

# Request for IRA 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 IRA or Beneficiary IRA. Your distribution may have tax consequences. Please consult your tax advisor if you have any questions.

As an alternative to completing this form, distributions can be requested online at Putnam.com (some restrictions apply).

- Important:**
- To request your annual required minimum distribution as a systematic withdrawal, please contact Putnam for the appropriate form.
  - Do not use this form to request an IRA to IRA transfer of assets.** Transfers to an IRA with another company must be initiated with the receiving company's paperwork and must include a letter of acceptance.
  - 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.

## Section 1 Account owner information

**Name of owner**

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 Type of distribution

I request the following (check one):

**Distribution**  
Normal; distribution made at age 59 1/2 or older  
Premature; distribution made before age 59 1/2 (early distribution penalties may apply)  
Substantially equal periodic payments under section 72(t) of the Internal Revenue Code (you must select systematic distributions in Section 4 below)  
Disability (if you are requesting a waiver of a CDSC 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 from an existing Putnam Beneficiary IRA account

**Direct Rollover** (to qualify for a rollover the proceeds must be payable to the receiving firm)  
Rollover to your employer sponsored 403(b), 401(k), Money Purchase Plan, Profit Sharing Plan, or Government 457 retirement plan (the client is responsible for ensuring that the requested distribution is eligible for rollover to an employer sponsored retirement plan)  
**Note:** A signature guarantee/medallion guarantee is required for all direct rollover requests unless a letter of acceptance is provided **and** the distribution amount is below \$100,000.

## Section 3 One time distribution

Please indicate the dollar amount or percentage to redeem from each applicable account. If both a dollar amount and percentage are provided, Putnam will default to distributing by percentage.

Fund number	Account number	Dollar amount	Percentage
—		\$	or %
—		\$	or %
—		\$	or %
—		\$	or %

## Section 4 Systematic distribution options

Please indicate your desired systematic distribution frequency and allocation instructions below. Systematic distributions cannot be requested by a power of attorney and cannot be systematically distributed into a 529 for America account. Please note that systematic distributions sent by check will always be sent by standard delivery.

### Step 1: 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 in 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, 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

### Step 2: Distribution allocation(s)

Please indicate the dollar amount or annualized percentage to redeem from each applicable account.

Fund number	Account number	Dollar amount	Annualized Percentage
—		\$	or %
—		\$	or %
—		\$	or %

## Section 5 Income tax withholding

Putnam will not withhold federal or state income taxes when you elect to rollover to an employer sponsored plan in Section 2. See below for the federal and state withholding considerations for all other distribution types. If you have elected systematic distributions, the election you make below will apply to all distributions.

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

Federal income taxes will be withheld at a rate of 10% (except for Roth plans) 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>.

Do not withhold federal income tax from the distribution proceeds.

Withhold federal income tax at a rate of %

Withhold my taxes from the distribution proceeds, **gross** (this will be the default withholding option if no choice is made)

Withhold my taxes from the remaining account balance, **net** (only allowed for one time distributions)

### Roth IRA federal withholding

Putnam will default to no federal withholding for Roth IRA/ Beneficiary Roth IRA distributions unless specified below.

Withhold federal income tax at a rate of %

Withhold my taxes from the Roth distribution proceeds, **gross** (this will be the default withholding option if no choice is made)

Withhold my taxes from the remaining Roth account balance, **net** (only allowed for one time distributions)

### State income taxes

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

\*Residents of AR, CT, MI, MN and OK will have state income taxes withheld regardless of federal income tax withholding. To opt out of AR, CT, 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, CT, MI, MN, or OK **Roth** distributions.

\*\*Residents of DC will have local income taxes withheld on 100% distributions regardless of federal income tax withholding.

**Note:** Whether or not you elect to have federal and, if applicable, state tax withholding apply, 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

Select your payment instructions below; if no selection/instructions are provided, payment will be made to the address of record via the U.S. Postal Service (standard delivery). **See Section 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(s) for non-retirement accounts. Investment options must be provided for proceeds reinvested into 529 for America accounts.

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 (required)

### Electronically deposit (a signature guarantee/medallion guarantee stamp 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:** 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.

Tape voided check/deposit slip here

Bank ABA routing number

Bank account number

### Send check

#### Step 1: Select a delivery method

Mail check(s) via standard delivery (U.S. Postal Service)

Mail check(s) via overnight/express delivery

A \$20 service charge will apply for overnight/express delivery requests. The fee will be taken from the account with the lowest fund number involved in the transaction. For partial redemptions, the service charge will be taken from the remaining balance in the account.

#### Step 2: Provide payee/address instructions

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)

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 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. I further 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. 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 rescission right applies to ACH liquidations from the Putnam funds. This authorization may be terminated by me at any time by written notification to Putnam Investor Services, Inc. with reasonable time given to implement my request.

**Note:** By signing below, I acknowledge that the requested distribution may be subject to taxes and/or penalties. I further acknowledge that certain restrictions may apply to rollovers between my IRA accounts (see IRS Announcement 2014-32), including the limitation of one indirect rollover per rolling twelve month period. I certify that the requested distribution complies with the terms of the governing Putnam Plan and Disclosure Statements as well as applicable federal and state rules and regulations. Please consult your tax advisor and/or attorney for guidance. 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.

The registered owner named in Section 1 must sign below.

Signature of account owner

Print name of signer

Current date (mm/dd/yyyy)

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



**Withholding Certificate for Nonperiodic Payments and  
Eligible Rollover Distributions**

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

OMB No. 1545-0074

**2026**

<b>1a</b> First name and middle initial	Last name	<b>1b</b> Social security number
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Address
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City or town, state, and ZIP code
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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 different rate by entering a rate between 0% and 100% on line 2. Generally, you can't choose less than 10% for payments to payees who are covered 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.

<b>2</b> 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 (for example, 15 for 15%).	<b>2</b>	%
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<b>Sign Here</b>	<b>Your signature</b> (This form is not valid unless you sign it.)	<b>Date</b>
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**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.

Use this document as a reference to explain the different authentications that may be required to process a transaction. Please refer to the specific Putnam form to verify which type of authentication is required as not all signature authentication types are acceptable for all transactions. You may be able to obtain signature authentication from securities broker/dealers, commercial banks, federally chartered savings institutions, federally chartered credit unions, trust companies, state chartered savings institutions or credit unions. Check with your financial institution for availability.

All authentications must be original; photocopies or fax copies are not acceptable.

This document is for reference only. Please **do not stamp this form**.

Medallion Program Signature Guarantee

A Medallion Program signature guarantee is a form of signature guarantee that is a stamped assurance provided by a financial institution that guarantees that a signature is genuine, the signer is an appropriate person to sign and the signer has legal capacity to sign. The purpose of a signature guarantee is to protect transfer agents and shareholders against loss from fraudulent signatures on instructions in connection with securities transactions, which are defined as the sale, assignment, transfer or redemption of a security. A Medallion Program signature guarantee provides additional protection against fraud by using special security ink, a bar code that can be scanned to identify a stamp that has been reported lost or stolen, and a prefix code that discloses the maximum transaction value covered by the stamp (see chart below). The guarantee should **not** be dated.

Prefix Letter	Liability Limit per Transaction
Z	\$10,000,000
Y	\$5,000,000
X	\$2,000,000
A	\$1,000,000
B	\$750,000
C	\$500,000
D	\$250,000
E	\$100,000
F	\$100,000 (credit unions only)



The letter prefix of each identification number signifies the amount of the surety bond obtained by the guarantor. The amount of coverage associated with the corresponding prefix is detailed above.

Signature Guarantee

A signature guarantee is a stamped assurance provided by a financial institution that guarantees that a signature is genuine, the signer is an appropriate person to sign and the signer has legal capacity to sign. The purpose of the signature guarantee is to protect transfer agents and shareholders against loss from fraudulent signatures on instructions in connection with securities transactions, which are defined as the sale, assignment, transfer or redemption of a security.

