

Retirement account required minimum distribution request



A Franklin Templeton Company

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 systematic required minimum distribution (RMD) each year from your Putnam retirement plan(s) for which Putnam Fiduciary Trust Company, LLC, ("PFTC") acts as directed trustee/custodian. **Please return all pages.** This form should not be used for (1) retirement plans held through another trustee/custodian or (2) Putnam beneficiary retirement accounts or designated recipient accounts; the *Beneficiary retirement account required minimum distribution request* form must be utilized for beneficiary retirement accounts or designated recipient accounts.

Beginning in 2023, a person's RMD obligation begins the year they attain the age of 73. Please note that an earlier required beginning age may have applied prior to 01/01/2023.

Distributions from Putnam retirement plans have tax consequences. Consult your tax advisor if you have any questions. **A signature is required in Section 9 for all requests.** Failure to properly authorize RMD payments will cause delays in processing that may result in tax penalties.

Important:

- Systematic RMDs requested by a power of attorney can only be sent by check to the address of record and must be payable to the account owner as registered. The power of attorney must **sign this form in capacity** and include the appropriate **certified legal document(s) with original certification**; a certification older than **120 days** is not valid.
- Do not use this form solely to change the destination of an active systematic RMD from a check to a bank, or from one bank to another bank. Please complete Putnam's *Add or change bank account information* form to update bank information for existing systematic programs; a signature validation program (SVP) stamp is required.

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 Required minimum distribution calculation

Select one option below. If you do not select an option or if you do not qualify for your selected option, Putnam will default to using the Uniform Lifetime Table.

Option 1: Uniform Lifetime Calculation

Uniform Lifetime Method (proceed to Section 3)

Option 2: Joint Lifetime Calculation (available only if your spouse is more than 10 years younger than you and **already** designated as your sole primary beneficiary)

Joint Lifetime Method (spouse beneficiary information required for calculating your RMD using the Joint Lifetime Method)

Name of spouse beneficiary

First MI Last Suffix Social Security number Date of birth (mm/dd/yyyy)

Note: Please review your account at <https://www.putnam.com> to ensure that your beneficiary designations are current. You can update your beneficiary designations online (some restrictions apply). Alternatively, you may complete Putnam's *IRA Designation of beneficiary form*.

Section 3 Plan type

Indicate the type of plan(s) on which you wish to establish RMD payments by selecting from the options below. If no option is selected, Putnam will establish RMD payments on all applicable retirement plan types.

Establish a systematic RMD on all available plan types.

Or

Establish a systematic RMD only on the plans indicated below:

Traditional IRA / Rollover IRA

SEP IRA

SARSEP IRA

Simple IRA

Note: The RMD is calculated for each plan type separately and life expectancy calculations cannot be combined across plan types. Putnam will only calculate the RMD for the plan type(s) selected above.

Section 4 Systematic distribution schedule

Please indicate your desired systematic distribution frequency below. Drafts requested for January 1st will be delayed to allow for the completion of the year end RMD calculation and will be processed using a trade date of the first business day of the year.

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 on 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 or multiple frequency selections are made, 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		

Section 5 First year RMD deferral

The systematic distribution schedule in Section 4 applies to the RMD owed for the indicated start year and all subsequent years. **If you attained age 73 last year** and wish to take your deferred RMD (your first RMD) this year, please contact Putnam by phone **before April 1st of this year** to distribute your deferred RMD.

If you chose to defer your RMD payment for the first required year, the RMD payment for your second year must still be taken by December 31st of the second year. RMD payments for subsequent years cannot be deferred and must be taken by December 31st of each year.

Section 6 Systematic distribution allocation options

Indicate how you would like the distribution to be taken. If no option is selected distributions will be taken from all funds individually based on the annual RMD requirement for each fund.

Take distributions from all funds individually based on the calculated RMD requirement for each account (proceed to Section 7)

Take distributions as indicated below (percentage allocations must be set separately for each retirement plan type selected in Section 3)

Plan type (from Section 3)	Fund number	Account number	Percentage
	—		%
	—		%
	—		%
	—		%
	—		%
			100%

Plan type (from Section 3)	Fund number	Account number	Percentage
	—		%
	—		%
	—		%
	—		%
	—		%
			100%

Note: The total of your allocations for each plan type must equal 100%. If allocations for a specific plan type do not equal 100%, Putnam will default to taking distributions from all funds individually for that plan type.

Section 7 Distribution payment instructions

Select your payment instructions below; if no selection/instructions are provided, payment will be made by check payable to the account owner as registered and mailed to the address of record via the U.S. Postal Service (standard delivery). **See Section 9 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.

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

Electronically deposit (a signature guarantee/medallion guarantee 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 ACH instructions on signed letterhead. Starter checks will not be accepted. Do not staple.

Indicate the type of bank account you would like to use: Checking account Savings account

Note: Systematic redemptions 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 for ACH transactions.

Tape voided check/deposit slip here

Bank ABA routing number

Bank account number

Send check

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)

Check this box to indicate a qualified charitable distribution (you must be age 70 1/2 or older and tax withholding will not apply)

Note: All checks will be mailed by standard delivery via the U.S. Postal Service.

Section 8 Income tax withholding

Federal Income Taxes

Federal income taxes will automatically be withheld from your distribution at a rate of 10%, except for an eligible qualified charitable distribution, 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>. Please see below for the situations in which Putnam withholds state taxes.

Please select one of the following income tax withholding elections. The election you make below will apply to all of your systematic distributions.

Do not withhold federal income tax from the distribution proceeds.

Withhold federal income tax at a rate of _____ %, which will be deducted from the distribution proceeds.

State Income Taxes

Putnam will withhold state income taxes if your address of record is in one of the following states: AR*, CA, 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, MI, MN, and OK will have state income taxes withheld regardless of federal income tax withholding. To opt out of AR, 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.

Note: 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 9 Account owner authorization

Putnam requires the **signature guarantee/medallion guarantee** 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. PFTC, LLC is entitled to rely on this form and is released from any and all claims I may have or hereafter claim to have with respect to the distribution. I certify that all the information on this form, including the Social Security number set forth in Section 1, is true, correct, and complete. I 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 8. 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 8.

Putnam will attempt, on a best efforts basis, to carry over your distribution option due to a fund exchange, fund merger, or share class conversion in order to satisfy your next RMD; however, Putnam cannot guarantee that your full RMD will be satisfied. If the balance in any fund falls below the amount or percentage designated during the year, you may not receive the full amount of your RMD. By signing this form you agree that Putnam is not responsible for ensuring that your full RMD has been met by December 31.

If Putnam receives returned mail for your account and is unable to confirm your new address, your account will be restricted and no further RMDs will be processed until Putnam receives appropriate documentation of your current address. Putnam will require new instructions to re-establish your RMD after your address has been updated. Similarly, if your assets are escheated to the state as a result of inactivity, no further RMDs will be processed and Putnam will require new instructions to re-establish your RMD after the escheated assets have been returned from the state.

My signature below 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 or authorized party (**required**)

Print name of signer

Current date (mm/dd/yyyy)

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

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Department of the Treasury
Internal Revenue Service

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

1a First name and middle initial	Last name	1b Social security number
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Address

City or town, state, and ZIP code

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 located 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.

2 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%).	2	%
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Sign Here	Your signature (This form is not valid unless you sign it.)	Date
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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.

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.

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.

Signature authentication guidelines

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.

