



How to get started

If you choose Putnam mutual funds for your 403(b)(7) Custodial Account, review the Custodial Account Agreement and follow the instructions below. If you already have a 403(b)(7) Custodial Account with Putnam but you have changed employers you must complete a new 403(b)(7) employee adoption agreement.

AS THE EMPLOYEE, YOU MUST

- 1) Check with your employer to make sure Putnam is an eligible vendor.
- 2) Complete the Putnam 403(b)(7) employee adoption agreement.
- 3) Complete a salary reduction agreement with your employer for contributions to a 403(b)(7) Custodial Account. A sample salary reduction agreement is enclosed which your employer may wish to use. Follow the instructions pertaining to a Putnam 403(b)(7) Custodial Account. A Putnam 403(b)(7) maximum contribution worksheet is provided to help you determine your maximum allowable contribution.
- 4) Return completed agreements to Employer.

YOUR EMPLOYER MUST

- 1) Sign the salary reduction agreement that you (the employee) have completed.
- 2) Send signed 403(b)(7) employee adoption agreement to:

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

- 3) Deduct your contributions each pay period and send Putnam a check for your total contributions.

TRANSFERS, ROLLOVERS, OR CONTRACT EXCHANGES

If you are moving assets from another 403(b) plan to a Putnam 403(b)(7) Custodial Account, please complete the enclosed 403(b)(7) transfer/rollover/contract exchange form. Your current custodian may require an employer signature or other documentation to effect a transfer, rollover or contract exchange. Please contact them for specific requirements. You must also complete a Putnam 403(b)(7) employee adoption agreement if you have not already established an account.

403(b)(7) employee adoption agreement



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Boston, MA 02266-8383

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Canton, MA 02021-2809

For more information:
Putnam Investments
1-800-662-0019
www.putnam.com

Please make checks payable to Putnam Fiduciary Trust Company



Use this form to establish a new Putnam 403(b)(7) Custodial Account.

Section 1 Provide employee information

| | | | | | | | | | | |
|------------------|----|------|-----------------------------------|--|--|--------------------------------------|--|--|--|--|
| Name of employee | | | Social security number (required) | | | Date of birth (mm/dd/yyyy; required) | | | | |
| First | MI | Last | Suffix | | | | | | | |
| | | | | | | | | | | |

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.

Electronic delivery of account documents

I want to **"GO GREEN"** and reduce paper, printing and mailing by receiving documents electronically.

By checking the "GO GREEN" box above, an e-mail will be sent to the e-mail address provided above with a link to Putnam's secure Investor Website, which will allow you to choose your eDelivery options. Documents available for eDelivery include transaction confirmations, quarterly statements, prospectuses, annual/semiannual fund reports, proxy statements, and tax forms. When a new document is available, instead of sending the document to you by U.S. mail, Putnam Investor Services will send you an e-mail notification that the document is available via Putnam's Website. Terms and Conditions related to eDelivery will be provided to you prior to confirmation of your elections, prospectuses, annual/semiannual fund reports, proxy statements, and tax forms. When a new document is available, instead of sending the document to you by U.S. mail, Putnam Investor Services will send you an e-mail notification that the document is available via Putnam's Website. Terms and Conditions related to eDelivery will be provided to you prior to confirmation of your elections.

Mailing address (required)

Street

City State ZIP code

| | | |
|--|--|--|
| | | |
|--|--|--|

Residential address (Required if mailing address is a P.O. Box or c/o address)

Street

City State ZIP code

| | | |
|--|--|--|
| | | |
|--|--|--|

Section 2 Provide employer information

Will payroll deduction contributions be made to this account? Yes No

| | |
|-----------------|----------------|
| Name of company | Company number |
| | |

Street address

City State ZIP code

| | | |
|--|--|--|
| | | |
|--|--|--|

Section 3 Provide information about your financial advisor

Dealer number

Branch office number

Financial advisor number

CRD number

Financial advisor name(s) exactly as it appears on firm's registration

Financial advisor's firm

Financial advisor's contact phone number

Branch office street address

City

State

ZIP code

Note: If you do not designate a financial advisor, or if the broker-dealer firm you designate does not have a selling agreement with the distributor, Putnam Retail Management Limited Partnership ("PRM"), PRM will be designated as the default broker-dealer firm of record on your account and PRM will retain all applicable sales charges. You may designate another broker-dealer firm at any time by returning a signed Change of financial advisor form to Putnam Investor Services.

Section 4 Select your funds

Please use the Putnam Fund Guide (<https://www.putnam.com/literature/pdf/FM103.pdf>) to select your investment. You must enter the fund name and number for the corresponding share class you wish to establish. For additional fund elections, please attach a separate sheet of paper with fund number, fund name, and dollar amount or percentage.

- For new investments made to Putnam: If no class of shares is indicated, class A shares will be purchased and any unallocated assets will be invested into Money Market A.
- For assets moved from an existing Putnam registration: Fund allocations will remain consistent with the originating Putnam account(s) unless otherwise indicated. In addition, the share class must remain consistent with the originating Putnam account(s).

Contributions will always be coded for the current year in which your paperwork is received at Putnam per IRS regulations.

| Fund number | Fund name | 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"/> % |
| | | | <u>100%</u> |

Section 5 Designate your beneficiary(ies)

Complete Sections 5A and 5B to designate primary and contingent beneficiaries respectively for assets payable upon your death. For each beneficiary, PFTC requires the full name, tax identification number, and date of birth. If you name multiple primary or contingent beneficiaries, please specify the percentage each is to receive. If no percentage is specified, your account will be divided among your surviving primary beneficiaries in substantially equal amounts. If no primary beneficiaries survive you, your account will be divided among your surviving contingent beneficiaries. If none of your designated beneficiaries survive you, your account will be distributed according to the provisions of the 403(b)(7) Custodial Account Agreement.

Important: PFTC does not accept customized beneficiary designations (for example, designations which involve multiple contingencies within a primary or contingent beneficiary category) or "per stirpes" designations. All beneficiaries must be designated as either primary or contingent and must include all identifying information referenced above. PFTC generally cannot accept beneficiary designations from attorneys-in-fact, conservators, or guardians. If the designated beneficiaries are not accepted by PFTC the provisions of the 403(b)(7) Custodial Account Agreement will be in effect.

5A: Primary beneficiary(ies):

Percentages for **primary** beneficiaries **must equal 100%**. For any additional **primary** beneficiary designations, attach a separate page which contains all required information for each beneficiary.

Name of individual (First, MI, Last)/Full name of entity/trust

Tax identification number (required)

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

Residential address (Street, City, State, ZIP Code)

Relationship

Spouse Non-spouse Entity/Trust

Percentage

 . %

Name of individual (First, MI, Last)/Full name of entity/trust

Tax identification number (required)

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

Residential address (Street, City, State, ZIP Code)

Relationship

Spouse Non-spouse Entity/Trust

Percentage

 . %

Name of individual (First, MI, Last)/Full name of entity/trust

Tax identification number (required)

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

Residential address (Street, City, State, ZIP Code)

Relationship

Spouse Non-spouse Entity/Trust

Percentage

 . %

Name of individual (First, MI, Last)/Full name of entity/trust

Tax identification number (required)

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

Residential address (Street, City, State, ZIP Code)

Relationship

Spouse Non-spouse Entity/Trust

Percentage

 . %

100%

Section 5 Designate your beneficiary(ies) (continued)

5B: Contingent beneficiary(ies):

Percentages for **contingent** beneficiaries **must equal 100%**. For any additional **contingent** beneficiary designations, attach a separate page which contains all required information for each beneficiary.

Name of individual (First, MI, Last)/Full name of entity/trust

Tax identification number (required)

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

Residential address (Street, City, State, ZIP Code)

Relationship

Spouse Non-spouse Entity/Trust

Percentage

 . %

Name of individual (First, MI, Last)/Full name of entity/trust

Tax identification number (required)

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

Residential address (Street, City, State, ZIP Code)

Relationship

Spouse Non-spouse Entity/Trust

Percentage

 . %

Name of individual (First, MI, Last)/Full name of entity/trust

Tax identification number (required)

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

Residential address (Street, City, State, ZIP Code)

Relationship

Spouse Non-spouse Entity/Trust

Percentage

 . %

Name of individual (First, MI, Last)/Full name of entity/trust

Tax identification number (required)

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

Residential address (Street, City, State, ZIP Code)

Relationship

Spouse Non-spouse Entity/Trust

Percentage

 . %

100%

6C: Signature of 403(b) participant's spouse (if applicable):

If you are married to the 403(b) participant and he or she has designated a beneficiary(ies) other than you, please consult your financial advisor about the state law and tax law implications of this beneficiary designation, including the need for your consent. By signing below you indicate that you are the spouse of the individual named in Section 1 and that you consent to the designated beneficiary(ies). PFTC is not responsible to determining whether an account owner is married and is a resident of a jurisdiction in which community property rules apply.

Signature of spouse

Date (mm/dd/yyyy)

Print name of signature above

Section 6 Reduced sales charges (optional)

If you already own shares of another Putnam fund, or if you agree to invest a certain amount, you may be able to reduce the sales charge you pay.

CUMULATIVE DISCOUNT

To qualify for sales charge discounts on class A and M shares, list the account number(s) of other Putnam fund(s) that you or your family (spouse and/or children under age 21) own.

| <i>Fund number</i> | | <i>Account number</i> |
|----------------------|---|-----------------------|
| <input type="text"/> | — | <input type="text"/> |
| <input type="text"/> | — | <input type="text"/> |

LETTER OF INTENT

By checking an amount below, I agree to the terms and conditions for a Letter of Intent as set forth in the Statement of Additional Information (including the escrowing of shares). Although I am not obligated to complete a Letter of Intent, I plan to invest in one or more Putnam funds over a 13-month period an aggregate amount equal to at least the amount of the box checked below. I am aware that if I do not invest at least this amount over a 13-month period any purchases made pursuant to this Letter of Intent will be adjusted to the sales charge that otherwise would apply.

- \$50,000 \$100,000 \$250,000
 \$500,000 \$1,000,000

Section 7 Employee authorization

I represent that I am an employee of a tax exempt organization described in Section 403(b)(1)(A) of the Internal Revenue Code. I acknowledge that I have received a copy of the Putnam 403(b)(7) Custodial Account Agreement and I hereby agree to its terms, which are incorporated herein by reference. I also hereby specifically acknowledge that: (I) I have received a current prospectus(es) of the Putnam fund(s) selected; (II) I agree to the conditions governing the beneficiary designation(s) in Section 5; (III) I agree that an annual maintenance fee of \$25.00 will be deducted from the account(s); (IV) I am solely responsible for computing the maximum contribution that may be made on my behalf each year and any required RMD; and (V) I agree to indemnify **Putnam Fiduciary Trust Company**, the Custodian, and Putnam Retail Management for any act done or omitted to be done in good faith reliance on information provided by, or at the direction of, me or my Beneficiary or the legal representatives of either me or my Beneficiary. I also certify that the Social Security number provided in Section 1 is true, correct, and complete.

- I do not authorize the mailing of only one shareholder report, one prospectus, or one set of proxy materials if there are multiple accounts in a Putnam fund 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 shareholder report, one prospectus, or one set of proxy materials for **all** accounts in any Putnam fund at my address.

Important notice regarding Putnam's privacy policy: By signing this application, I acknowledge that Putnam's privacy policy is available for viewing and printing via Putnam's website at <https://www.putnam.com/policies/>

If I have completed a Letter of Intent (LOI) in Section 6, I agree that the minimum initial investment, which will be held in escrow until the full LOI amount is purchased, is 5% of the amount checked. If I invest less than the LOI amount, shares may be redeemed from my account to cover the higher sales charge. If I invest more, the sales charge will only be adjusted when and if my dealer refunds Putnam its portion of the adjustment. I will not receive LOI credit for shares purchased by dividend reinvestment.

In accordance with federal law, the Putnam funds are required to obtain my name, residential address, Social Security number, and date of birth in order to verify my identity. The information I provide may be shared with third parties for the purpose of verification subject to the terms of Putnam's privacy policy and all information maintained with respect to my account may be shared with the administrator of the plan of which this account is a part, as required by applicable law and as set forth in the Putnam 403(b)(7) Custodial Account Agreement. The funds are unable to accept this new 403(b)(7) Custodial Account if any required information is not provided. If Putnam is unable to verify my identity, this 403(b)(7) Custodial Account will be closed and the assets in the account will be distributed to me at the then-current NAV. With respect to any such distribution, I understand that Putnam is required to withhold 20% for federal income taxes and may be required to withhold state income taxes. I understand that I am liable for any additional federal income taxes due on the taxable part of any such distribution, and I acknowledge that I can incur penalties if my withholding or estimated tax payments for the year are not sufficient. I further understand that under federal tax law I will have 60 days from date of receipt by me to roll over such distribution to another 403(b)(7) Custodial Account or eligible retirement plan that will accept it. I will consult my tax advisor if I have any questions about the tax consequences of any such distribution.

Signature of Employee

Date (mm/dd/yyyy)

Print name of signature above

403(b)(7) salary reduction agreement



For more information:
Putnam Investments
1-800-662-0019
www.putnam.com

**Return completed form
to your employer**

**Please make checks payable to
Putnam Fiduciary Trust Company**

Section 1 Employee information

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

Mailing address (Required)

City State ZIP code

Section 2 Employer information

Name of company

Street address

City State ZIP code

This is an: Original agreement Amended agreement

1) The employee elects to have his/her compensation for services rendered on or after the first day of the first pay period that begins after the date of this Agreement reduced by \$_____ or ____ % (complete either space) per pay period. The employee is responsible for determining that the salary reduction in this paragraph does not exceed the maximum permitted "annual addition" under Section 415 of the Internal Revenue Code, the limit on "elective deferrals" in Section 402(g) of the Code, and any other applicable limit. The employer will provide to the employee, upon request, any available information from the employer's records that is necessary to enable the employee to make these tax determinations.

The employer will forward the amount of such reduction for the purchase of shares in one or more Putnam fund(s) made available to employees who maintain a Putnam 403(b)(7) Custodial Account to: **Putnam Investor Services, Inc., P.O. Box 8383, Boston, MA 02266-8383**

2) The amount of the salary reduction may be modified by the employee at any time and modification shall be effective as soon as reasonably practicable after the modification is signed by the employer and the employee. The employee or employer, by _____ days written notice to the other, may terminate this Agreement with respect to amounts not earned at the time of termination.

3) The employee bases his or her salary reduction election on the understanding that the employer is an organization described in Section 403(b)(1)(A) of the Internal Revenue Code and that the employer's sole responsibilities are to make salary reductions in accordance with this Agreement, to transfer such salary reduction contributions to the Custodian, and to comply with all applicable 403(b) regulations.

4) This Agreement is subject to the provisions of the Putnam 403(b)(7) Custodial Account Agreement which is hereby incorporated by reference.

Signature of Authorized Employer Representative/Administrator Signature of Employee

Name of Authorized Employer Representative/Administrator Name of Employee

Title Date (mm/dd/yyyy)

Date (mm/dd/yyyy)

403(b)(7) maximum contribution worksheet



For more information:

Putnam Investments
1-800-662-0019
www.putnam.com

Your annual voluntary contribution to this 403(b)(7) account for the 2013 tax year cannot exceed the amount determined under Section 1 below. Sections 2 through 5 of this worksheet contain certain calculations needed to complete Section 1.

This worksheet is intended as a general guide only. IRS Publication 571 provides more information about the calculation of your 403(b)(7) contribution limits. The Putnam 403(b)(7) Custodial Agreement has (and your plan may have) additional provisions. If you work for a church, control another business that has a tax-qualified retirement plan, participate during the year in a 403(b)(7) program with another employer, or if your employer makes contributions other than salary deferral contributions to this 403(b)(7) account, the calculation of your limit is more complicated than developed herein. Please contact your tax advisor for more assistance.

Section 1 Maximum elective contribution

- 1) Current generally applicable elective deferral limit. = \$ 18,000
- 2) "Long service" increase in limit (from Section 2, line 8). = \$ _____
- 3) "Age 50 and over" increase in limit (from Section 3, line 2). = \$ _____
- 4) Other elective deferrals for the current year (from Section 4, line 1). = \$ _____
- 5) Elective deferral limit (line 1 plus line 2 plus line 3 minus line 4). = \$ _____
- 6) Section 415 limit (from Section 5, line 5). = \$ _____
- 7) Maximum elective contribution (lesser of lines 5 and 6). = \$ _____

Section 2 "Long Service" bonus contribution for certain employees

If you are employed by any educational organization, hospital, home health service, health and welfare service agency, or certain churches and have completed more than 15 years of service with this employer (full time employment years, part time service years must be pro-rated; service breaks do not count), you may be able to contribute more than the generally applicable limit.

- 1) Years of service (full time equivalent, part time service years must be pro-rated) with your current employer (must be at least 15, if not skip to line 8 and enter zero). = _____
- 2) Line 1 multiplied by \$5,000. = \$ _____
- 3) Prior elective deferrals (from Section 4, line 2). = \$ _____
- 4) Line 2 minus line 3. = \$ _____
- 5) Dollar limit for "long service" bonus contribution. = \$ 3,000
- 6) Total of all "long service" bonus contributions made in prior years. = \$ _____
- 7) \$15,000 minus line 6 (not less than zero). = \$ _____
- 8) Maximum "long service" bonus contribution for the current year (least of lines 4, 5, and 7). = \$ _____

Section 3 "Age 50 and over" bonus contribution

- 1) Maximum "age 50 and over" bonus contribution for the current year. = \$ 6,000
- 2) If you are or will be age 50 or older by the end of the calendar year enter the amount from line 1, otherwise enter zero. = \$ _____

Section 4 Other elective deferrals

Total the amounts that will be contributed on an elective, pre-tax basis through elective salary reduction agreements on your behalf for the current year to other 403(b) plans, to any SEP (if the SEP was established before 1997), to any SIMPLE IRA or to any 401(k) plan. Enter this total on line 1 below. Do not include amounts that are contributed on a non-elective basis (such as employer non-salary-reduction contributions or your own salary reduction 403(b) contributions that are required as a condition of employment or made pursuant to a one-time irrevocable election to participate. Please note that the Putnam 403(b)(7) Custodial Agreement does not allow for non-elective contributions). For both lines 1 and 2 below, also do not include "age 50 and over" bonus contributions.

- 1) Current year other elective deferrals. = \$ _____
- 2) Elective deferrals made through your current employer in prior years. Include in this number
your historical 403(b) deferrals, as well as any "other elective deferrals" with your current employer. = \$ _____

Section 5 Section 415 limit

- 1) Annual compensation for this year (before salary reduction).¹ = \$ _____
- 2) \$54,000 plus line 2 from Section 3. = \$ _____
- 3) Lesser of line 1 and line 2. = \$ _____
- 4) All non-elective contributions made on your behalf to any 403(b) account or annuity for the current year.² = \$ _____
- 5) Amounts contributed on your behalf (elective or non-elective) for the current year to any tax-qualified defined contribution plan of an employer that you control.³ = \$ _____
- 6) Section 415 limit (line 3 minus line 4 minus line 5, not less than zero). = \$ _____

¹ Include your (anticipated) compensation for the calculation year from your current employer plus any compensation from a second employer that offers 403(b) benefits plus any compensation from an employer you "control" (see note 3 below).

² For example, non-salary-reduction employer contributions or "mandatory" salary reduction contributions (made as a condition of employment or pursuant to a one-time election to participate in the plan); include any such contributions from your current employer plus any other 403(b)-providing employer.

³ "Control," for this purpose, means more than 50% ownership of the business or partnership maintaining the tax-qualified plan.

403(b)(7) transfer/rollover/contract exchange



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Boston, MA 02266-8383

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Canton, MA 02021-2809

For more information:
Putnam Investments
1-800-662-0019
www.putnam.com

Please make checks payable to Putnam Fiduciary Trust Company



Use this form to initiate a transfer, rollover, or contract exchange of your current employer's 403(b) Custodial Account, former employer's qualified retirement plan, or IRA to a Putnam 403(b)(7) Custodial Account. If you are establishing a new Putnam 403(b)(7) Custodial Account with a new plan sponsor, please also attach a completed 403(b)(7) employee adoption agreement.

Important: To update your financial advisor designation you must complete the Change of financial advisor form.

Section 1 Provide employee information

Name of employee

| | | | | | |
|----------------------|----------------------|----------------------|----------------------|-----------------------------------|--------------------------------------|
| 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

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 Select your funds

Please use the Putnam Fund Guide (<https://www.putnam.com/literature/pdf/FM103.pdf>) to select your investment. You must enter the fund name and number for the corresponding share class you wish to establish. For additional fund elections, please attach a separate sheet of paper with fund number, fund name, and dollar amount or percentage.

- For new investments made to Putnam: If no class of shares is indicated, class A shares will be purchased and any unallocated assets will be invested into Money Market A.
- For assets moved from an existing Putnam registration: Fund allocations will remain consistent with the originating Putnam account(s) unless otherwise indicated. In addition, the share class must remain consistent with the originating Putnam account(s).

Contributions will always be coded for the current year in which your paperwork is received at Putnam per IRS regulations.

| Fund number | Account number/Fund name | 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"/> % |
| <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"/> % |
| | | | <u>100%</u> |

Section 3 Instructions for transfer/rollover/contract exchange

I have adopted the Putnam 403(b)(7) plan for which Putnam Fiduciary Trust Company (PFTC) serves as Trustee. If you are establishing a new 403(b)(7) plan at Putnam, you must attach the appropriate 403(b)(7) Custodial Account forms. Please send all related correspondence and any appropriate remittances to Putnam Investor Services, Inc., P.O. Box 8383, Boston, MA 02266-8383.

Note: PFTC cannot accept an asset transfer or direct rollover of stock or other marketable securities held in your current plan. Please consult your financial advisor to make other arrangements for these assets.

Section 3A - To complete a transfer or contract exchange from a 403(b) plan with another provider

This authorization instructs my current Trustee/Custodian to liquidate assets from the plan and transfer proceeds by check payable to Putnam Fiduciary Trust Company (if permitted by the plan and acceptable to PFTC):

Please solicit for 100% of the assets of the employee listed in Section 1

Account number (required)

or

Please solicit for a portion of the assets from the following account(s)

Account number (required)

Percentage

Dollar amount

| | | | |
|----------------------|------------------------|----|-------------------------|
| <input type="text"/> | <input type="text"/> % | or | \$ <input type="text"/> |
| <input type="text"/> | <input type="text"/> % | or | \$ <input type="text"/> |
| <input type="text"/> | <input type="text"/> % | or | \$ <input type="text"/> |

Section 3B - To complete a direct rollover

This authorization instructs my current Trustee/Custodian to liquidate assets from the plan indicated below and transfer proceeds by check payable to Putnam Fiduciary Trust Company (if permitted by the plan and acceptable to PFTC):

Traditional IRA Qualified Retirement Plan or Governmental 457

Please solicit for 100% of the assets of the employee listed in Section 1

Account number (required)

or

Please solicit for a portion of the assets from the following account(s)

Account number (required)

Percentage

Dollar amount

| | | | |
|----------------------|------------------------|----|-------------------------|
| <input type="text"/> | <input type="text"/> % | or | \$ <input type="text"/> |
| <input type="text"/> | <input type="text"/> % | or | \$ <input type="text"/> |
| <input type="text"/> | <input type="text"/> % | or | \$ <input type="text"/> |

Section 3C - Present trustee/custodian information

Name of present trustee/custodian

Phone

Name of employer sponsored retirement plan (if applicable)

Account number

Trustee/Custodian mailing address

City

State

ZIP code

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|

Name of contact person (if any)

Phone

Important: You **must** include a statement from your current trustee/custodian. Please consult with you present trustee/custodian to see if there are any forms or fees associated with transferring your funds. If fees are required this may delay your request.

Section 4 Authorization

Section 4A - Employee authorization (Please consult with your present trustee or custodian if they require a signature guarantee/medallion guarantee stamp and if there are any forms or fees associated with transferring your funds)

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 Employee (required)

Print name of signature above

Date (mm/dd/yyyy)

PLACE SIGNATURE/MEDALLION GUARANTEE STAMP

THE GUARANTEE SHOULD
NOT BE DATED

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.

Section 4B - Employer/Administrator authorization

Note: Complete only if required by the releasing financial institution to process an in-plan transfer/contract exchange from a 403(b) plan.

The undersigned hereby represents that he or she is an authorized representative of the Employer named below, or an authorized representative of a Third Party Administrator designated by the Employer. The signer hereby certifies that he or she has reviewed the request to make the above transfer or contract exchange, and certifies that such transaction is in accordance with the provisions of the Plan and Code Section 403(b) requirements, including those relating to information sharing.

Name of Employer

Name of Authorized Employer Representative/Administrator

Signature of Authorized Employer Representative/Administrator

Title

Date (dd/mm/yyyy)