

Section 2 Company information

Complete this section if you are a plan sponsor for a 401(k), money purchase plan or profit sharing plan and would like to authorize the delivery of duplicate statements and/or confirmations for your participants to a third party address. (Plan sponsors of SARSEP, SEP, SIMPLE and 403(b) Plans are not eligible to authorize the delivery of duplicate statements for participants).

Company name

Name of contact

First

MI

Last

Phone

I authorize duplicate statements and confirmations to be mailed for the following company only:

Company number

Tax ID number

Company third party information

Please establish the following additional mail address(s). If you need more space than what is provided, please attach an additional sheet with the information below.

Add new information Update existing information

Recipient (individual, company, or firm name)

Mailing address (including apartment or box number)

City

State

Zip code

Section 3 Authorization

With this application, I/we authorize Putnam Investor Services to mail duplicate statements, confirmations, or both (as specified above), to the third party(ies) listed above, without responsibility for correctness thereof or for the existence of any further authorization relating thereto. I/we agree to indemnify and hold harmless the Putnam funds, and Putnam Investor Services for any loss, liability, or expense incurred from acting on these instructions.

This authorization may be terminated by me/us at any time by written notification to Putnam Investor Services, with reasonable time given to implement my/our request.

My/our signature below indicates that I/we agree to the terms herein.

Signature of Owner/Trustee/Authorized signer

Signature of Joint owner

Date (mm/dd/yyyy)

Date (mm/dd/yyyy)