## Government allotment form



Return by mail: Government Allotments PO Box 219271 Kansas City, MO 64121-9271 For more information: Putnam Investments 1-800-662-0019 www.putnam.com



Use this form to make monthly payroll deductions to your Putnam fund(s). If you do not have a Putnam account, please complete a mutual fund application and mail it to Putnam Investments, P.O. Box 219697, Kansas City, MO 64121-9697. Once you complete this form and/or receive your initial confirmation from Putnam, mail a completed copy of this form, along with your 1199 form to Government Allotments, PO Box 219271, Kansas City, MO 64121-9271.

Section 1 Existing	ng ac	count	info	rma	tion															
Name of account owner First	MI	Last			Suffix		Social	Securit	curity number (required)					Date of birth (mm/dd/yyyy)						
Contact phone number							Service	e branc	:h											
<b>Note:</b> Providing a phone numb made.	er above w	rill replace t	the curre	ent conta	act inform	nation	on file	with Pu	utnan	n (if	appli	cable	e). If	this f	eld is	left b	lank,	no ch	anges	will be
Mailing address (required) Street																				
City								St	tate		ZIP	code	ı							
Section 2 Fund	infor	natio	n																	
Choose one of the followin Fund number Accou	g: <i>ınt numbe</i>	r	Initia	l allocat		nount	Alle	ocatio	n cha	ang	е		ı							
					\$_															
					\$_															
					\$_															
					\$_															
				Total	\$_															
Section 3 Autho	orizat	ion																		
As a member of the United below also indicates that if to the terms therein.																				
Signature of account owner or authorized party									L	Date	(mm	/dd/	<i>,</i> <i>,</i> <i>,</i> <i>,</i> <i>,</i>	)						
Print name of signature above																				