

# Request for return of excess contribution



**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 request a return of excess contribution from your Putnam IRA or Roth IRA. Distributions from these accounts may have tax consequences. Consult your tax advisor if you have any questions. Do not use this form to recharacterize contributions between a Traditional IRA and a Roth IRA.

## Section 1 Account owner information

Name of account owner

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

Contact phone number

**Note:** Providing a phone number above will replace the current contact information on file with Putnam (if applicable). If this field is left blank, no changes will be made.

## Section 2 Description of excess contribution

**2A** Indicate the Putnam IRA account associated with the excess contribution along with the details related to the excess contribution.

Account number	Dollar amount	Contribution Year	Date of contribution* (mm/dd/yyyy; required)
	\$		

\*For multiple excess contributions within a single year; provide the date of the initial excess contribution.

**2B** Indicate the fund-account(s) from which to remove any excess contributions plus/minus any earnings. Please indicate the applicable distribution percentage from each fund. Percentages must total to 100%. Please attach a separate letter of instruction for additional distribution instructions. If no indication is provided; contributions will be removed based on how they were initially contributed.

Fund number	Account number	Dollar amount	Percentage
	—	\$	or %
	—	\$	or %
	—	\$	or %
	—	\$	or %

## Section 3 Correction options

Choose only one option to correct your excess IRA contribution. Your selection will depend on when you made the original contribution, your tax filing deadline (plus extensions), and today's date. Please review both options before selecting which one is right for you.

**Option 1:** Correction before the tax filing deadline or between the tax filing deadline and extension

This correction is a taxable event and will generate 1099-R form for the full amount of the excess contribution plus any applicable earnings. The earnings should be included as income in the year the contribution was made, and may be subject to a 10% penalty if you are under age 59½.

If you are correcting an excess contribution after the tax filing deadline and before the tax filing extension deadline, please check below to have the applicable earnings included.

Include applicable earnings with the distribution of the excess contribution

**Option 2:** Correction after the tax filing deadline (including extension)

This correction is a taxable event and will generate a 1099-R form for the full amount of the excess contribution. The amount of the excess contribution will be removed, but no calculations will be done for the earnings. The excess contribution is subject to a 6% excise tax for each year that it remains in the account and you may be subject to a 10% penalty on the entire amount returned if you are under age 59 ½.

## Section 4 Distribution payment instructions

Select your payment instructions below; if no selection/instructions are provided, payment will be made to the account owner as registered to the address of record. **See Section 5 for signature guarantee/medallion guarantee stamp requirements.**

### Reinvest

Proceeds must be reinvested into the same share class. Unless otherwise indicated on this form, a separate letter of instruction or a new account application, proceeds will also be reinvested into the same fund(s) for non-retirement accounts. Investment options must be provided for proceeds reinvested into 529 for America accounts.

- Into the same Putnam IRA using a contribution year of \_\_\_\_\_ (only prior year and current year contributions are permitted). For prior year contributions, the envelope must be postmarked on or before the tax filing deadline. **Note:** Allocations will remain consistent with those provided in Section 2B unless a letter of instruction is provided to indicate new allocations.
- Into a **new** Putnam non-retirement account or 529 for America account. Please attach the applicable completed account application.

Name(s) of the new registration's owner(s), custodian/minor, trust, organization or business entity (required)

- Into an **existing** Putnam non-retirement account. Please provide the information below:

Account number

Name(s) of registered owner(s)



### Electronically deposit

- Into the bank account indicated below. A preprinted or web-generated voided check/deposit slip or a signed letter from the bank on bank letterhead must be attached. Each of these documents must include: bank name, name(s) as registered on the bank account, routing number and account number. Brokerage checks and checkwriting checks are not acceptable forms of bank instructions; contact your investment company to obtain proper wire instructions. Starter checks will not be accepted. **Please do not staple.**

**Check the bank account you would like to use:**  Checking account  Savings account

**Note:** One-time distributions will be sent via Federal bank wire. Putnam does not assess a fee for electronic transactions; however some banks/credit unions may assess a fee upon receipt. Please check with your financial institution for information regarding eligibility, fees, and applicable routing number(s) for Federal bank wire transactions.

tape your document here

Name Address City, State, ZIP	DATE _____
PAY TO THE ORDER OF _____	\$ <input style="width: 50px;" type="text"/>
_____ DOLLARS	
memo: _____	
: 123456789	: 000123456789
: 101	

ABA routing number of financial institution

Bank account number

### Send check

- To the account owner as registered to the address of record
- To the alternate payee/alternate address listed below:

Alternate payee

Alternate mailing address (including apartment or box number)

City

State

ZIP code

Select one of the following delivery options for check requests; if no selection is provided, the check(s) will be delivered by the U.S. Postal Service.

- Mail check(s) via **U.S. Postal Service** (standard delivery)
- Mail check(s) via **overnight/express delivery** (not available for systematic distributions)

If overnight/express delivery is requested, Putnam will default to taking the \$20 service charge from the lowest fund-account involved in the transaction unless an acceptable alternative fund-account is specified below. The fee will be taken from the balance of the account.

Indicate the \$20 overnight/express fee source:

**Fund number**

**Account number**

## Section 5 Authorization

Putnam requires the signature guarantee/medallion guarantee for any of the scenarios listed below. A signature guarantee/medallion guarantee is a stamped assurance by a financial institution that indicates a signature is valid and has the financial backing of the institution.

- 1) distribution is sent electronically to a bank account
- 2) check is not payable solely to the registered account owner
- 3) distribution amount is more than \$100,000
- 4) request is signed by anyone other than the registered account owner(s) **(must be signed in capacity and accompanied by the appropriate certified legal document(s) with original certification)**
- 5) distribution is being mailed to an alternate address and the amount is more than \$25,000
- 6) distribution is being mailed to an address that has changed in the past 15 days and the amount is more than \$25,000
- 7) distribution is reinvested in an account that is not registered solely in the owner's name or into a 529 for America account with a different owner

I request the distribution indicated above. I further certify that all the information on this form, including the Social Security number set forth in Section 1, is true, correct, and complete. I authorize the bank/credit union to accept credit entries initiated by Putnam Investor Services, Inc. to the account designated in Section 4, and to credit the same account, without responsibility for correctness thereof or for the existence of any further authorization relating thereto. I agree to indemnify and hold harmless my bank/credit union, the Putnam funds, and Putnam Investor Services, Inc. for any loss, liability or expense incurred from acting on these instructions. I also agree to waive any right under the NACHA rules to rescind any instruction for ACH transactions which have already occurred at the time of the attempt to rescind. This waiver of the rescission right applies to ACH liquidations from the Putnam funds. This authorization may be terminated by me at anytime by written notification to Putnam Investor Services, Inc. with reasonable time given to implement my request.

**Note:** By signing below, I acknowledge that the requested distribution may be subject to taxes and/or penalties. Please consult your tax advisor for any tax related inquiries.

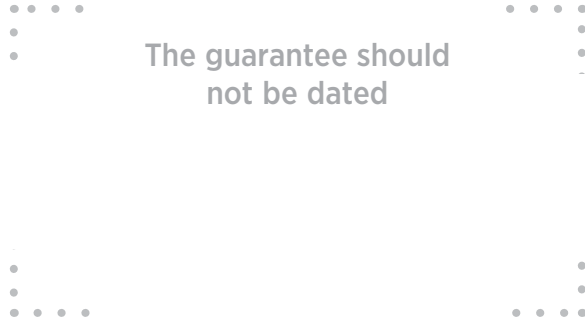
My signature below also indicates that if I am designating an investment in a fund that I do not already own I have read the fund prospectus(es) and agree to the terms therein.

*Signature of account owner or authorized party*

*Print name of signature above*

*Date (mm/dd/yyyy)*

PLACE SIGNATURE/MEDALLION GUARANTEE STAMP BELOW



See above for signature/medallion requirements