

SIMPLE IRA adoption agreement



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



Use this form to open a new Putnam SIMPLE IRA. Please note that a SIMPLE IRA plan is sponsored and funded through your employer. Please confirm that your employer has completed a SIMPLE IRA services agreement with Putnam before returning your application.

Section 1 Provide employee information

<i>Name of account owner</i>									
<i>First</i>	<i>MI</i>	<i>Last</i>	<i>Suffix</i>	<i>Social security number (required)</i>		<i>Date of birth (mm/dd/yyyy; required)</i>			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>			
<i>Contact phone number</i>		<i>E-mail address</i>							
<input type="text"/>		<input type="text"/>							

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.

Mailing address (required)

<i>Street</i>			
<input type="text"/>			
<i>City</i>	<i>State</i>	<i>ZIP code</i>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Residential address (Required if different than mailing address. No P.O. Box or c/o addresses)

<i>Street</i>			
<input type="text"/>			
<i>City</i>	<i>State</i>	<i>ZIP code</i>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Section 2 Provide employer information

<i>Name of company</i>		<i>Company number</i>	
<input type="text"/>		<input type="text"/>	
<i>Street address</i>			
<input type="text"/>			
<i>City</i>	<i>State</i>	<i>ZIP code</i>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Section 3 SIMPLE IRA initial funding date

Please indicate whether this is your initial funding of a SIMPLE IRA plan through the employer named in Section 2 or if you have previously funded a SIMPLE IRA with them through a different vendor. If this section is left blank Putnam will default to treating the account as if this is the initial funding of your SIMPLE IRA plan.

Note: You cannot move assets into/out of a SIMPLE IRA from/to another plan type within the first 2 years of the initial funding of your SIMPLE IRA.

- This is my initial funding of a SIMPLE IRA plan through the employer listed in Section 2
- I previously funded a SIMPLE IRA plan through the employer named in Section 2 (provide the date the plan was originally funded below):

Date (mm/dd/yyyy; required)

Section 4 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 5 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 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.
- Investments made through payroll deduction contributions will be applied for the year received.

Fund number

Fund name

Percentage (percent assigned should be in whole numbers)

 %

 %

 %

 %

100% *(percentage allocations for all funds must total 100%)*

Section 6 Designate your beneficiary(ies)

Complete Sections 6A and 6B to designate primary and contingent beneficiaries respectively for assets payable upon your death. For each beneficiary, PFTC, LLC 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 IRA plan and disclosure statement.

Important: PFTC, LLC 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, LLC generally cannot accept beneficiary designations from attorneys-in-fact, conservators, or guardians. If the designated beneficiaries are not accepted by PFTC, LLC the provisions of the IRA plan disclosure statement will be in effect.

6A: 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 (required)	Relationship	Percentage
<input type="text"/>	<input type="checkbox"/> Spouse <input type="checkbox"/> Other	<input type="text"/> %
Social Security/Tax ID number (required)	Date of birth (mm/dd/yyyy; required)	
<input type="text"/>	<input type="text"/>	
Residential address (street, city, state, ZIP code)		
<input type="text"/>		

Name of individual (First, MI, Last)/Full name of entity/trust (required)	Relationship	Percentage
<input type="text"/>	<input type="checkbox"/> Spouse <input type="checkbox"/> Other	<input type="text"/> %
Social Security/Tax ID number (required)	Date of birth (mm/dd/yyyy; required)	
<input type="text"/>	<input type="text"/>	
Residential address (street, city, state, ZIP code)		
<input type="text"/>		

Name of individual (First, MI, Last)/Full name of entity/trust (required)	Relationship	Percentage
<input type="text"/>	<input type="checkbox"/> Spouse <input type="checkbox"/> Other	<input type="text"/> %
Social Security/Tax ID number (required)	Date of birth (mm/dd/yyyy; required)	
<input type="text"/>	<input type="text"/>	
Residential address (street, city, state, ZIP code)		
<input type="text"/>		

Name of individual (First, MI, Last)/Full name of entity/trust (required)	Relationship	Percentage
<input type="text"/>	<input type="checkbox"/> Spouse <input type="checkbox"/> Other	<input type="text"/> %
Social Security/Tax ID number (required)	Date of birth (mm/dd/yyyy; required)	
<input type="text"/>	<input type="text"/>	
Residential address (street, city, state, ZIP code)		
<input type="text"/>		

Total primary allocations must equal 100%

100.00 %

Section 6 Designate your beneficiary(ies) (continued)

6B: 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 (required) <input style="width: 95%; height: 20px;" type="text"/>	Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Other	Percentage <input style="width: 80%; height: 20px;" type="text"/> %
Social Security/Tax ID number (required) <input style="width: 95%; height: 20px;" type="text"/>	Date of birth (mm/dd/yyyy; required) <input style="width: 95%; height: 20px;" type="text"/>	
Residential address (street, city, state, ZIP code) <input style="width: 95%; height: 20px;" type="text"/>		

Name of individual (First, MI, Last)/Full name of entity/trust (required) <input style="width: 95%; height: 20px;" type="text"/>	Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Other	Percentage <input style="width: 80%; height: 20px;" type="text"/> %
Social Security/Tax ID number (required) <input style="width: 95%; height: 20px;" type="text"/>	Date of birth (mm/dd/yyyy; required) <input style="width: 95%; height: 20px;" type="text"/>	
Residential address (street, city, state, ZIP code) <input style="width: 95%; height: 20px;" type="text"/>		

Name of individual (First, MI, Last)/Full name of entity/trust (required) <input style="width: 95%; height: 20px;" type="text"/>	Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Other	Percentage <input style="width: 80%; height: 20px;" type="text"/> %
Social Security/Tax ID number (required) <input style="width: 95%; height: 20px;" type="text"/>	Date of birth (mm/dd/yyyy; required) <input style="width: 95%; height: 20px;" type="text"/>	
Residential address (street, city, state, ZIP code) <input style="width: 95%; height: 20px;" type="text"/>		

Name of individual (First, MI, Last)/Full name of entity/trust (required) <input style="width: 95%; height: 20px;" type="text"/>	Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Other	Percentage <input style="width: 80%; height: 20px;" type="text"/> %
Social Security/Tax ID number (required) <input style="width: 95%; height: 20px;" type="text"/>	Date of birth (mm/dd/yyyy; required) <input style="width: 95%; height: 20px;" type="text"/>	
Residential address (street, city, state, ZIP code) <input style="width: 95%; height: 20px;" type="text"/>		

Total contingent allocations must equal 100%

100.00 %

6C: Signature of IRA owner's spouse (if applicable):

If you are married to the IRA owner 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, LLC 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 <input style="width: 95%; height: 20px;" type="text"/>	Date (mm/dd/yyyy) <input style="width: 95%; height: 20px;" type="text"/>
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Print name of signature above

Section 7 Authorization

I do not authorize telephone redemptions. Accept only written instructions signed by me.

Unless I have checked the box above, Putnam Investor Services, Inc. is authorized to act upon instructions received by telephone from me or any other person claiming to act as my representative who can provide Putnam with my account registration and address as it appears on Putnam's records. Redemption proceeds of up to \$100,000 will be sent to me at an address on record with Putnam for at least 15 days. Putnam will not be liable for unauthorized transactions if it employs reasonable procedures to confirm that instructions received by telephone are genuine. I agree to indemnify and hold harmless Putnam Investor Services, Inc. and any Putnam funds that may be involved in transactions authorized by telephone against any claim or loss in connection with any telephone transaction effected on my account.

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/>

I hereby (I) adopt the Putnam SIMPLE individual Retirement Trust Account (the "Plan"), as an SIMPLE retirement account under Section 408(p) of the Internal Revenue Code of 1986, as amended; (II) acknowledge receipt of the Plan and Disclosure Statement; (III) have received and have read a current prospectus of any fund; (IV) appoint Putnam Fiduciary Trust Company, LLC as Trustee; (V) acknowledge that the terms in this agreement mean the same as in the Plan; and (VI) agree that an annual maintenance fee of \$25 will automatically be deducted from the account in accordance with Putnam's annual maintenance fee policy for accounts with a balance below \$50,000 on the day the fee is scheduled to be taken. I also acknowledge that Putnam's annual maintenance fee policy is subject to change. I also certify under the penalties of perjury that the taxpayer identification number (Social Security number) set forth in Section 1 is true, correct, and complete.

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 (see the following terms and conditions or call Putnam at 1-800-225-1581). The funds are unable to accept new accounts if any required information is not provided. If the funds are unable to verify your identity, your account will be closed at the then-current NAV, which may be more or less than your original investment, and the proceeds will be sent to you, net of any applicable sales charges. With respect to any such distribution, I elect that no amount be withheld for 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 IRA or eligible plan that will accept it. I will consult my professional tax advisor if I have any questions about the tax consequences of any such distribution.

The information you provide may be shared with third parties for the purpose of verification subject to the terms of Putnam's privacy policy.

Signature of owner/parent/guardian/authorized signer

Date (mm/dd/yyyy)

Print name of signature above