

# Request for third party statements and confirmations



**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.com



This form may be used by existing Putnam shareholders to establish additional mailing addresses for duplicate statements (produced quarterly) and/or confirmations (produced the day after any financial or nonfinancial activity occurs on your account). Please note: systematic transactions, such as systematic purchases, do not generate confirmations.

## Section 1 Customer information (please complete and skip to section 3)

Name of owner

First MI Last

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Social Security number

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Name of joint owner

First MI Last

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Social Security number

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Day phone

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Evening phone

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Please update my day and/or evening phone number.

### Customer third party information

Please establish the following additional mail address(s). If you need more space than what is provided, please attach an additional sheet with the information below.

- Add new information  Update existing information

Recipient (individual, company, or firm name)

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Mailing address (including apartment or box number)

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City State ZIP code

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### PLEASE MAIL THE FOLLOWING: (excluding companies)

- I do not wish to have statements mailed to the address above
- Mail statements from all accounts under the social security or Tax ID number indicated above
- I do not wish to have confirmations mailed to the address above
- Mail transaction confirmations from all accounts under the social security or Tax ID number indicated above
- Mail transaction confirmations from only accounts listed below
- Mail statements for all accounts and transaction confirmations for only the accounts listed below

Putnam account number(s)


Note: Mailed statements can only be sent for all accounts.

## Section 2 Company information

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Complete this section if you are a plan sponsor for a 401(k), money purchase plan or profit sharing plan and would like to authorize the delivery of duplicate statements and/or confirmations for your participants to a third party address. (Plan sponsors of SARSEP, SEP, SIMPLE and 403(b) Plans are not eligible to authorize the delivery of duplicate statements for participants).

Company name

Name of contact

First

MI

Last

Phone

I authorize duplicate statements and confirmations to be mailed for the following company only:

Company number

Tax ID number

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### Company third party information

Please establish the following additional mail address(s). If you need more space than what is provided, please attach an additional sheet with the information below.

Add new information    Update existing information

Recipient (individual, company, or firm name)

Mailing address (including apartment or box number)

City

State

ZIP code

## Section 3 Authorization

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With this application, I/we authorize Putnam Investor Services to mail duplicate statements, confirmations, or both (as specified above), to the third party(ies) listed above, without responsibility for correctness thereof or for the existence of any further authorization relating thereto. I/we agree to indemnify and hold harmless the Putnam funds, and Putnam Investor Services for any loss, liability, or expense incurred from acting on these instructions.

This authorization may be terminated by me/us at any time by written notification to Putnam Investor Services, with reasonable time given to implement my/our request.

**My/our signature below indicates that I/we agree to the terms herein.**

Signature of Owner/Trustee/Authorized signer

Signature of Joint owner

Date (mm/dd/yyyy)

Date (mm/dd/yyyy)