Coverdell Education Savings Account asset transfer authorization



Return by mail: Putnam Investments PO Box 219697 Kansas City, MO 64121-9697 Return by express 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 initiate a direct transfer of your current Coverdell Education Savings Account (ESA) to a Putnam Coverdell ESA. If you are establishing a new Putnam Coverdell ESA, you must also attach a completed Coverdell ESA Adoption Agreement.

Name of account director					
First	MI Last	Suffix	Social security number (required)	Date of birth (mm/dd/	(yyyy; required)
Name of beneficiary					
First	MI Last	Suffix 	Social security number (required)	Date of birth (mm/dd/	'yyyy; required)
Contact phone					
somact phone					
E-mail address					
Note: Providing an e-mail a	ddress and/or phone number a	bove will replace the cur	rent contact information on file with Putr	am (if applicable). No cha	anges will be
nade for fields that are left b	blank. If you are enrolled in ele	ctronic delivery, all notifi	cations will be sent to the e-mail address	listed above.	
Section 2 Select	your funds				
			terature/download/PFGUD-FORM) to se		
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100%

Section 3 Instructions for asset transfer

I have adopted the Putnam Coverdell ESA plan for which Putnam Fiduciary Trust Company, LLC (PFTC, LLC) serves as Trustee. If you are establishing a new Coverdell ESA plan at Putnam, you must attach the Coverdell Education Savings Account adoption agreement. Please send all related correspondence and any appropriate remittances to Putnam Investments, PO Box 219697, Kansas City, MO 64121-9697.

Note: 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 advisor to make other arrangements for these assets.

Section 3A - To complete a transfer from your Coverdell ESA	A with another provider
☐ Liquidate assets and transfer the proceeds by check (make check pay ☐ Transfer assets "in kind" (if permitted by the plan and acceptable to F personal or company plans below.	ayable to Putnam Fiduciary Trust Company, LLC) PFTC, LLC). Selecting this option directs Putnam to transfer all assets from plan types designated fo
Section 3B - Present trustee/custodian account information	1
This authorization instructs my current Trustee/Custodian to liquidate as acceptable to PFTC, LLC):	assets from the plan and transfer proceeds by check payable to PFTC, LLC (if permitted by the plan a
☐ Please solicit for 100% of the assets of the account director listed in S Account number (required)	Section 1
or □ Solicit for a portion of the assets from the following account(s): Account number (required)	Percentage Dollar amount
	% or \$
Section 3C - Present trustee/custodian information	
Name of present trustee/custodian	Phone
Mailing address	
City	State ZIP code
Name of contact person (if any)	Phone
Section 4 Account director authorization	
ring your funds. A signatureguarantee/medallion guarantee is a stamped institution. The guaranteed stamp should not be dated. If a signature/med	gnature guarantee/medallion guarantee stamp and if there are any forms or fees associated with trar d assurance by a financial institution that indicates a signature is valid and has the financial backing of edallion guarantee is dated, it is only valid for that date. ent in a fund that I do not already own I have read the fund prospectus(es) and agree to the terms
Signature of Account Director (required)	PLACE SIGNATURE/MEDALLION GUARANTEE STAMP BELOW
District and of the state of th	The guarantee should
Print name of signature above	not be dated
Date (mm/dd/yyyy)	