## Checkwriting privilege

Section 1 Account owner information



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 1-800-225-1581 www.putnam.com



Use this form to add checkwriting privileges to your eligible Putnam nonretirement account(s). This option is not available for Retirement, 529, Coverdell, Outside trustee, or Brokerage accounts. Your account must have a balance in order to apply for checkwriting. Please be aware that you cannot use these checks or the account to do online bill pay. Additionally, Putnam's checkwriting checks cannot be converted into ACH transactions.

E-Signature authorization will not be accepted to establish checkwriting. If you have been a customer with Putnam for more than 60 days, **a Signature Validation Program (SVP) stamp must be provided**. A SVP stamp is a stamped assurance for nonfinancial transactions by a financial institution that indicates a signature is valid.

Name of owner/custodian/trustee/entity	Social Security/Tax ID number (required)	Date of birth (mm/dd/yyyy)	
Name of joint owner/minor/co-trustee/authorized party	Social Security/Tax ID number (required)	Date of birth (mm/dd/yyyy)	
Contact phone number			
<b>Note:</b> Providing a phone number above will replace the current cont made.	act information on file with Putnam (if applicable	ı. If this field is left blank, no changes will be	
Section 2 Eligible funds			
When a check is presented for payment, shares in your account will be may be redeemed to cover any applicable contingent deferred sales ber(s) in which the privileges are assigned. If your account number is checkwriting for the new account number.	charge. The checkwriting privileges established b	y this application are specific to the account n	um
Putnam's checkwriting privilege is available in any of these Putnam F	unds with no fee.		
• Government Money Market Fund • Money Market Fund	Mortgage Securities Fund		
Add checkwriting to my existing Putnam account or to a new fund:			
Fund number Account number	New fund name		
or			
Section 3 Trust, Partnership, or Association	on certification		
Trusts, partnerships and associations are required to complete the fit more information. <b>Authorized signers named to act must complet</b> Name of Entity		uired, please contact Putnam Investments for	-
Authorized signer(s)			
I hereby certify that the authorized person(s) named above is/are aut the authorized signature(s), written instructions must be received by		by use of the checkwriting privilege. To chang	,e
	• • • •	PLACE SVP STAMP BELOW	
Certifying signature Title	•		
	•	-	
Print name of signature above			
Date (mm/dd/yyyy)			
	•	•	

## Section 4 Corporate Resolution

This section must be completed when the owner her capacity as custodian of corporate records. If the least one other officer must also be authorized to corporation must be guaranteed by an investment ies), written instructions must be received by Putr	the secretary or other recording act (except in the case of a sole at dealer or bank and must be s	g officer signing the e officer). If your cor signed with the title	e resolution is a rporation has a of the officer a	also named in the resolution as aut only one officer, the signature of tha as the sole officer. To change the au	horized to act, at at sole officer of the athorized signatory(		
Name of corporation				State			
Name of authorized officer				Title of authorized officer			
Name of authorized officer (if applicable)				Title of authorized officer (if applicable)			
The officer(s) listed above is/are authorized to red of the checkwriting privilege. I, secretary or other above incorporated under the laws of the state lis resolution is in conformity with the charter and by meeting of the Board of Directors of the corporation of the Board of Directors of the corporation of the Indiana at which a quorum was present now in full force and effect.	recording officer of the Corpora ted above hereby certify that th /laws of this corporation and w on duly called and held on (pri	ation listed ne foregoing vas adopted at a nt date)		CORPORATE SEAL OR SVP STAMP BEL	OW		
Secretary or other recording officer signature	Title						
Print name of signature above	Date (mm/dd/yyyy)		•		•		
Section 5 Signature card auth	orization						
All registered owners (individual or joint) or autho black ballpoint ink. If you have been a customer w	rized signers (corporation, trus				provided below in		
By signing the below signature card, the signatory Fund(s) and of a bank designated by Putnam Invergistered owners must sign this signature card. E	estor Services, Inc. (the "designa	ated subcustodian	bank"), as the	y pertain to the use of redemption o			
The designated subcustodian bank is hereby app such Putnam fund(s) as designated by the shareh upon the account(s). In so acting, the designated todian bank's rules, regulations, and associated laterminated at any time upon notification mailed t	olders from time to time, and a subcustodian bank shall be lia aws governing check collection	as recorded on Puti ble only for its own . It is further agreed	nam's records, negligence. Sl d that the abov	, upon receipt of, and to the amoun hareholders will be subject to the d	t of, checks drawn esignated subcus-		
As set forth in the fund's prospectus, purchase written against your fund account may be retu cover the amount of your check.							
Signature of Owner/Custodian/Trustee/Authorized	Signer	Signature of	f Joint Owner/(	Co-Trustee/Co-Authorized Signer			
Print name of signature above		Print name o	of signature ab	pove			
Date (mm/dd/yyyy)		Date (mm/d	ld/yyyy)				
☐ Check here if more than one signature is req	uired If this hox is not marked	only one signature	e will he requir	red on checks. See above for terms of	of agreement		
PLACE SVP STAMP BELOW	alica. Il cilis box is floctifiatica,	, only one signature	•	CE SVP STAMP BELOW	or agreement.		
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