

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

Please make checks payable to
 Putnam Fiduciary Trust Company,
 LLC



Use this form to initiate an asset transfer or direct rollover of your current IRA or Qualified Retirement Plan to a Putnam IRA. You may also use this form to convert assets held at another institution to a Putnam Roth IRA. If you are establishing a new Putnam IRA, you must also attach the appropriate Putnam adoption agreement. Complete a separate Asset transfer/direct rollover authorization form for each plan you are transferring or directly rolling over.

Important: To update your financial intermediary designation you must complete the Financial intermediary change request form.

Section 1 Complete your IRA account owner information

Name of account owner

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	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.

Section 2 Select your funds

Please use the Putnam Fund Guide (<https://www.putnam.com/literature/pdf/FM103.pdf>) to select your investment. You must enter the fund name and number for the corresponding share class you wish to establish. For additional fund elections, please attach a separate sheet of paper with fund number, fund name, dollar amount or percentage.

- For new investments made to Putnam: If no class of shares is indicated, class A shares will be purchased and any unallocated assets will be invested into Money Market A.
- For assets moved from an existing Putnam registration: Fund allocations will remain consistent with the originating Putnam account(s) unless otherwise indicated. In addition, the share class must remain consistent with the originating Putnam account(s).

Fund number	Account number/Fund name	Dollar amount	Percentage
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	or <input type="text"/> %
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	or <input type="text"/> %
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	or <input type="text"/> %
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	or <input type="text"/> %
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	or <input type="text"/> %
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	or <input type="text"/> %
			100%

Section 3 Instructions for asset transfer/direct rollover

I have adopted the Putnam Traditional IRA Roth IRA SEP IRA SIMPLE IRA for which Putnam Fiduciary Trust Company, LLC (PFTC, LLC) serves as Trustee. If you are establishing a new IRA plan at Putnam, you must attach the appropriate IRA adoption agreement (Traditional or Roth IRA adoption agreement, SEP IRA account application, or SIMPLE IRA adoption agreement). Please send all related correspondence and any appropriate remittances to Putnam Investments, P.O. Box 219697, Kansas City, MO 64121-9697.

- Notes:**
- PFTC, LLC cannot accept an asset transfer or direct rollover of stock or other marketable securities held in your current plan. Please consult your financial representative to make other arrangements for these assets.
 - You cannot move assets into/out of a SIMPLE IRA from/to another plan type within the first 2 years of the initial contribution to your SIMPLE IRA.

Section 3A - To complete an asset transfer (make check payable to Putnam Fiduciary Trust Company, LLC)

- Liquidate assets and transfer the proceeds by check.
- Transfer assets "in kind" (if permitted by the plan and acceptable to PFTC, LLC; please check with your current trustee regarding money market assets). Selecting this option directs Putnam to transfer all assets from plan types designated for personal or company plans below.
- Transfer assets upon maturity ___/___/____ (month/day/year).

Indicate the transfer transaction you wish to initiate from the options below:

Personal Plans

Transfer from:	Transfer to:
<input type="checkbox"/> Traditional IRA	→ Putnam Traditional IRA
<input type="checkbox"/> Traditional IRA	→ Putnam SEP IRA
<input type="checkbox"/> Traditional IRA	→ Putnam SARSEP IRA
<input type="checkbox"/> Traditional IRA	→ Putnam SIMPLE IRA
<input type="checkbox"/> Rollover IRA	→ Putnam Rollover IRA
<input type="checkbox"/> Roth IRA	→ Putnam Roth IRA
<input type="checkbox"/> Roth IRA Conversion	→ Putnam Roth IRA Conversion

Company Plans

Transfer from:	Transfer to:
<input type="checkbox"/> SEP IRA	→ Putnam SEP IRA
<input type="checkbox"/> SEP IRA	→ Putnam Traditional IRA
<input type="checkbox"/> SEP IRA	→ Putnam SIMPLE IRA
<input type="checkbox"/> SARSEP IRA	→ Putnam SARSEP IRA
<input type="checkbox"/> SARSEP IRA	→ Putnam Traditional IRA
<input type="checkbox"/> SARSEP IRA	→ Putnam SIMPLE IRA
<input type="checkbox"/> SIMPLE IRA	→ Putnam SIMPLE IRA
<input type="checkbox"/> SIMPLE IRA	→ Putnam Traditional IRA
<input type="checkbox"/> SIMPLE IRA	→ Putnam SEP IRA
<input type="checkbox"/> SIMPLE IRA	→ Putnam SARSEP IRA

Important: If the account owner has reached their required beginning date (or will reach it on 04/01 of the following year), please provide the 12/31 prior year account balance of the transferred funds for calculation of the required minimum distribution (RMD) amount. If the 12/31 prior year account balance cannot be determined, Putnam will default to using the dollar amount of the check received. Putnam will increase the 12/31 balance of the account to calculate the additional RMD obligation for the current year. Any scheduled RMD payments which remain to be taken will reflect the increased calculation amount. If the account owner does not have an active systematic RMD program, or if there are no remaining distribution dates in the current year, they must contact Putnam to satisfy any applicable RMD payments. Please note that the 12/31 adjustment will not apply to Roth IRA/Roth Conversion IRA plans.

12/31 Prior year balance \$

Section 3B - To complete a direct rollover to a Putnam Rollover IRA, Roth IRA or Roth IRA Conversion (make check payable to Putnam Fiduciary Trust Company, LLC)

- Liquidate assets from my Traditional, Rollover, or SIMPLE IRA at another institution to a Putnam Roth IRA Conversion and mail proceeds by check.
- Liquidate assets from my company retirement plan and mail proceeds by check. Please verify if your employer/trustee requires their own form and/or authorization. Section 4B is **required** for 403(b) plans.

Indicate the rollover transaction from your qualified retirement plan you wish to initiate from the options below:

Rollover from:	Rollover to:
<input type="checkbox"/> Qualified Retirement Plan (401(a), 401(k), 403(b), Government 457, MPP, PRO)	→ Putnam Rollover IRA
<input type="checkbox"/> Qualified Retirement Plan (401(a), 401(k), 403(b), Government 457, MPP, PRO)	→ Putnam Roth IRA Conversion
<input type="checkbox"/> Qualified Retirement Plan (401(a), 401(k), 403(b), Government 457, MPP, PRO)	→ Putnam SIMPLE IRA
<input type="checkbox"/> Roth 401(k) or Roth 403(b)	→ Putnam Roth IRA

Note: A Roth IRA Conversion will be reported to the Internal Revenue Service by your current custodian or trustee.

Section 3 Instructions for asset transfer/direct rollover (continued)

Section 3C - Present trustee/custodian account information

Please rollover/transfer the following for the account owner listed in Section 1. You **must** include a statement from your current trustee/custodian.

Please solicit for 100% of the assets of the account owner listed in Section 1.

Account number (required)

or

Please solicit for a portion of the assets from the following account(s):

Account number (required)	Percentage		Dollar amount
		% or \$	
		% or \$	
		% or \$	

Section 3D - Present trustee/custodian information

Name of present trustee/custodian

Contact phone number

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Trustee/Custodian mailing address

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City

State

ZIP code

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Important: You **must** include a statement from your current trustee/custodian. Please consult with you present trustee/custodian to see if there are any forms or fees associated with transferring your funds. If fees are required this may delay your request.

Section 4 Authorization

A signature guarantee or medallion guarantee may be required by your present trustee or custodian in order to complete your request. A signature guarantee or medallion guarantee is a stamped assurance by a financial institution that indicates a signature is valid and has the financial backing of the institution. The guaranteed stamp should not be dated. If a signature guarantee or medallion guarantee is dated, it is only valid for that date.

My signature below 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.

Section 4A - Owner authorization (Please consult with your present trustee or custodian if they require a signature/medallion guarantee stamp and if there are any forms or **fees** associated with transferring your funds)

Signature of account owner or authorized party (**required**)

Print name of signature above

Current date (mm/dd/yyyy)

PLACE SIGNATURE/MEDALLION GUARANTEE STAMP BELOW



Section 4B - Employer authorization (Your employer may require their own form and/or authorization. Please contact your present trustee/custodian to verify additional requirements. Attach any required plan distribution form signed by your company plan sponsor or authorized signer. A signature/medallion guarantee and additional forms may be required.)

Signature of plan sponsor or authorized signer (**if applicable**)

Print name of signature above

Current date (mm/dd/yyyy)

PLACE SIGNATURE/MEDALLION GUARANTEE STAMP BELOW

