

Request for Coverdell ESA distribution



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 complete, partial, or systematic distribution from your Putnam Coverdell ESA Account. Distributions from these accounts have tax consequences to the beneficiary and can never be made payable solely to the account director. Please review the Putnam Coverdell ESA Plan and Disclosure Statement and/or consult your tax advisor if you have any questions.

Section 1 Account owner information

Name of account director

FirstMILastSuffixSocial Security number (required)Date of birth (mm/dd/yyyy)

Contact phone number

Note: Providing a phone number above will replace the current contact information on file with Putnam (if applicable). If this field is left blank, no changes will be made.

Name of beneficiary

FirstMILastSuffixSocial Security number (required)Date of birth (mm/dd/yyyy; required)

Section 2 Type of distribution

I request the following (check one):

- ☐ Normal distribution (payable as registered, payable to the beneficiary, or payable to a qualified educational institution)
- ☐ Transfer of assets to another Coverdell ESA
- ☐ Rollover to a 529 qualified tuition plan
- ☐ Death of beneficiary (certified copy of death certificate is required)
- ☐ Disability of beneficiary (Note: If you are requesting a waiver of a CDSC on account of disability per the terms of the applicable prospectus, you must include a notarized doctor's note or letter of determination from the Social Security Administration)
- ☐ Distribution of excess contributions, plus applicable earnings (proceed to Section 5)
(Note: earnings are taxable in the year in which the contributions to which they relate were made)

Section 3 One-time distribution options

Please indicate your distribution method by selecting from the options below:

- ☐ Distribute **100%** of the assets in all Coverdell accounts for the director/beneficiary combination named in Section 1
- ☐ Take a one-time distribution from the following account(s):

Fund number	Account number	Dollar amount	Percentage
<div></div>	<div></div>	\$ <div></div>	or <div></div> %
<div></div>	<div></div>	\$ <div></div>	or <div></div> %
<div></div>	<div></div>	\$ <div></div>	or <div></div> %
<div></div>	<div></div>	\$ <div></div>	or <div></div> %

Section 4 Systematic distribution options

Please indicate a date and frequency for systematic distributions. **If no date is selected, Putnam will default to the 15th.** If the systematic distribution date falls on a weekend or a holiday, the distribution will be made the next business day. If the distribution date falls on a date that does not occur within a particular month (29th- 31st), the distribution will be made the prior day, unless this day falls on a weekend or holiday then the distribution will be made the next business day.

Step 1: Distribution allocation(s)

Fund number	Account number	Dollar amount	Annualized 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"/> %

Step 2: Distribution frequency

Choose a frequency below. Putnam will default to once per year if no option is selected:

Frequency: ☐ Distribute every month (enter distribution date(s) below) **or** ☐ Distribute only in the month(s) chosen below:

☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ June ☐ July ☐ Aug ☐ Sept ☐ Oct ☐ Nov ☐ Dec

Indicate distribution date(s) below:

Distribution date: (MM/DD)	Additional distribution date (use if you wish to distribute multiple times within a month) (DD)
<input type="text"/>	<input type="text"/>

Section 5 Return of excess contribution instructions

Indicate the tax year for which the excess contribution was made:

Specify the amount of the excess contribution and the account(s) from which it should be distributed:

Fund number	Account number	Dollar amount
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
		Total: \$ <input type="text"/>

- ☐ Remove the excess contribution plus any applicable earnings. Earnings are only removed if the request is received on or before the tax filing deadline.
- ☐ Remove the excess contribution only

Section 6 Distribution payment instructions

Select your payment instructions below. See Section 7 for signature guarantee/medallion guarantee stamp requirements.

6A Payee options: Select one of the following; if none are selected, Payable as registered will be the default.

- ☐ As registered ☐ Beneficiary ☐ Eligible educational institution ☐ Coverdell ESA ☐ 529 Qualified tuition plan ☐ Estate of beneficiary

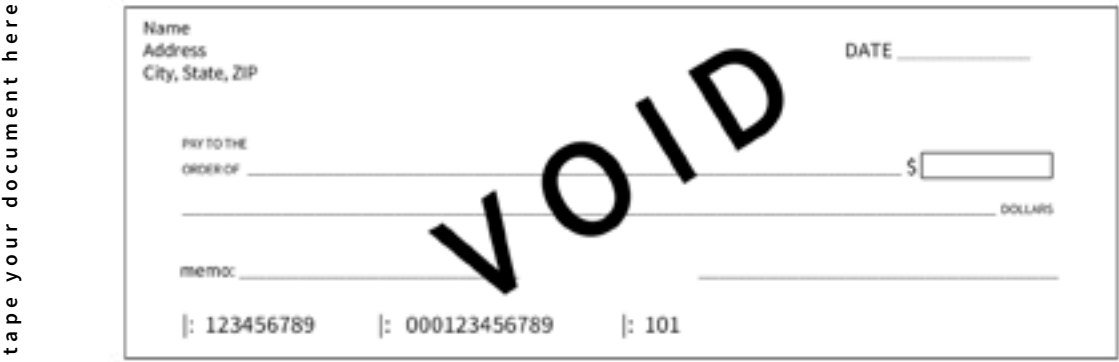
6B Distribution destination: Select only one of the following; if none are selected, Address of record will be the default.

Electronically deposit

- ☐ Into the bank account indicated on the attached document. The bank account must either be solely in the name of the beneficiary or in the name of an eligible educational institution for the benefit of the beneficiary. A preprinted or web-generated voided check/deposit slip or a signed letter from the bank on bank letterhead must be attached. 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.

Check the bank account you would like to use: ☐ Checking account ☐ Savings account

Note: One-time distributions will be sent via Federal bank wire; systematic distributions 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.



ABA routing number of financial institution

Bank account number

Name(s) of all bank account owner(s) / Name of educational institution

For further credit(if applicable)

Send check

- ☐ Address of record
☐ Mail check to the alternate payee/alternate address listed below. Please see Section 7 for medallion guarantee requirements.

Institution/Custodian/Trustee/Payee

Student ID/Account number

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

Note: If the distribution is to a qualified tuition plan (Coverdell ESA / 529), please confirm the beneficiary for the new plan (the account director must remain the same). Putnam will default to the same beneficiary designation if the below field is left blank:

Beneficiary

6C Check delivery options:

Select one of the following delivery options for check requests; if no selection is provided, the check(s) will be delivered by the U.S. Postal Service.

- ☐ Mail check(s) via U.S. Postal Service (standard delivery)
☐ Mail check(s) via overnight/express delivery (not available for systematic distributions)

If overnight/express delivery is requested, Putnam will default to taking the \$20 service charge from the lowest fund-account involved in the transaction unless an acceptable alternative fund-account is specified below. The fee will be taken from the balance of the account.

Indicate the \$20 overnight/express fee source:

Fund number	Account number
<input type="text"/>	<input type="text"/>

Section 7 Authorization

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

- Distribution is sent electronically to a bank account
- Check is not payable solely to the registered account owner (not required if the check is made payable to your new custodian or trustee of a Coverdell ESA or qualified tuition plan with the same director/beneficiary designation or if the check is made payable to an educational institution for the benefit of the beneficiary and a copy of the beneficiary’s tuition bill is provided)
- 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. I further certify that all the information on this form, including the Social Security numbers set forth in Section 1, is true, correct, and complete. I authorize the bank/credit union to accept credit entries initiated by Putnam Investor Services, Inc. to the account designated in Section 6, and to credit the same account, without responsibility for correctness thereof or for the existence of any further authorization relating thereto. I agree to indemnify and hold harmless my bank/credit union, the Putnam funds, and Putnam Investor Services, Inc. for any loss, liability or expense incurred from acting on these instructions. I also agree to waive any right under the NACHA rules to rescind any instruction for ACH transactions which have already occurred at the time of the attempt to rescind. This waiver of the rescision right applies to ACH liquidations from the Putnam funds. This authorization may be terminated by me at anytime by written notification to Putnam Investor Services, Inc. with reasonable time given to implement my request.

My signature below also 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.

Signature of account owner/authorized party

Print name of signature above

Date (mm/dd/yyyy)

PLACE SIGNATURE/MEDALLION GUARANTEE STAMP BELOW

THE GUARANTEE SHOULD
NOT BE DATED