

# Request for redemption from a nonretirement account



**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  
1-800-225-1581  
www.putnam.com



Use this form to request a complete, partial or systematic redemption from your nonretirement account. Redemptions from these accounts may have tax implications and result in additional fees. Consult your financial advisor or tax advisor if you have any questions. For corporations, partnerships, trusts, or other entities where the current authorized signer(s) is/are not named in the account registration, additional documentation may be required.

**Note:** This form cannot be used to redeem closed-end funds. Please contact your financial advisor for assistance.

## Section 1 Account owner information

<i>Name of owner/custodian/trustee/entity</i>	<i>Social Security/Tax ID number (required)</i>	<i>Date of birth (mm/dd/yyyy)</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Name of joint owner/minor/co-trustee/authorized party</i>	<i>Social Security number (required)</i>	<i>Date of birth (mm/dd/yyyy)</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Contact phone number</i>	<input type="text"/>	

**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 Request for a one-time redemption

Please redeem the indicated dollar amount, share amount, or percentage allocation listed below. If utilizing the Specific Lot Identification accounting method, please attach a separate sheet of paper and include the acquisition date and share or dollar amount to satisfy the requested transaction. For additional account designations please attach a separate sheet of paper and include the information below.

<i>Fund number</i>	<i>Account number</i>	<i>Dollar amount</i>	<i>Share amount</i>	<i>Percentage</i>
<input type="text"/>	— <input type="text"/>	\$ <input type="text"/>	or <input type="text"/>	or <input type="text"/> %
<input type="text"/>	— <input type="text"/>	\$ <input type="text"/>	or <input type="text"/>	or <input type="text"/> %
<input type="text"/>	— <input type="text"/>	\$ <input type="text"/>	or <input type="text"/>	or <input type="text"/> %
<input type="text"/>	— <input type="text"/>	\$ <input type="text"/>	or <input type="text"/>	or <input type="text"/> %
<input type="text"/>	— <input type="text"/>	\$ <input type="text"/>	or <input type="text"/>	or <input type="text"/> %

## Section 3 Systematic redemption options

Please indicate a date and frequency for systematic redemptions. **If no date is selected, Putnam will default to the 15th. If no frequency is selected, Putnam will default to once per year.** If the systematic redemption date falls on a weekend or a holiday, the redemption will be made the next business day. If the redemption date falls on a date that does not occur within a particular month (29th-31st), the redemption will be made the prior day, unless this day falls on a weekend or holiday then the redemption will be made the next business day.

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

### Step 1: Redemption allocation(s)

<i>Fund number</i>	<i>Account number</i>	<i>Dollar amount</i>	<i>Share amount</i>	<i>Annualized percentage</i>
<input type="text"/>	— <input type="text"/>	\$ <input type="text"/>	or <input type="text"/>	or <input type="text"/> %
<input type="text"/>	— <input type="text"/>	\$ <input type="text"/>	or <input type="text"/>	or <input type="text"/> %
<input type="text"/>	— <input type="text"/>	\$ <input type="text"/>	or <input type="text"/>	or <input type="text"/> %

### Step 2: Redemption frequency

Choose a frequency below. Putnam will default to once per year if no option is selected:

Frequency:  Redeem every month (enter redemption date(s) below) **or**  Redeem only in the month(s) chosen below:  
 Jan  Feb  Mar  Apr  May  June  July  Aug  Sept  Oct  Nov  Dec

Begin my systematic redemption(s) on the following date(s):

Redemption date:  Additional redemption date: (Use if you wish to redeem multiple times within a month)  
 (MM/DD) (MM/DD)

## Section 4 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 Section 6 for signature guarantee/medallion guarantee stamp requirements.

### Reinvest

Proceeds must be reinvested into the same share class. For IRA and Coverdell accounts, proceeds will be reinvested into the same fund(s) unless otherwise indicated on this form, a separate letter of instruction or a new account application. Only prior year and current year contributions are permitted. If no contribution year is indicated, your investment will be coded for the current year in which your paperwork is received at Putnam per IRS regulations. For prior year contributions, the envelope must be postmarked on or before the tax filing deadline.

For proceeds reinvested into a 529 for America account, Investment options must be provided and the contribution year will always be coded for the current year in which your paperwork is received at Putnam. Please provide 529 for America investment options on a separate letter of instruction or a new account application.

- Into a new Putnam IRA, Coverdell, or 529 for America account. Please attach the applicable completed account application.

Name(s) of the new registration's owner/director and beneficiary (if applicable)

- Into an existing Putnam IRA or Coverdell account. Please provide the information below:

Account number

Name 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:** One-time distributions will be sent via Federal bank wire; systematic distributions 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	DATE _____
Address	
City, State, ZIP	
PAY TO THE ORDER OF _____	\$ _____
	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

Select one of the following delivery options for check requests; if no selection is provided, the check(s) will be delivered by the U.S. Postal Service.

- Mail check(s) via **U.S. Postal Service** (standard delivery)  Mail check(s) via **overnight/express delivery** (not available for systematic distributions)

If overnight/express delivery is requested, Putnam will default to taking the \$20 service charge from the lowest fund-account involved in the transaction unless an acceptable alternative fund-account is specified below. The fee will be taken from the balance of the account.

Indicate the \$20 overnight/express fee source:

**Fund number**

**Account number**

## Section 5 Verification of new taxable party

Complete this section when the distribution will be reported under a different Social security/Tax ID number than that of the primary account owner (if left blank the distribution will be reported under the primary tax identification number on the account being redeemed). **See Section 6 for signature guarantee/medallion guarantee stamp requirements.**

**Important:** The authorized signer for the new taxable party must also complete Section 6. Information provided in this section will only be applied to the new taxable party. Please contact Putnam to update information for the primary account owner named in Section 1.

Name of new taxable party (Individual, Trust, or Entity)

Social Security / Tax ID number (required)

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

Name of Trustee / Executor (if applicable)

Name of Trustee / Executor (if applicable)

Mailing address of new taxable owner (required)

City

State

ZIP code

Residential address of new taxable owner (required if mailing address is a P.O. Box or c/o address)

City

State

ZIP code

Contact phone number of new taxable party

E-Mail address of new taxable party

**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/semi-annual 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.

Select the appropriate coding reason to transfer the shares from the primary account owner named in Section 1 into the name of the new taxable party named above to ensure accurate cost basis reporting.

- Re-registration:** Cost basis will not be adjusted. Re-registration transactions include removal of a custodian from an UTMA/UGMA registration once the minor has reached the age of distribution and divorce.
- Inheritance:** Select this option if you have inherited shares from the primary account owner named in Section 1. You must provide the date of death below. If no date of death is provided, your cost basis may not be accurately tracked.

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

For trusts and joint accounts, Putnam will default to coding transfers due to death as a re-registration unless directed to adjust the cost basis using an inheritance coding for a specific percentage of the transferred shares below (1%-100%). Please consult your tax advisor to determine if you qualify for this option.

- Adjust my cost basis using an inheritance coding for % of the assets transferred from the joint or trust account(s) indicated in Section 2. I have verified with a tax advisor that I am eligible to adjust my cost basis.

For all other non-retirement registrations, Putnam will use a transfer coding of inheritance and adjust your cost basis to the fair market value on the date of death unless you provide an alternate valuation date below.

- **Alternate valuation date:** This option is only available for estate assets. Federal estate tax law allows estate assets to be valued on an alternate date rather than the date of death. Please consult your tax advisor to determine the appropriate date to provide if you qualify for this option.

Alternate date (mm/dd/yyyy; optional)

# Section 6 Authorization

In accordance with federal law, the Putnam funds are required to obtain the name, residential or business address, Social Security or tax identification number, and date of birth for each registered owner in order to verify their identities. For certain entities such as trusts, estates, corporations, partnerships, or other organizations, additional documentation may be required (contact Putnam at 1-800-225-1581 for additional information).

Under penalties of perjury, I certify with my signature below that: (1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me) and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. citizen, a U.S. resident alien, or other U.S. person as defined in the instructions issued by the IRS. You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return.

**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   | 5) distribution is being mailed to an alternate address and the amount is more than \$25,000   |
| 2) check is not payable solely to the registered account owner(s)  | 6) distribution is being mailed to an address that has changed in the past 15 days and the amount is more than \$25,000                                |
| 3) distribution amount is more than \$100,000  | 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 |
| 4) request is signed by anyone other than the registered account owner(s) <b>(must be signed in capacity and accompanied by the appropriate certified legal document(s) with original certification)</b> |  |

With this application, I authorize the bank/credit union to accept credit entries initiated by Putnam Investor Services, Inc. to the account designated in Section 4, 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 both ACH investments in and ACH redemptions 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/our request.

I/We request the redemption indicated above. Putnam Investor Services, Inc. is entitled to rely on this form and is released from any and all claims I/we may have or hereafter claim to have with respect to the redemption.

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 owner/custodian/trustee/authorized party*

*Print name of signature above*

*Date (mm/dd/yyyy)*

PLACE SIGNATURE/MEDALLION GUARANTEE STAMP

THE GUARANTEE SHOULD NOT BE DATED



*Signature of joint owner/co-trustee/authorized party (if applicable)*

*Print name of signature above*

*Date (mm/dd/yyyy)*

PLACE SIGNATURE/MEDALLION GUARANTEE STAMP

THE GUARANTEE SHOULD NOT BE DATED



For additional signatures, please attach a separate sheet.