## Net asset value (NAV) certification statement



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 Please make check payable to: The Putnam Funds



The net asset value (NAV) purchase privilege is a discount option that allows certain customers to invest in Putnam class A share funds without paying a sales charge. Complete this form to authorize future Putnam mutual fund purchases at NAV.

Section 1 Individ	lual receiving	g NAV	
Name of owner/trust/entity			Tax identification number (required)  Date of birth/trust (mm/dd/yyyy)
Relationship to eligible individua	al below		
Section 2 <b>Indivi</b> o	dual eligible	for NAV	
Please complete only one sectic	on (A or B) below.		
<b>A. Financial Institution/</b> Dealer number	<b>Dealer Firm infor</b> Branch office number		mber BIN number
Name of financial advisor		0.5%	
First	MI Last	Suffix	
Financial advisor's firm			Financial advisor's phone number
Branch office street address			
City			State Zip code
Or			
B. Putnam employee / I	Putnam trustee		
Name First	MI Last	Suffix	Employee I.D.
	1 1	1	
Section 3 <b>Certific</b>	ation and autl	horization by fi	nancial advisor or Putnam employee/trustee
of a financial institution that has	s a sales agreement with ale of shares of the Putn	n Putnam Retail Managem	ealer that has a sales agreement with Putnam Retail Management, (ii) an employee nent or that otherwise has an arrangement with a broker-dealer or other financial nt or former Putnam employee, trustee of the Putnam funds, or employee of certain
that any order to purchase any	other share class may b	e converted to an order t	ares of the Putnam funds at net asset value to the person named above and agree o purchase class A shares after Putnam receives this Certificate in good order. I s' Statements of Additional Information.
understand that Putnam has th	ne right to revoke this p	rivilege at any time, and t	that the intentional abuse of this privilege may result in the application of retroactive stand that a new certification statement will be required when I make a firm or institution.
Signature of financial advisor/Pu	ıtnam employee/Putna	m trustee	Date (mm/dd/yyyy)
Print name of signature above			