

Putnam 529 for AmericaSM payroll deduction form



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
1-877-PUTNAM529
1-877-788-6265
www.putnam.com



Use this form to establish, or change payroll deduction contributions to an existing Putnam 529 for America account. Please submit a copy of this form to your employer in order to begin the deductions and return the original form to Putnam to store your investment allocation instructions. Your elections on this form will override any existing payroll deduction instructions.

Section 1 Employee information

Name of employee

First	MI	Last	Suffix	Social Security number (required)	Date of birth (mm/dd/yyyy; required)

Contact phone number

E-mail address

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.

Section 2 Employer information

Name of company

Putnam group number (if known)

Mailing address

Street

City State ZIP code

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Section 3 Payroll deduction request

The contributor requests employer to deduct the following amount each pay period on an after-tax basis and pay it to the designated Putnam 529 for America accounts. (Please note that your employer may impose additional requirements to implement payroll deductions).

\$

Section 4 Allocations

Please indicate the amount (by percentage) that each payroll deduction contribution should be allocated to each account number. If you are contributing to more than one beneficiary, the total percentages allocated for all account numbers across all beneficiaries should equal 100%. Please note allocations must be provided in whole percentages; dollar allocations cannot be accepted.

Name of beneficiary				Fund number	Account number	Percentage	
First	MI	Last	Suffix				
					-		%
					-		%
					-		%
					-		%
					-		%
					-		%
					-		%
					-		%
						<u>100%</u>	

Section 5 Account certification and authorization

I may modify the payroll deduction amount indicated above at any time by completing a new Payroll deduction form, effective as soon as reasonably practicable thereafter. My employer may terminate my payroll deduction request at any time with respect to amounts not deducted from my pay at the time of the termination, and I hereby acknowledge that my employer may cease offering payroll deduction at any time without notice.

I am solely responsible for monitoring my contributions through a payroll deduction arrangement with my employer. I agree that Putnam Investor Services, Inc., the State of Nevada, the Nevada College Savings Trust Fund and the Board of Trustees of the College Savings Plans of Nevada have no duty or obligation to monitor or question changes to, or termination of, my payroll deduction contributions. I understand and acknowledge that any payroll deduction contributions are deducted from my pay on an after-tax basis and are not deductible from federal income tax.

If I am not the account owner of the account to which I am making contributions hereunder, I acknowledge and agree that I will not retain any control over, or rights to, any contribution to such account(s) (or any other portion of the account(s)). I further acknowledge and agree that I will not receive any statements or other information with respect to any contribution to, or other portion of, such account(s).

I acknowledge that investments in the Putnam 529 for America program are not mutual funds, deposits or obligations of, or guaranteed or endorsed by, the State of Nevada, the Nevada College Savings Trust Fund, the Board of Trustees of the College Savings Plans of Nevada, Putnam Investments, or any financial institution; are not insured by the Federal Deposit Insurance Corporation (FDIC), the Federal Reserve Board, or any other agency; and involve risk, including the possible loss of principal.

Without limiting, and in addition to, the foregoing, I affirm that I have read and understood the descriptions of the investment options in the Offering Statement, and I acknowledge that I have chosen the investment option(s) I believe best suit the needs of the beneficiary(ies) designated above.

I certify that the information contained herein is true and correct. I am a U.S. Citizen or resident alien. I certify that the taxpayer identification number in Section 1 is correct.

Signature of contributor

Date (mm/dd/yyyy)

Signature of account owner if not the contributor