Putnam 529 for America℠ beneficiary rollover form

Return by standard delivery:
Putnam Investments
PO Box 219697
Kansas City, MO 64121-9697

Return by overnight delivery:
Putnam Investments
801 Pennsylvania Ave
Suite 219697
Kansas City, MO 64105-1307

For more information:
Putnam Investments
1-877-PUTNAM529
1-877-788-6265
www.putnam.com

Use this form to change the current beneficiary designation on your Putnam 529 for America account. If a receiving beneficiary does not have an existing account with the same account owner, you must attach a completed *529 for America new account application*.

All references herein to the singular (i.e., "I" or "my") include the plural as applicable.

Important:

- This form **can only be used if the receiving beneficiary is a "member of the family"** of the current beneficiary. A "member of the family" is defined under section 529 of the Internal Revenue Code as a person related to the beneficiary as follows: (i) a son or daughter, or a descendant of either; (ii) a stepson or stepdaughter; (iii) a brother, sister, stepbrother or stepsister; (iv) the father, mother, or an ancestor of either; (v) a stepfather or stepmother; (vi) a son or daughter of a brother or sister; (vii) a brother or sister of the father or mother; (viii) a son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law or sister-in-law, (ix) the spouse of the beneficiary or of any of the other foregoing individuals or (x) a first cousin.
- If you wish to move assets to a beneficiary who is **not a "member of the family"** of the current beneficiary, please complete a *Putnam 529 for America distribution request form* and the rollover to the account of the receiving beneficiary will be treated as a distribution with earnings **subject to tax and penalty**.
- A change of beneficiary is not permitted for 529 UGMA/UTMA accounts.

Section 1 **Account owner information**

Name of current owner/custodian/trustee/entity

Tax identification number

Authorized representative of organization or trustee (if applicable)

Contact phone number

Note: Providing a phone number above will replace the current contact information on file with Putnam (if applicable).

Section 2 **Current beneficiary/account information**

Name of beneficiary

First *MI* *Last* *Suffix*

Social Security number

Please list all accounts and amounts that you wish to transfer to a new beneficiary below along with the applicable dollar amount or percentage allocation that should be transferred. If both a dollar amount and percentage are provided, Putnam will default to transferring by percentage.

Fund number		*Account number*		*Dollar amount*		*Percentage*	
	–		$		or		%
	–		$		or		%
	–		$		or		%
	–		$		or		%
	–		$		or		%
	–		$		or		%
	–		$		or		%
	–		$		or		%

Section 3 **Receiving beneficiary/account information**

Funds will be **transferred in kind** based on the allocations in Section 2 unless otherwise indicated. If different funds or allocations are indicated, an exchange will take place following the transfer. When transferring to multiple recipients, the total allocations below must equal 100%.

Note: Age-based investment options will be reallocated to coincide with the age of the receiving beneficiary.

Transfer to a new Putnam 529 for America registration. Please complete the information below for each beneficiary. A *529 for America new account application* must be completed for each new registration.

Name of receiving beneficiary

First	*MI*	*Last*	*Suffix*	*Social Security number*	*Allocation*
					%
					%
					%
					%

Transfer to an existing Putnam 529 for America registration. Please fill in the information below for each recipient.

Name of receiving beneficiary

First	*MI*	*Last*	*Suffix*	*Putnam account number*	*Allocation*
					%
					%
					%
					%

100%

Section 4 **Authorization**

I hereby elect to transfer the amount(s) indicated in Section 2 to a different beneficiary with a new or existing Putnam 529 for America plan. I certify that the information contained herein is true and correct. I certify that each receiving beneficiary is a U.S. Citizen or resident alien and that the taxpayer identification numbers in Sections 1, 2, and 3 are true, correct and complete.

Signature of owner/custodian/trustee/authorized signer

Current date (mm/dd/yyyy)

Print name of signer