checkbox"/> SIMPLE IRA | <input type="checkbox"/> Beneficiary Roth IRA        | <input type="checkbox"/> Beneficiary SIMPLE IRA |
| <input type="checkbox"/> Roth Conversion |                                     | <input type="checkbox"/> Beneficiary Roth Conversion |   |

### Option 2: 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 Systematic distribution options

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. For 72(t) distributions, you must select a distribution date of the 1st through the 28th.

**Note:** Assets cannot be systematically distributed into a 529 for America account.

### 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"/> %

### 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

Indicate distribution date(s) below:

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

(MM/DD)	(DD)
<input type="text"/>	<input type="text"/>

## Section 5 Income tax withholding

Putnam will not withhold federal or state income taxes when you elect to rollover to an employer sponsored plan in Section 2. See below for the federal and state withholding considerations for all other distribution types. If you have elected systematic distributions, the election you make below will apply to all distributions.

### IRA federal withholding

Federal income taxes will be withheld at a rate of 10% (**except for Roth plans**) unless you elect not to have taxes withheld or provide a different rate below.

- Do not withhold federal income tax from my total distribution.
- Withhold federal income tax at a rate of \_\_\_\_\_ %
- Withhold my taxes from the distribution proceeds, **gross** (this will be the default withholding option if no choice is made)
  - Withhold my taxes from the remaining account balance, **net** (only allowed for one time distributions)

### Roth federal withholding

Putnam will default to no federal withholding for Roth IRA distributions unless specified below.

- Withhold federal income tax at a rate of \_\_\_\_\_ %
- Withhold my taxes from the distribution proceeds, **gross** (this will be the default withholding option if no choice is made)
  - Withhold my taxes from the remaining account balance, **net** (only allowed for one time distributions)

### State income taxes

Putnam will withhold state income taxes if your address of record is in one of the following states: AR, CA, DE, IA, KS, MA, ME, MI\*, NC, OK, OR, VT or the District of Columbia (DC)\*\* and federal income tax is being withheld. State tax withholding requirements vary by state.

\*Residents of MI will have state income taxes withheld regardless of federal income tax withholding. To opt out of MI state income taxes, a Form MI W-4P must be submitted with this distribution request or already on file with Putnam.

\*\*Residents of DC will have local income taxes withheld on 100% distributions regardless of federal income tax withholding.

**Note:** Whether or not you elect to have federal and, if applicable, state tax withholding apply, you are responsible for the full payment of federal income tax, any state or local taxes, and any penalties that may apply to your distribution. You may be responsible for estimated tax payments and could incur penalties if your estimated tax payments are not sufficient.



## Section 7 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 solely to the registered account owner
- 3) distribution amount is more than \$100,000
- 4) request is signed by anyone other than the registered account owner(s) **(must be signed in capacity and accompanied by the appropriate certified legal document(s) with original certification)**
- 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
- 7) distribution is reinvested in an account that is not registered solely in the owner's name or into a 529 for America account with a different owner

I request the distribution indicated above. I further certify that all the information on this form, including the Social Security number set forth in Section 1, is true, correct, and complete. I authorize the bank/credit union to accept credit entries initiated by Putnam Investor Services, Inc. to the account designated in Section 6, 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 funds, and Putnam Investor Services, Inc. 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 anytime by written notification to Putnam Investor Services, Inc. with reasonable time given to implement my request.

**Note:** By signing below, I acknowledge that the requested distribution may be subject to taxes and/or penalties. I further acknowledge that certain restrictions may apply to rollovers between my IRA accounts (see IRS Announcement 2014-32), including the limitation of one indirect rollover per rolling twelve month period. I certify that the requested distribution complies with the terms of the governing Putnam Plan and Disclosure Statements as well as applicable federal and state rules and regulations. Please consult your tax advisor and/or attorney for guidance. My signature below also indicates that if I am designating an investment in a fund that I do not already own I have read the fund prospectus(es) and agree to the terms therein.

Signature of account owner or authorized party

Date (mm/dd/yyyy)

Print name of signature above

PLACE SIGNATURE/MEDALLION GUARANTEE STAMP

THE GUARANTEE SHOULD  
NOT BE DATED