Self-certification for late rollover contribution

Putnam INVESTMENTS

Return by mail: Putnam Investments PO Box 219697 Kansas City, MO 64121-9697 Return by express delivery: Putnam Investments 430 W 7th Street Suite 219697 Kansas City, MO 64105-1407 For more information: Putnam Investments 1-800-662-0019 www.putnam.com Please make checks payable to Putnam Fiduciary Trust Company, LLC



This form is used when a rollover is received by Putnam more than 60 days after the IRA account owner received the initial distribution. The form allows the retirement account owner to self-certify the reason(s) he/she was unable to complete the rollover within 60 days of receipt of the distribution.

Section 1 Comp	lete your account	owner informa	tion		
Name of account owner First	MI Last	Suffix	Social Security number (required)	Date of birth (mm/c	dd/yyyy; required)
Contact phone number	E-Mail ac	ddress			
fields that are left blank. If	you are enrolled in electronic	delivery, all notifications v	rrent contact information on file with Puvill be sent to the e-mail address listed al		nanges will be made for
	y exception reaso			· · · · · · · · · · · · · · · · · · ·	
	-	_	unable to do so for the following reason(s) (check all that apply):	
	d by the financial institution ma	=	=		
	the form of a check and the ch				
	•	an account that I mistaken	y thought was a retirement plan or IRA.		
☐ My principal residence v	·				
☐ One of my family memb					
☐ I (or one of my family m	nembers) was seriously ill.				
☐ I was incarcerated.					
Restrictions were impos	, ,				
☐ A postal error occurred.					
	ade on account of an IRS levy a				
☐ The party making the di information.	istribution delayed providing in	nformation that the receivi	ng plan or IRA required to complete the ro	ıllover despite my reasonat	ole efforts to obtain the
	lify for late rollover relief, the s		e rollover relief for escheated assets does from the state unclaimed property divisi		
☐ The distribution qualifie	ed as a Coronavirus related dis	tribution as defined under	the CARES Act (this option is not available	e after 12/31/2023).	
Section 3 Select	yourfunds				
corresponding share class y percentage. • The Putnam Funds offer forth in the Funds' State	r a reinstatement privilege that ement of Additional Informatic	ional fund elections, pleasons to may allow you to reinvest	pdf) to select your investment. You must be attach a separate sheet of paper with full the proceeds of a previous distribution wancial intermediary or Putnam Investor Se	nd number, fund name, an vithout incurring an additio ervices for more informatio	d dollar amount or nal sales charge, as set on.
Fund number Fund no	ame		Dollar amount	Pe	ercentage
			S	or	%
			Š		0/0
				or	0/0
				or	0/2
				or	70
			_	or	
					0/2

100%

Section 4 Authorization

Pursuant to IRS Revenue Procedure 2016-47, I certify that my contribution above missed the 60-day rollover deadline for the reason(s) listed in Section 2. I am making this contribution as soon as practicable after the reason or reasons listed in Section 2 no longer prevent me from making the contribution. I understand that this certification concerns only the 60-day requirement for a rollover and that, to complete the rollover, I must comply with all other tax law requirements for a valid rollover and with your rollover procedures.

Pursuant to IRS Revenue Procedure 2020-46, unless you have actual knowledge to the contrary, you may rely on this certification to show that I have satisfied the conditions for a waiver of the 60-day rollover requirement for the amount identified above. You may not rely on this certification in determining whether the contribution satisfies other requirements for a valid rollover.

I declare that the representations made in this document are true and that the IRS has not previously denied a request for a waiver of the 60-day rollover requirement with respect to a rollover of all or part of the distribution to which this contribution relates. I understand that in the event I am audited and the IRS does not grant a waiver for this contribution, I may be subject to income and excise taxes, interest, and penalties. If the contribution is made to an IRA, I understand you will be required to report the contribution to the IRS.

Note: I also understand that I should retain a copy of this signed certification with my tax records.

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 (requ	vired)		
Print name of signature above			
Current date (mm/dd/yyyy)			