Checkwriting privilege



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 1-800-225-1581 www.putnam.co



Use this form to add checkwriting privileges to your eligible Putnam nonretirement account(s). This option is not available for Retirement, 529, Coverdell, Outside trustee, or Brokerage accounts. Your account must have a balance in order to apply for checkwriting. Please be aware that you cannot use these checks or the account to do online bill pay. Additionally, Putnam's checkwriting checks cannot be converted into ACH transactions.

E-Signature authorization will not be accepted to establish checkwriting. If you have been a customer with Putnam for more than 60 days, **a Signature Validation Program (SVP) stamp must be provided**. A SVP stamp is a stamped assurance for nonfinancial transactions by a financial institution that indicates a signature is valid.

Section 1 Account owner information		
Name of owner/custodian/trustee/entity	Social Security/Tax ID number (required)	Date of birth (mm/dd/yyyy)
Name of joint owner/minor/co-trustee/authorized party	Social Security/Tax ID number (required)	Date of birth (mm/dd/yyyy)
Contact phone number		
Note: Providing a phone number above will replace the current contact made.	□ t information on file with Putnam (if applicable)	. If this field is left blank, no changes will be
Section 2 Eligible funds		
When a check is presented for payment, shares in your account will be may be redeemed to cover any applicable contingent deferred sales cher(s) in which the privileges are assigned. If your account number is checkwriting for the new account number.	arge. The checkwriting privileges established by	y this application are specific to the account nu
Putnam's checkwriting privilege is available in any of these Putnam Fur	nds with no fee.	
	Mortgage Securities Fund	
Add checkwriting to my existing Putnam account or to a new fund:		
Fund number Account number A	New fund name	
or		
Costing 2 Trust Doubourship or Association		
Section 3 Trust, Partnership, or Association Trusts, partnerships and associations are required to complete the field more information. Authorized signers named to act must complete <i>S Name of Entity</i>	ds below. Additional documentation may be req	uired, please contact Putnam Investments for
Authorized signer(s)		
I hereby certify that the authorized person(s) named above is/are author Putnam shares from the Fund by use of the checkwriting privilege. To cl signature(s), written instructions must be received by Putnam Investor S format.	hange the authorized	LACE SVP STAMP BELOW
Certifying signature Title		
Print name of signature above		0
Date (mm/dd/yyyy)		

Section 4 Corporate Resolution

This section must be completed when the owner is her capacity as custodian of corporate records. If the least one other officer must also be authorized to a corporation must be guaranteed by an investment ies), written instructions must be received by Putnal	ne secretary or other recor ct (except in the case of a dealer or bank and must	ding officer signing the resolution officer). If your corporation be signed with the title of the	ution is also named in the res on has only one officer, the s officer as the sole officer. To	olution as authorized to act, at ignature of that sole officer of the change the authorized signatory(
Name of corporation			State	
Name of authorized officer			Title of authorize	ed officer
Name of authorized officer (if applicable)			Title of authorize	ed officer (if applicable)
The officer(s) listed above is/are authorized to rede of the checkwriting privilege. I, secretary or other re above incorporated under the laws of the state lister resolution is in conformity with the charter and byla a meeting of the Board of Directors of the corporati/ at which a quorum was present a now in full force and effect.	cording officer of the Corp ed above hereby certify th aws of this corporation ar on duly called and held o	poration listed at the foregoing nd was adopted at on (print date)	CORPORATE SEAL OR	SVP STAMP BELOW
Secretary or other recording officer signature	Title			
Print name of signature above	Date (mm/dd/yyyy)	•		•
Section 5 Signature card autho	rization			
black ballpoint ink. If you have been a customer wi By signing the below signature card, the signatory(i Fund(s) and of a bank designated by Putnam Inves registered owners must sign this signature card. Ea The designated subcustodian bank is hereby appo such Putnam fund(s) as designated by the shareho upon the account(s). In so acting, the designated so todian bank's rules, regulations, and associated law terminated at any time upon notification mailed to	es) agrees to be subject to tor Services, Inc. (the "des ch signatory guarantees t inted agent by the shareh lders from time to time, a ubcustodian bank shall bo vs governing check collec	o the instructions and rules a signated subcustodian bank", the genuineness of the other's solders signing this card and, nd as recorded on Putnam's e liable only for its own negligtion. It is further agreed that t	s now in effect and as amend), as they pertain to the use o s signature. as such agent, is directed to a records, upon receipt of, and gence. Shareholders will be suche above rules and regulation	f redemption checks; therefore all request redemption of shares of to the amount of, checks drawn ubject to the designated subcus-
As set forth in the fund's prospectus, purchases written against your fund account may be return cover the amount of your check.				
Signature of Owner/Custodian/Trustee/Authorized S	igner	Signature of Joint (Owner/Co-Trustee/Co-Authori	zed Signer
Print name of signature above		Print name of signo	ature above	
Date (mm/dd/yyyy)		Date (mm/dd/yyyy,)	
☐ Check here if more than one signature is requ PLACE SVP STAMP BELOW		ked, only one signature will b	e required on checks. See ab PLACE SVP STAMP BELOW	ove for terms of agreement.
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