

# IRA/403(b) Designation of beneficiary form guide



## 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 designate, change, or revoke a beneficiary for any Putnam IRA account, 403(b) custodial account, or Beneficiary (inherited) retirement account, for which Putnam Fiduciary Trust Company, LLC (PFTC) acts as directed trustee (your current beneficiary designations can be viewed on-line at <https://www.putnam.com/>). Please complete and return this form to Putnam Investments. The information provided on this form will override your current designations.

**Your signature in Section 4 must be either notarized or validated with a Signature Validation Program (SVP) stamp.**

### Important:

- All pages of this form must be completed and returned in order for the beneficiary designation(s) to be accepted. **If any page of this form is not returned, your current beneficiary designations will not be changed.**
- If both the primary and contingent beneficiary designation pages are left blank, your current beneficiary designations will be **revoked**.
- If the contingent beneficiary designation page is left blank, any current contingent beneficiary designations will be **revoked**.
- If you are changing one or more, but not all, beneficiaries, you must redesignate all beneficiaries you wish to remain on your account. If you fail to redesignate any of your existing beneficiaries, they will be **revoked**.

If you do not have a designated beneficiary or none of your designated beneficiaries survive you, your account will be distributed as follows:

- For Beneficiary registrations, your account will be distributed to your estate
- For all other IRA registrations, your account will be distributed according to the provisions of the IRA Plans and Disclosure Statements
- For all other 403(b) registrations, your account will be distributed according to the provisions of the 403(b) Custodial Account Agreement

The following restrictions may apply:

- You cannot designate a contingent beneficiary in Section 3B unless you have also designated a primary beneficiary in Section 3A of this form (even if the primary beneficiary on file is not changing).
- PFTC generally cannot accept beneficiary designations from attorneys-in-fact, conservators, or guardians. Please contact Putnam Investments for additional requirements.
- PFTC will not accept beneficiary designations from a parent/guardian on a minor's behalf.
- PFTC will 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 (full name, Social Security/Tax ID number, date of birth/date of trust, and allocated percentage).
- The Putnam funds will not accept new accounts for non-U.S. residents. If the beneficiary is not a U.S. resident at the time of the retirement account owner's death, the assets will be redeemed in full immediately following the transfer.
- This form cannot be used to designate beneficiaries on a nonretirement account. If you wish to designate a beneficiary on a non-retirement account, please contact Putnam Investments for the appropriate form and requirements.

### Beneficiary designation checklist:

- Did you provide the full name, Social Security / Tax ID number, and date of birth/date of trust for each beneficiary?
  - If any required information is missing the designation cannot be accepted.
- Do your allocations equal 100%?

**Important:** Primary designations must be listed in Section 3A. Contingent beneficiary designations must be listed in Section 3B. Do not list both primary and contingent beneficiary designations on the same page. If you wish to designate more than five primary beneficiaries and/or more than five contingent beneficiaries, you must include a separate sheet of paper with the additional designation. The separate sheet of paper must indicate whether the designation is for a primary or contingent beneficiary, include all required beneficiary information (full name, Social Security/Tax ID number, date of birth/date of trust, and allocated percentage). **The separate sheet of paper must be signed, dated, and authenticated with a notary or SVP stamp.**

- Did you sign the form in Section 4 and obtain a signature authentication stamp?
  - Your signature and an authentication stamp are required. Please refer to the Signature authentication guidelines document (FM523A) for a list of acceptable authentication stamps.
- Did you return all pages of the form?
  - If any page of this form is not returned, your current beneficiary designations will not be changed.

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**Note:** If you wish to designate a beneficiary on a non-retirement account, please contact Putnam Investments for the appropriate form and requirements.

## Section 1 Account owner information

Name of account owner/participant

First	MI	Last	Suffix	Social Security number (required)	Date of birth (mm/dd/yyyy; required)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Contact phone number	E-mail address
<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 through Putnam’s website. Terms and Conditions related to eDelivery will be provided to you prior to confirmation of your elections.

## Section 2 Plan type selection

**Please choose one of the options below.** You may either designate the same beneficiaries listed on this form on all retirement plan types held under your Social Security number by checking Option 1 or designate the beneficiaries listed on this form only for the specific retirement plan types checked in Option 2. If no option is selected, or if both options are selected, **Option 1 will be the default.** To designate different beneficiaries for different retirement plan types, please submit a separate designation form for each plan type.

**Option 1:** Designate beneficiaries on all retirement plan types

Update the beneficiary information on all Putnam retirement plans associated with the Social Security number in Section 1 (default option)

Or

**Option 2:** Designate beneficiaries on only the specific retirement plan types indicated below

- |   |                                     |   |
|---|-------------------------------------|---|
| <input type="checkbox"/> Traditional IRA / Rollover IRA | <input type="checkbox"/> SIMPLE IRA | <input type="checkbox"/> Beneficiary IRA      |
| <input type="checkbox"/> Roth IRA / Roth Conversion     | <input type="checkbox"/> SEP IRA    | <input type="checkbox"/> Beneficiary Roth IRA |
| <input type="checkbox"/> 403(b)                         | <input type="checkbox"/> SARSEP IRA | <input type="checkbox"/> Beneficiary 403(b)   |

### Signature of account owner/participant’s spouse (if applicable):

If you are married to the owner/participant and they designated a beneficiary(ies) other than you, please consult your financial representative 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 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 type="text"/>	Current date (mm/dd/yyyy) <input type="text"/>
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Print name of signature above

### Section 3 Beneficiary designations

Complete Sections 3A and 3B to designate primary and contingent beneficiaries respectively for assets payable upon your death from each plan type designated above. For each beneficiary, PFTC requires the full name, tax identification number, and date of birth/date of trust.

#### Section 3A - Primary beneficiary(ies)

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

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

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

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

Name of individual (First, MI, Last, Suffix)/Full name of entity/trust (required)	Relationship	Percentage
<input type="text"/>	<input type="checkbox"/> Spouse <input type="checkbox"/> Other <input type="checkbox"/> Entity/Trust	<input type="text"/> %
Social Security/Tax ID number (required)	Date of birth (mm/dd/yyyy; required for an individual)	Date of trust (mm/dd/yyyy; required for a trust)
<input type="text"/>	<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 4 Authorization

I hereby authorize PFTC to record the beneficiary designation(s) indicated above and revoke any previous designations made by me for the plan type(s). This beneficiary designation is not valid unless it is received, in good order, by PFTC on a date prior to the account owner's date of death and maintained in PFTC's records at the time of any request for a distribution or other payment from the Plan(s).

**Your signature below must be either notarized or validated with a Signature Validation Program (SVP) stamp.**

A notary must include the date of certification, the original signature of the person whose signature is being notarized, the original signature of the notary public, an original notary stamp or seal, and the date of notary commission expiration.

A SVP stamp is a stamped assurance for non-financial transactions by a financial institution that indicates a signature is valid.

Signature of account owner/participant **(required)**

Current date (mm/dd/yyyy)

Print name of signature above

PLACE NOTARY PUBLIC OR SVP STAMP BELOW



REQUIRED



Notary Public's Signature (required if notarized)

Notary commission expiration date (required if notarized)