

SIMPLE IRA adoption agreement

**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 open a new Putnam SIMPLE IRA. Please note that a SIMPLE IRA plan is sponsored and funded through your employer. Please confirm that your employer has completed a SIMPLE IRA services agreement with Putnam before returning your application.

Section 1 Account information

Name of account owner

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

Contact phone number

E-mail address

Note: Providing a phone number or e-mail address above will replace the current contact information on file with Putnam (if applicable). If you are enrolled in electronic delivery, all notifications will be sent to the e-mail address listed above.

Residential street address of account owner (cannot be a P.O. Box or c/o address) *City* *State* *ZIP code*

Mailing address for account (if different from residential address) *City* *State* *ZIP code*

Section 2 Employer information

Name of company *Company number*

Company street address *City* *State* *ZIP code*

Section 3 SIMPLE IRA initial funding date

Please indicate whether this is your initial funding of a SIMPLE IRA plan through the employer named in Section 2 or if you have previously funded a SIMPLE IRA with them through a different vendor. If this section is left blank Putnam will default to treating the account as if this is the initial funding of your SIMPLE IRA plan.

Note: You cannot move assets into/out of a SIMPLE IRA from/to another plan type within the first 2 years of the initial funding of your SIMPLE IRA.

This is my initial funding of a SIMPLE IRA plan through the employer listed in Section 2

I previously funded a SIMPLE IRA plan through the employer named in Section 2 (provide the date the plan was originally funded below):

Date (mm/dd/yyyy; required)

Section 4 Provide information about your financial advisor

Please use this section to designate financial intermediary and financial representative information on your Putnam account. A financial intermediary is the broker-dealer, bank, or other financial institution through which you purchase shares of the Putnam Funds. The financial representative is the person associated with the financial intermediary who is assisting you with your investments. You may designate a financial intermediary at any time by returning a signed Financial intermediary change request to Putnam Investor Services. Franklin Distributors, LLC ("FD") will be designated as the default broker-dealer of record on your account(s) and will retain all applicable sales charges if any of the following apply:

- You do not designate a financial intermediary below.
- The financial intermediary you designate does not have a selling agreement with FD.

Please note that FD is not a full service broker-dealer and does not provide investment advice. As default broker-dealer, FD cannot assist you with financial planning or provide recommendations, services that are provided by a financial intermediary. If you wish to receive such services, you must designate a financial intermediary.

Note: Please refer to <https://www.finra.org> for assistance in locating the Central Registration Depository (CRD) number for the financial intermediary.

Financial institution ID	Branch office ID	Financial representative ID	CRD number
Financial intermediary			
Financial representative name(s) exactly as it appears on firm's registration			Financial representative's phone number
Branch office address	City	State	ZIP code

Section 5 Select your funds

Please use the Putnam Fund Guide (<https://www.franklintempleton.com/forms-literature/download/PFGUD-FORM>) to select your investment. You must enter the fund name and number for the corresponding share class you wish to establish. For additional fund elections, please attach a separate sheet of paper with fund number, fund name and percentage.

- For new investments made to Putnam: If no class of shares is indicated, class A shares will be purchased and any unallocated assets will be invested into Money Market A.
- Investments made through payroll deduction contributions will be applied for the year received.

Fund number	Fund name	Percentage
		%
		%
		%
		%
		%
		100%

Section 6 Designate your beneficiary(ies)

Complete Sections 6A and 6B to designate primary and contingent beneficiaries respectively for assets payable upon your death. To update beneficiaries on existing accounts, please use the IRA/403(b) Designation of beneficiary form.

For each beneficiary, Putnam Fiduciary Trust Company, LLC (PFTC) requires the full name, tax identification number, and date of birth. If you name multiple primary or contingent beneficiaries, please specify the percentage each is to receive. If no percentage is specified, your account will be divided among your surviving primary beneficiaries in substantially equal amounts. If no primary beneficiaries survive you, your account will be divided among your surviving contingent beneficiaries. If none of your designated beneficiaries survive you, your account will be distributed according to the provisions of the IRA plan and disclosure statement.

Important:

- PFTC does not accept customized beneficiary designations (for example, designations which involve multiple contingencies within a primary or contingent beneficiary category) or “per stirpes” designations. All beneficiaries must be designated as either primary or contingent and must include all identifying information referenced above. PFTC generally cannot accept beneficiary designations from attorneys-in-fact, conservators, or guardians. PFTC will not accept beneficiary designations from a parent/guardian on the minor’s behalf. If the designated beneficiaries are not accepted by PFTC the provisions of the IRA plan disclosure statement will be in effect.
- **Do not list both primary and contingent beneficiary designations on the same page.** If you wish to designate more than four primary beneficiaries and/or more than four contingent beneficiaries, you must include a separate sheet of paper with the additional designation. The separate sheet of paper must be signed, dated, indicate whether the designation is for a **primary** or **contingent** beneficiary, and include all required beneficiary information (full name, Social Security/Tax ID number, date of birth/date of trust, and allocated percentage).

Section 6A - Primary beneficiary(ies): Percentages for primary beneficiaries must equal 100%.

Name of individual (First, MI, Last, Suffix)/Full name of entity/trust (required)	Relationship			Percentage
	Spouse	Other	Entity/Trust	%
Social Security/Tax ID number (required)	Date of birth (mm/dd/yyyy; required for an individual) Date of trust (mm/dd/yyyy; required for a trust)			
Residential address (street, city, state, ZIP code)				

Name of individual (First, MI, Last, Suffix)/Full name of entity/trust (required)	Relationship			Percentage
	Spouse	Other	Entity/Trust	%
Social Security/Tax ID number (required)	Date of birth (mm/dd/yyyy; required for an individual) Date of trust (mm/dd/yyyy; required for a trust)			
Residential address (street, city, state, ZIP code)				

Name of individual (First, MI, Last, Suffix)/Full name of entity/trust (required)	Relationship			Percentage
	Spouse	Other	Entity/Trust	%
Social Security/Tax ID number (required)	Date of birth (mm/dd/yyyy; required for an individual) Date of trust (mm/dd/yyyy; required for a trust)			
Residential address (street, city, state, ZIP code)				

Name of individual (First, MI, Last, Suffix)/Full name of entity/trust (required)	Relationship			Percentage
	Spouse	Other	Entity/Trust	%
Social Security/Tax ID number (required)	Date of birth (mm/dd/yyyy; required for an individual) Date of trust (mm/dd/yyyy; required for a trust)			
Residential address (street, city, state, ZIP code)				

Total primary allocations must equal 100%

100.00%

Section 6 Designate your beneficiary(ies) (continued)

Section 6B - Contingent beneficiary(ies): Percentages for contingent beneficiaries must equal 100%.

Name of individual (First, MI, Last, Suffix)/Full name of entity/trust (required)	Relationship			Percentage
	Spouse	Other	Entity/Trust	%
Social Security/Tax ID number (required)	Date of birth (mm/dd/yyyy; required for an individual)		Date of trust (mm/dd/yyyy; required for a trust)	
Residential address (street, city, state, ZIP code)				

Name of individual (First, MI, Last, Suffix)/Full name of entity/trust (required)	Relationship			Percentage
	Spouse	Other	Entity/Trust	%
Social Security/Tax ID number (required)	Date of birth (mm/dd/yyyy; required for an individual)		Date of trust (mm/dd/yyyy; required for a trust)	
Residential address (street, city, state, ZIP code)				

Name of individual (First, MI, Last, Suffix)/Full name of entity/trust (required)	Relationship			Percentage
	Spouse	Other	Entity/Trust	%
Social Security/Tax ID number (required)	Date of birth (mm/dd/yyyy; required for an individual)		Date of trust (mm/dd/yyyy; required for a trust)	
Residential address (street, city, state, ZIP code)				

Name of individual (First, MI, Last, Suffix)/Full name of entity/trust (required)	Relationship			Percentage
	Spouse	Other	Entity/Trust	%
Social Security/Tax ID number (required)	Date of birth (mm/dd/yyyy; required for an individual)		Date of trust (mm/dd/yyyy; required for a trust)	
Residential address (street, city, state, ZIP code)				

Total contingent allocations must equal 100% 100.00%

Section 6C - Signature of IRA owner's spouse (if applicable)

If you are married to the IRA owner and they have designated a beneficiary(ies) other than you, please consult your financial representative about the state law and tax law implications of this beneficiary designation, including the need for your consent. By signing below you indicate that you are the spouse of the individual named in Section 2 and that you consent to the designated beneficiary(ies). PFTC is not responsible for determining whether an account owner is married and is a resident of a jurisdiction in which community property rules apply.

Signature of spouse	Current date (mm/dd/yyyy)
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Print name of signer	

Section 7 **Authorization**

I do not authorize telephone redemptions. Accept only written instructions signed by me.

Unless I have checked the box above, Putnam Investor Services, Inc. is authorized to act upon instructions received by telephone from me or any other person claiming to act as my representative who can provide Putnam with my account registration and address as it appears on Putnam’s records. Redemption proceeds of up to \$100,000 will be sent to me at an address on record with Putnam for at least 15 days. Putnam will not be liable for unauthorized transactions if it employs reasonable procedures to confirm that instructions received by telephone are genuine. I agree to indemnify and hold harmless Putnam Investor Services, Inc. and any Putnam funds that may be involved in transactions authorized by telephone against any claim or loss in connection with any telephone transaction effected on my account.

I do not authorize the mailing of only one shareholder report, one prospectus, or one set of proxy materials if there are multiple accounts in a Putnam fund at my address. Send a separate copy for every account.

Unless I have checked the box above, Putnam Investor Services, Inc. is authorized to send only one shareholder report, one prospectus, or one set of proxy materials for **all** accounts in any Putnam fund at my address.

I acknowledge that Putnam’s privacy policy is available for viewing and printing at <https://www.franklintempleton.com/help/privacy-policy>.

I hereby (I) adopt the Putnam SIMPLE individual Retirement Trust Account (the “Plan”), as an SIMPLE retirement account under Section 408(p) of the Internal Revenue Code of 1986, as amended; (II) acknowledge receipt of the Plan and Disclosure Statement; (III) have received and have read a current prospectus of any fund; (IV) appoint Putnam Fiduciary Trust Company, LLC as Trustee; (V) acknowledge that the terms in this agreement mean the same as in the Plan; and (VI) agree that an annual maintenance fee of \$25 will automatically be deducted from the account in accordance with Putnam’s annual maintenance fee policy for accounts with a balance below \$50,000 on the day the fee is scheduled to be taken. I also acknowledge that Putnam’s annual maintenance fee policy is subject to change. I also certify under the penalties of perjury that the taxpayer identification number (Social Security number) set forth in Section 1 is true, correct, and complete.

In accordance with federal law, the Putnam funds are required to obtain the name, residential or business address, Social Security or tax identification number, and date of birth for each registered owner in order to verify their identities. For certain entities such as trusts, estates, corporations, partnerships, or other organizations, additional documentation may be required (see the following terms and conditions or call Putnam at 1-800-225-1581). The funds are unable to accept new accounts if any required information is not provided. If the funds are unable to verify your identity, your account will be closed at the then-current NAV, which may be more or less than your original investment, and the proceeds will be sent to you, net of any applicable sales charges. With respect to any such distribution, I elect that no amount be withheld for federal income taxes due on the taxable part of any such distribution, and I acknowledge that I can incur penalties if my withholding or estimated tax payments for the year are not sufficient. I further understand that under federal tax law I will have 60 days from date of receipt by me to roll over such distribution to another IRA or eligible plan that will accept it. I will consult my professional tax advisor if I have any questions about the tax consequences of any such distribution.

The information you provide may be shared with third parties for the purpose of verification subject to the terms of Putnam’s privacy policy.

Signature of Putnam account owner (required)

Signature of owner/parent/guardian/authorized signer

Current date (mm/dd/yyyy)

Print name of signer