

# Beneficiary retirement account required minimum distribution request



## 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  
1-800-662-0019  
www.putnam.com

Use this form to request a systematic distribution from your Putnam beneficiary retirement plan(s) for which Putnam Fiduciary Trust Company, LLC, (PFTC) acts as directed trustee/custodian. This form should not be used for retirement plans held through another trustee/custodian.

**A signature is required in Section 7 for all requests.** Failure to properly authorize distributions will cause delays in processing that may result in tax penalties.

Please consult a tax advisor before submitting this form as the distribution requirements from a beneficiary retirement plan may vary based on multiple factors including the year of the decedent's passing, the age of the decedent at the time of their passing, the age of the beneficiary in relation to the decedent, and the relationship between the decedent and the beneficiary. Distributions from Putnam beneficiary retirement plans have tax consequences.

### Important:

- Required minimum distributions (RMDs) based on the Single Lifetime table **may not be sufficient** to satisfy IRS distribution requirements.
- Some beneficiary retirement accounts must be fully distributed within a 5-year or 10-year time frame in accordance with the SECURE Act.

### Qualifications for Single Life Expectancy RMD payments from a Beneficiary retirement account:

- The decedent passed away prior to 01/01/2020
- The decedent passed away after 12/31/2019 and the beneficiary is eligible to utilize the Single Lifetime table to calculate distributions based on life expectancy due to one or more of the qualifications below:
  - The beneficiary was the surviving spouse of the decedent and the money is held in a beneficiary retirement account
  - The beneficiary was less than 10 years younger than the decedent at the time of the decedent's passing
  - The beneficiary has been diagnosed with a disability as described in IRC 72(m)(7)
  - The beneficiary has been diagnosed with a chronic illness as described in IRC 7702B(c)(2)
  - The beneficiary is an eligible minor child as described in IRC 409(a)(9)(F)

### Beneficiary Roth IRAs

Generally, inherited Roth IRA accounts are subject to the same distribution requirements as traditional Beneficiary IRA accounts. Please consult a tax advisor for additional details.

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Use this form to request a systematic distribution from your Putnam beneficiary retirement plan(s) for which Putnam Fiduciary Trust Company, LLC, (PFTC) acts as directed trustee/custodian. Putnam will establish RMD payments on all applicable Beneficiary IRA plan types based on the information provided below. This form should not be used for retirement plans held through another trustee/custodian.

**A signature is required in Section 7 for all requests.** Failure to properly authorize distributions will cause delays in processing that may result in tax penalties.

Please return all pages. **The full legal name, Social Security number, and date of birth are required for the beneficial owner and the decedent.**

### Important:

- Systematic RMDs requested by a power of attorney can only be sent by check to the address of record and must be payable to the account owner as registered. The power of attorney must **sign this form in capacity** and include the appropriate **certified legal document(s) with original certification**; a certification older than **120 days** is not valid.
- Do not use this form solely to change the destination of an active systematic RMD from a check to a bank, or from one bank to another bank. Please complete Putnam's *Add or change bank account information* form to update bank information for existing systematic programs; a **signature validation program (SVP) stamp** is required.

## Section 1 Beneficial owner information

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*Name of decedent's beneficiary/recipient*

*First MI Last Suffix Social Security number Date of birth (mm/dd/yyyy)*

*Phone number*

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

## Section 2 Decedent Information

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Please provide the applicable decedent information to be used as criteria for the calculation.

**Name of decedent**

*First MI Last Suffix Social Security number Relationship*  
Spouse Non-spouse

*Date of birth (mm/dd/yyyy; required) Date of death (mm/dd/yyyy; required) Eldest date of birth (mm/dd/yyyy)\**

\*Eldest beneficiary's date of birth: Required (1) for a qualified trust beneficiary as defined within Treasury regulation 1.401(a)(9)-4, Q&A-5(a) or (2) when there are multiple beneficiaries who failed to segregate their assets prior to December 31st of the year following death.

**Note:** Distributions will be taken from all funds individually.

## Section 3 Distribution schedule

Please indicate a start month, start year, frequency, and distribution date for your systematic distributions. Drafts requested for January 1st will be delayed to allow for the completion of the year end RMD calculation and will be processed using a trade date of the first business day of the year.

### Distribution frequency:

Please indicate a start month, start year, frequency, and distribution date for your systematic distributions. If a date falls on a weekend or a holiday, the distribution will be made the next business day.

- If no start month is indicated, distributions will begin on the next available month.
- If no start year is indicated, distributions will begin in the current year. If there are no distributions remaining for the current year, then the program will begin the following year.
- If no frequency is selected or multiple frequency selections are made, distributions will take place annually.
- If no distribution date is selected, distributions will take place on the 15th.
- Any distributions designated for a date which has already occurred will not be processed until the next distribution date indicated.

| Start month | Start year | Frequency (check one) |              | Distribution date (check one) |      |      |
|-------------|------------|-----------------------|--------------|-------------------------------|------|------|
|             |            | Monthly               | Semiannually | 1st                           | 10th | 20th |
|             |            | Quarterly             | Annually     | 5th                           | 15th | 25th |

## Section 4 Calculation method

Please indicate your systematic distribution calculation method. If no option is selected, Putnam will default to taking an RMD using the Single Lifetime Table based on the beneficial owner's information provided in Section 1 and the decedent's information provided in Section 2.

Distribute the account based on life expectancy factors determined from the **Single Lifetime Table**

Close the account by the end of the **5th year** following the decedent's year of death through a declining balance program

Close the account by the end of the **10th year** following the decedent's year of death through a declining balance program

### Important:

- Single Life Expectancy RMD payments may not be sufficient to satisfy IRS distribution requirements. Please consult a tax advisor to determine your specific responsibilities and applicable deadlines.
- Declining balance programs established more than one year after a client's year of death will run over a shortened time span.

## Section 5 Income tax withholding

### Federal Income Taxes

Federal income taxes will be withheld at a rate of 10%, except for Beneficiary Roth IRA plans or an eligible qualified charitable distribution, unless you elect not to have taxes withheld or provide a different rate below. To determine an appropriate Federal income tax rate, please review IRS Form W-4R. A copy of IRS Form W-4R is appended to the back of this form, however a more current version may be in-effect and available at <https://www.irs.gov>. Please see below for the situations in which Putnam withholds state taxes.

### Federal withholding (except for Beneficiary Roth IRA plans)

Do not withhold federal income tax from the distribution proceeds.

Withhold federal income tax at a rate of \_\_\_\_\_ %, which will be deducted from the distribution proceeds.

### Beneficiary Roth IRA federal withholding (Putnam will default to no federal withholding for Beneficiary Roth IRA distributions unless specified below)

Withhold federal income tax at a rate of \_\_\_\_\_ %, which will be deducted from the Roth distribution proceeds.

### State Income Taxes

For IRA plans, Putnam will withhold state income taxes if your address of record is in one of the following states: AR\*, CA, DE, IA, KS, MA, ME, MI\*, MN\*, NC, OK\*, OR, or VT and federal income tax is being withheld. State tax withholding requirements vary by state. Please contact your state for additional details.

\*Residents of AR, MI, MN, and OK will have state income taxes withheld regardless of federal income tax withholding. To opt out of AR, MI, MN, or OK state income taxes, the appropriate state specific form must be submitted with this distribution request or already on file with Putnam. State withholding is not mandatory for AR, MI, MN, or OK qualified charitable distributions or Roth distributions.

**Note:** Whether or not you elect to have federal, and if applicable, state taxes withheld, you are responsible for the full payment of federal income tax, any state or local taxes, and any penalties that may apply to your distribution. You may be responsible for estimated tax payments and could incur penalties if your estimated tax payments are not sufficient.

## Section 6 Distribution payment instructions

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Select your payment instructions below; if no selection/instructions are provided, payment will be made by check payable to the account owner as registered and mailed to the address of record via the U.S. Postal Service (standard delivery). **See Sections 7 for signature guarantee/medallion guarantee stamp requirements.**

### Reinvest

Proceeds must be reinvested into the same share class. Unless otherwise indicated on this form, a separate letter of instruction or a new account application, proceeds will also be reinvested into the same fund.

Into a new/existing Putnam non-retirement account. Please attach the applicable completed account application when establishing a new account.

*Account number (if applicable)*

*Name(s) of the new/registered owner(s), custodian/minor, trust, organization or business entity*

### Electronically deposit (a signature guarantee/medallion guarantee is required)

Into the bank account indicated on the attached document. A preprinted or web-generated voided check/deposit slip or a signed letter from the bank on bank letterhead must be attached. Each of these documents must include: bank name, name(s) as registered on the bank account, routing number and account number. Brokerage checks and investment company checks cannot be used for bank instructions as these checks do not contain the correct wiring information. Contact your investment company to obtain proper wire instructions on signed letterhead. Starter checks will not be accepted. **Please do not staple.**

**Indicate the type of bank account you would like to use:**    Checking account    Savings account

**Note:** Systematic redemptions will be sent via Automated Clearing House (ACH). Putnam does not assess a fee for electronic transactions; however some banks/credit unions may assess a fee upon receipt. Please check with your financial institution for information regarding eligibility, fees, and applicable routing number(s) for Federal bank wire and/or ACH transactions.

Tape voided check/deposit slip here

*Bank ABA routing number*

*Bank account number*

### Send check

To the account owner as registered to the address of record

To the alternate payee/alternate address listed below (review **signature guarantee/medallion guarantee stamp** requirements):

*Alternate payee*

*Alternate mailing address (street, city, state, ZIP code)*

Check this box to indicate a qualified charitable distribution (you must be age 70 1/2 or older and tax withholding will not apply)

**Note:** All checks will be mailed by standard delivery via the U.S. Postal Service.

## Section 7 Account owner authorization

Putnam **requires** the **signature guarantee/medallion guarantee stamp** for any of the scenarios listed below:

- Distribution is sent electronically to a bank account which is not already on file with authorization for distributions
- Check is not payable solely to the registered account owner
- Distribution amount exceeds \$25,000 and the check is mailed to an address not on file with Putnam or to an address that has been added or changed in the past 15 days
- Distribution amount is more than \$250,000
- Request is signed by anyone other than the registered account owner (must be **signed in capacity** and accompanied by the appropriate **certified legal document(s) with original certification**; a certification older than **120 days** is not valid; some distribution restrictions may apply)
- Distribution is reinvested in an account that is not registered solely in the owner's name

A signature guarantee/medallion guarantee is a stamped assurance by a financial institution that indicates a signature is valid and has the financial backing of the institution.

I request the distribution indicated above. PFTC is entitled to rely on this form and is released from any and all claims I may have or hereafter claim to have with respect to the distribution. I certify that all the information on this form, including the Social Security number set forth in Section 1, is true, correct, and complete. I also certify that I have read and understand the tax and withholding consequences described in the most current version of IRS Form W-4R and elect the withholding percentage indicated in Section 5. Note: If you have not provided Putnam with your Social Security number or you are a nonresident alien or a U.S. person living outside the United States, your distributions will be subject to the mandatory tax withholding rate, regardless of your withholding election in Section 5.

Putnam will attempt, on a best efforts basis, to carry over your distribution option due to a fund exchange, fund merger, or share class conversion in order to satisfy your next RMD; however, Putnam cannot guarantee that your full RMD will be satisfied. If the balance in any fund falls below the amount designated during the year, you may not receive the full amount of your RMD. By signing this form you agree that Putnam is not responsible for ensuring that your full RMD has been met by December 31.

If Putnam receives returned mail for your account and is unable to confirm your new address, your account will be restricted and no further RMDs will be processed until Putnam receives appropriate documentation of your current address. Putnam will require new instructions to re-establish your RMD after your address has been updated. Similarly, if your assets are escheated to the state as a result of inactivity, no further RMDs will be processed and Putnam will require new instructions to re-establish your RMD after the escheated assets have been returned from the state.

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.

PLACE SIGNATURE/MEDALLION GUARANTEE STAMP BELOW  
THE GUARANTEE SHOULD NOT BE DATED

**The beneficial owner named in Section 1 must sign this application.**

*Signature of account owner*

*Print name of signer*

*Current date (mm/dd/yyyy)*

Department of the Treasury  
Internal Revenue Service

Give Form W-4R to the payer of your retirement payments.

**2026**

|                                  |           |                           |
|----------------------------------|-----------|---------------------------|
| 1a First name and middle initial | Last name | 1b Social security number |
|----------------------------------|-----------|---------------------------|

Address \_\_\_\_\_

City or town, state, and ZIP code \_\_\_\_\_

Your withholding rate is determined by the type of payment you will receive.

- For nonperiodic payments, the default withholding rate is 10%. You can choose to have a higher rate by entering a rate between 0% and 100% on line 2. Generally, you can't choose less than 10% for payments to payees located outside the United States and its territories.
- For an eligible rollover distribution, the default withholding rate is 20%. You can choose a rate greater than 20% by entering the rate on line 2. You may not choose a rate less than 20%.

See page 2 for more information.

|  |          |   |
|--|----------|---|
| 2 Complete this line if you would like a rate of withholding that is different from the default withholding rate. See the instructions on page 2 and the Marginal Rate Tables below for additional information. Enter the rate as a whole number (do not use a decimal point). | <b>2</b> | % |
|--|----------|---|

|                  |   |      |
|------------------|---|------|
| <b>Sign Here</b> | Your signature (This form is not valid unless you sign it.) | Date |
|------------------|---|------|

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about any future developments related to Form W-4R, such as legislation enacted after it was published, go to [www.irs.gov/FormW4R](http://www.irs.gov/FormW4R).

**Purpose of form.** Complete Form W-4R to have payers withhold the correct amount of federal income tax from your nonperiodic payment or eligible rollover distribution from an employer retirement plan, annuity (including a commercial annuity), or individual retirement arrangement (IRA). See page 2 for the rules and options that are available for each type of payment. Don't use Form W-4R for periodic

payments (payments made in installments at regular intervals over a period of more than 1 year) from these plans or arrangements. Instead, use Form W-4P, Withholding Certificate for Periodic Pension or Annuity Payments. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

**Caution:** If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. Your withholding choice (or an election not to have withholding on a nonperiodic payment) will generally apply to any future payment from the same plan or IRA. Submit a new Form W-4R if you want to change your election.

**2026 Marginal Rate Tables**

You may use these tables to help you select the appropriate withholding rate for this payment or distribution. Add your income from all sources and use the column that matches your filing status to find the corresponding rate of withholding. See page 2 for more information on how to use this table.

| Single or Married filing separately |                                | Married filing jointly or Qualifying surviving spouse |                                | Head of household  |                                |
|-------------------------------------|--------------------------------|---|--------------------------------|--------------------|--------------------------------|
| Total income over—                  | Tax rate for every dollar more | Total income over—                                    | Tax rate for every dollar more | Total income over— | Tax rate for every dollar more |
| \$0                                 | 0%                             | \$0   | 0%                             | \$0                | 0%                             |
| 16,100                              | 10%                            | 32,200  | 10%                            | 24,150             | 10%                            |
| 28,500                              | 12%                            | 57,000  | 12%                            | 41,850             | 12%                            |
| 66,500                              | 22%                            | 133,000   | 22%                            | 91,600             | 22%                            |
| 121,800                             | 24%                            | 243,600   | 24%                            | 129,850            | 24%                            |
| 217,875                             | 32%                            | 435,750   | 32%                            | 225,900            | 32%                            |
| 272,325                             | 35%                            | 544,650   | 35%                            | 280,350            | 35%                            |
| 656,700*                            | 37%                            | 800,900   | 37%                            | 664,750            | 37%                            |

\* If married filing separately, use \$400,450 instead for this 37% rate.

## General Instructions (*continued*)

**Nonperiodic payments—10% withholding.** Your payer must withhold at a default 10% rate from the taxable amount of nonperiodic payments **unless** you enter a different rate on line 2. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. Note that the default rate of withholding may not be appropriate for your tax situation. You may choose to have no federal income tax withheld by entering “-0-” on line 2. See the specific instructions below for more information. Generally, you are not permitted to elect to have federal income tax withheld at a rate of less than 10% (including “-0-”) on any payments to be delivered outside the United States and its territories.

**Note:** If you don’t give Form W-4R to your payer, you don’t provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer must withhold 10% of the payment for federal income tax and can’t honor requests to have a lower (or no) amount withheld. Generally, for payments that began before 2026, your current withholding election (or your default rate) remains in effect unless you submit a Form W-4R.

**Eligible rollover distributions—20% withholding.** Distributions you receive from qualified retirement plans (for example, 401(k) plans and section 457(b) plans maintained by a governmental employer) or tax-sheltered annuities that are eligible to be rolled over to an IRA or qualified plan are subject to a 20% default rate of withholding on the taxable amount of the distribution. You can’t choose withholding at a rate of less than 20% (including “-0-”). Note that the default rate of withholding may be too low for your tax situation. You may choose to enter a rate higher than 20% on line 2. Don’t give Form W-4R to your payer unless you want more than 20% withheld.

Note that the following payments are **not** eligible rollover distributions for purposes of these withholding rules:

- Qualifying “hardship” distributions;
- Distributions required by federal law, such as required minimum distributions;
- Distributions from a pension-linked emergency savings account;
- Eligible distributions to a domestic abuse victim;
- Qualified disaster recovery distributions;
- Qualified birth or adoption distributions;
- Qualified long-term care distributions; and
- Emergency personal expense distributions.

See Pub. 505 for details. See also *Nonperiodic payments—10% withholding* above.

**Payments to nonresident aliens and foreign estates.** Do not use Form W-4R. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

**Tax relief for victims of terrorist attacks.** If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, enter “-0-” on line 2. See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

## Specific Instructions

### Line 1b

For an estate, enter the estate’s employer identification number (EIN) in the area reserved for “Social security number.”

### Line 2

**More withholding.** If you want more than the default rate withheld from your payment, you may enter a higher rate on line 2.

**Less withholding (nonperiodic payments only).** If permitted, you may enter a lower rate on line 2 (including “-0-”) if you want less than the 10% default rate withheld from your payment. If you have already paid, or plan to pay, your tax on this payment through other withholding or estimated tax payments, you may want to enter “-0-”.

**Suggestion for determining withholding.** Consider using the Marginal Rate Tables on page 1 to help you select the appropriate withholding rate for this payment or distribution. The tables are most accurate if the appropriate amount of tax on all other sources of income, deductions, and credits has been paid through other withholding or estimated tax payments. If the appropriate amount of tax on those sources of income has not been paid through other withholding or estimated tax payments, you can pay that tax through withholding on this payment by entering a rate that is greater than the rate in the Marginal Rate Tables.

The marginal tax rate is the rate of tax on each additional dollar of income you receive above a particular amount of income. You can use the table for your filing status as a guide to find a rate of withholding for amounts above the total income level in the table.

To determine the appropriate rate of withholding from the table, do the following. Step 1: Find the rate that corresponds with your total income not including the payment. Step 2: Add your total income and the taxable amount of the payment and find the corresponding rate.

If these two rates are the same, enter that rate on line 2. (See *Example 1* below.)

If the two rates differ, multiply (a) the amount in the lower rate bracket by the rate for that bracket, and (b) the amount in the higher rate bracket by the rate for that bracket. Add these two numbers; this is the expected tax for this payment. To get the rate to have withheld, divide this amount by the taxable amount of the payment. Round up to the next whole number and enter that rate on line 2. (See *Example 2* below.)

If you prefer a simpler approach (but one that may lead to overwithholding), find the rate that corresponds to your total income including the payment and enter that rate on line 2.

**Examples.** Assume the following facts for *Examples 1* and *2*. Your filing status is single. You expect the taxable amount of your payment to be \$20,000. Appropriate amounts have been withheld for all other sources of income and any deductions or credits.

**Example 1.** You expect your total income to be \$70,000 without the payment. Step 1: Because your total income without the payment, \$70,000, is greater than \$66,500 but less than \$121,800, the corresponding rate is 22%. Step 2: Because your total income with the payment, \$90,000, is greater than \$66,500 but less than \$121,800, the corresponding rate is 22%. Because these two rates are the same, enter “22” on line 2.

**Example 2.** You expect your total income to be \$60,000 without the payment. Step 1: Because your total income without the payment, \$60,000, is greater than \$28,500 but less than \$66,500, the corresponding rate is 12%. Step 2: Because your total income with the payment, \$80,000, is greater than \$66,500 but less than \$121,800, the

corresponding rate is 22%. The two rates differ. \$6,500 of the \$20,000 payment is in the lower bracket (\$66,500 less your total income of \$60,000 without the payment), and \$13,500 is in the higher bracket (\$20,000 less the \$6,500 that is in the lower bracket). Multiply \$6,500 by 12% to get \$780. Multiply \$13,500 by 22% to get \$2,970. The sum of these two amounts is \$3,750. This is the estimated tax on your payment. This amount corresponds to 19% of the \$20,000 payment (\$3,750 divided by \$20,000). Enter "19" on line 2.

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**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request additional federal income tax withholding from your nonperiodic payment(s) or eligible rollover distribution(s); (b) choose not to have federal income tax withheld from your nonperiodic payment(s), when permitted; or (c) change a previous Form W-4R (or a previous Form W-4P that you completed with respect to your nonperiodic payments or eligible rollover distributions). To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s).

Failure to provide a properly completed form will result in your payment(s) being subject to the default rate; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.