

Request for required minimum 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 systematic required minimum distribution (RMD) each year from your Putnam Retirement Plan(s). Distributions from these accounts have tax consequences. Consult your tax advisor if you have any questions.

A signature is required in Section 8 for all requests. Additionally, for 401(k), Profit Sharing and Money Purchase Plan accounts, your employer must also sign and obtain a signature guarantee/medallion guarantee stamp in Section 9. Failure to properly authorize RMD payments will cause delays in processing that may result in tax penalties.

Note: Please review your account at <https://www.putnam.com/individual/> to ensure that your beneficiary designations are current. If you wish to update your beneficiary designations you must complete Putnam's IRA/403(b) Designation of beneficiary form. Forms are available on-line and can also be requested by contacting Putnam Investments.

Section 1 Account owner/participant information

Name of account owner/participant

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

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 6.

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 Required minimum distribution calculation

Select one option below. If you do not select an option or if you do not qualify for your selected option, Putnam will default to using the Single Lifetime Table for Beneficiary Retirement accounts and the Uniform Lifetime Table for all other accounts.

Option 1: Uniform Lifetime Calculation

Uniform Lifetime Method (proceed to Section 3)

Option 2: Joint Lifetime Calculation (available only if your spouse is more than 10 years younger than you and **already** designated as your sole primary beneficiary)

Joint Lifetime Method (spouse beneficiary information required for calculating your RMD using the Joint Lifetime Method)

Name of spouse beneficiary

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

Option 3: Single Lifetime Calculation (required and available only for Beneficiary Retirement accounts)

Single Lifetime Method (decedent information **required** for calculating your RMD using the Single Lifetime Method)

Name of decedent

First	MI	Last	Suffix	Social Security number (required)	Relationship
					<input type="checkbox"/> Spouse <input type="checkbox"/> Non-spouse

Date of birth (mm/dd/yyyy; required)

Date of death (mm/dd/yyyy; required)

Eldest date of birth (mm/dd/yyyy)*

*Eldest beneficiary's date of birth: Required (1) for a qualified trust beneficiary as defined within Treasury regulation 1.401(a)(9)-4, Q&A-5(a) or (2) when there are multiple beneficiaries who failed to segregate their assets prior to December 31st of the year following death.

Section 3 Plan type

Indicate the type of plan(s) on which you wish to establish RMD payments by selecting from the options below. If no option is selected, Putnam will establish RMD payments on all retirement plan types.

Establish a systematic RMD on all available plan types.

Establish a systematic RMD on all plans indicated below:

- | | | | | |
|---|----------------------------------|---|--|---------------------------------|
| <input type="checkbox"/> Traditional IRA / Rollover IRA | <input type="checkbox"/> SEP IRA | <input type="checkbox"/> SARSEP IRA | <input type="checkbox"/> Simple IRA | <input type="checkbox"/> 403(b) |
| <input type="checkbox"/> Beneficiary Retirement Account | <input type="checkbox"/> 401(k) | <input type="checkbox"/> Profit Sharing | <input type="checkbox"/> Money Purchase Plan | |

• IRA accounts: Your RMD obligation begins the year you attain the age of 70½.

• 403(b) accounts: Your RMD obligation begins the year you retire or attain the age of 70½, whichever is later.

• 401(k), Profit Sharing and Money Purchase Plan accounts: Your RMD obligation begins the year you retire or attain the age of 70½, whichever is later, unless you own 5% or more of the company. If you own 5% or more of the company your RMD obligation begins the year you attain the age of 70½, regardless of retirement status.

Note: The RMD is calculated for each plan type separately and life expectancy calculations cannot be combined across plan types. Putnam will only calculate the RMD for the plan type(s) selected above.

Section 4 Systematic distribution schedule

Please indicate a date and frequency for systematic distributions. If the systematic distribution date falls on a weekend or a holiday, the distribution will be made the next business day. Drafts requested for January 1st will be delayed to allow for the completion of the year end RMD calculation and will be processed using a trade date of the first business day of the year. Drafts are not available for the 29th-31st; if an invalid draft date is selected Putnam will default to the 15th.

Step 1: Indicate how often you would like to take distributions. **Putnam will default to once per year if no option is selected:**

Frequency: Distribute every month (proceed to step 2) **or** Distribute in the month(s) chosen below:

Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec

Step 2: Indicate the date on which you wish to begin. Drafts are not available for the 29th-31st. **If an invalid draft date is selected, or if no draft date is indicated, Putnam will default to the 15th.**

Begin scheduled payments on

or

Defer my first RMD payment until **and** begin my scheduled RMD on

Note: You may defer your RMD payment for the first required year until April 1st of the second year. If you choose to do so, the RMD payment for your second year must still be taken by December 31st of the second year. RMD payments for all following years cannot be deferred and must be taken by December 31st of each year.

Section 5 Systematic distribution options

Indicate how you would like distributions to be taken. If no option is selected, or if the RMD is from a 401(k), Money Purchase Plan, Profit Sharing Plan, or Beneficiary Retirement account, distributions will be taken from all funds individually based on the annual RMD requirement for each fund.

- Take distributions from all accounts individually based on the calculated RMD requirement for each account (proceed to Section 6)
- Take distributions as indicated below (percentage allocations must be set separately below for each retirement plan type selected in Section 3)

Plan Type (from Section 3)	Fund number	Account number	Percentage
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %

Note: For additional plan type designations please attach a separate sheet of paper and include the information above.

Section 6 Income tax withholding

Federal Income Taxes

Federal income taxes will automatically be withheld from your distribution at a rate of 10% unless you elect **not** to have taxes withheld or provide a different rate below. Please see below for the situations in which Putnam withholds state taxes.

Please select one of the following income tax withholding elections. The election you make below will apply to all of your systematic distributions.

- Do not withhold federal income tax from the distribution proceeds.
- Withhold federal income tax at a rate of _____ %, which will be deducted from the distribution proceeds.

State Income Taxes

For IRA plans, 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. For 403(b), 401(k), Profit Sharing and Money Purchase plans, Putnam will withhold state income taxes if your address is in one of the states listed above, as well as NE, VA, or MD, 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 completed MI W-4P form must be submitted with this distribution request or already on file with Putnam.

Note: 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 Distribution payment instructions

Select your payment instructions below; if no selection/instructions are provided, payment will be made to the account owner as registered to the address of record. **See Sections 8 and 9 for signature guarantee/medallion guarantee stamp requirements.**

Reinvest

Proceeds must be reinvested into the same share class. Unless otherwise indicated on this form, a separate letter of instruction or a new account application, proceeds will also be reinvested into the same fund.

- Into a **new** Putnam non-retirement account. Please attach the applicable completed account application.
Name(s) of the new registration's owner(s), custodian/minor, trust, organization or business entity (required)

- Into an **existing** Putnam non-retirement account. Please provide the information below:

Account number

Name(s) of registered owner(s)

Electronically deposit

- Into the bank account indicated on the attached document. A preprinted or web-generated voided check/deposit slip or a signed letter from the bank on bank letterhead must be attached. Each of these documents must include: bank name, name(s) as registered on the bank account, routing number and account number. Brokerage checks and investment company checks cannot be used for bank instructions as these checks do not contain the correct wiring information. Contact your investment company to obtain proper wire instructions on signed letterhead. Starter checks will not be accepted. **Please do not staple.**

Check the bank account you would like to use: Checking account Savings account

Note: Systematic redemptions will be sent via Automated Clearing House (ACH). Putnam does not assess a fee for electronic transactions; however some banks/credit unions may assess a fee upon receipt. Please check with your financial institution for information regarding eligibility, fees, and applicable routing number(s) for Federal bank wire and/or ACH transactions.

tape your document here

Name Address City, State, ZIP	DATE _____
PAY TO THE ORDER OF _____	\$ <input type="text"/> DOLLARS
memo: _____	_____
: 123456789	: 000123456789 : 101

ABA routing number of financial institution

Bank account number

Send check

- To the account owner as registered to the address of record
 To the alternate payee/alternate address listed below:

Alternate payee

Plan account number (if applicable)

Alternate mailing address (including apartment or box number)

City

State

ZIP code

Note: All checks will be mailed by standard delivery via the US Postal Service.

Section 8 Account owner/participant 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. Putnam Fiduciary Trust Company is entitled to rely on this form and is released from any and all claims I may have or hereafter claim to have with respect to the redemption. 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 7, 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 any time by written notification to Putnam Investor Services, Inc. with reasonable time given to implement my request.

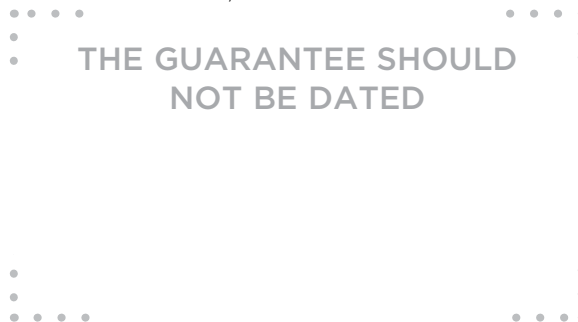
My signature below also indicates that if I am designating an investment in a fund that I do not already own I have read the fund prospectus(es) and agree to the terms therein.

Signature of account owner/participant or authorized party

Print name of signature above

Date (mm/dd/yyyy)

PLACE SIGNATURE/MEDALLION GUARANTEE STAMP



Section 9 Employer authorization (Required only for 401(k), Profit Sharing and Money Purchase Plans)

If the authorized signer is not currently on file at Putnam Investments as an authorized representative of the Plan, this form should be accompanied by one of the following demonstrating the signer's authority: a Corporate Resolution, Certificate of Incumbency, Resolution of Governing Body or Bylaws Extract. Certificates of Incumbency must be certified or Medallion guaranteed within 120 days of receipt; the remaining documents within 90 days. The employer authorizes and directs Putnam Fiduciary Trust Company ("PFTC") to make the above distribution(s) from the Plan to the person or legal entity identified above and certifies that such distribution(s) are in accordance with the provisions of the Plan. PFTC and Putnam Investor Services are entitled to rely on this authorization and direction and are released from any and all claims the undersigned may have or hereafter claim to have with respect to this distribution.

Putnam requires a signature/medallion guarantee stamp for the authorized signer's signature

Signature of authorized signer

Print name of signature above

Date (mm/dd/yyyy)

PLACE SIGNATURE/MEDALLION GUARANTEE STAMP

