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Checklist for Putnam Tax Accounts



Please make sure all forms are **COMPLETED FULLY, SIGNED AND DATED BY THE CLIENT**, and **SIGNED AND DATED BY THE ADVISOR**. Incomplete forms cannot be processed.

Forms

- Client Profile
- Tax Account Annual Fee Agreement
- Tax Account Automatic Contribution Agreement
- Client Disclosure Form
- Putnam Mutual Fund Account Application
- Putnam Checkwriting Privilege Form*
- New LPL Account Application and Agreement Form (F1-BN)
- Risk Profile

Checks

- Voided Check
"Realty Benefits Services" fee will be drafted
- Based on the following schedule. Please circle one:
JAN: \$88.00 FEB: \$80.00 MAR: \$72.00 APR: \$64.00 MAY: \$56.00 JUN: \$48.00
JUL: \$40.00 AUG: \$32.00 SEP: \$24.00 OCT: \$16.00 NOV: \$8.00 DEC: \$96.00

Other

- Copy of client's Driver's License

Putnam Tax Account

Answer the following questions in order to complete the paperwork required for the Putnam Tax Account

Client's Name (First, Middle initial, Last) _____

Client's Date of Birth _____ Client's Social Security Number _____

Client's Home Street Address _____

Client's Home City _____

Client's Home State _____

Client's Home Zip Code _____

Number of Dependents _____

Client's Occupation _____ Industry _____

Realty Company Name _____

Realty Company Office Name _____

Office Street Address _____

Office City, State, and Zip Code _____

Client's Home Phone _____

Client's Work Phone _____

Client's Fax Number _____

Client's Cell Phone _____

Client's Email Address _____

Client's Country of Citizenship _____

ID Type _____

Place of Issuance _____

ID Number _____

ID Issuance Date _____

ID Expiration Date _____

Equitable Rep Name _____

Representative's Firm _____

Office Street Address _____

Office City _____

Office State _____

Office Zip Code _____

Office Phone Number _____

Rep's Email Address _____

Rep's 70/30 Split ID _____

Dealer Number _____

Branch Number _____

CRD Number _____

CLIENT PROFILE

PRINT FP NAME: _____ ID #: _____ DATE: _____

New Update

1. Background Information

Client/Owner	Joint Client/Owner. Check the Box if N/A <input type="checkbox"/> and add Spousal Information if applicable
*First Name _____	_____
*Last Name _____	_____
*SSN/TIN _____	SSN/TIN _____
*DOB _____	DOB _____
*Street Address _____	Street Address _____
*City _____	City _____
*State _____	State _____
*Zip _____	Zip _____
Please complete previous address if changed within last 12 months	Please complete previous address if changed within last 12 months
Street Address _____	Street Address _____
City _____	City _____
State _____	State _____
Zip _____	Zip _____
*Citizenship: <input type="checkbox"/> US <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident	Citizenship: <input type="checkbox"/> US <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident
If non-US, specify: _____	If non-US, specify: _____
*Daytime Phone: _____	Daytime Phone: _____
Mobile Phone: _____	Mobile Phone: _____
Email: _____	Email: _____
*Status: <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed	Status: <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed
*Occupation: _____	Occupation: _____
Employer Name: _____	Employer Name: _____
Employer Address: _____	Employer Address: _____
No. of Years: _____	No. of Years: _____
Education: <input type="checkbox"/> HS <input type="checkbox"/> Assoc. <input type="checkbox"/> BA/BS <input type="checkbox"/> Masters/Ph.D.	Education: <input type="checkbox"/> HS <input type="checkbox"/> Assoc. <input type="checkbox"/> BA/BS <input type="checkbox"/> Masters/Ph.D.
*Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Domestic Partner	
*# of Dependents: _____ Age(s) _____	
Name(s) _____	
Name(s) _____	

1. Background Information (Continued)

Client/Owner Profile for Entities Only — do not complete if the client is an individual

Corporation (complete A-D) Trust (complete A-D) Partnership (complete A-C) Estate (complete A-C) Group Plan (complete A-H)

A. *Name: _____ *TIN #: _____

B. Authorized Person(s) to transact business:

*Name: _____ *Title/Trustee: _____

Name: _____ Title/Trustee: _____

Authorized Person Form of Identification (Please check one.) Valid Driver's License Passport State Issued ID

Identification Number _____ State/Country _____ Issue Date _____ Exp. Date _____

C. *Street Address: _____ *City, State, Zip: _____

D. *Assets. Cash & Cash Equivalents: (CDs, Money Market, etc.) _____ Stocks: _____ Bonds: _____

Annuities: _____ Mutual Funds: _____ Other: _____ Combined Total Assets: _____

E. Trust or Incorporation Date: _____ State or Country of Incorporation or Trust Agreement: _____

F. *Type of Business: _____

G. *Employer Name: _____ *No. of Employees: <10 10-25 26-50 51-75 76-100 >100

H. *Type of Plan: Startup/New Business Takeover/Rollover Amount: \$ _____

The Plan is: Profit Sharing/Money Purchase Pension Profit Sharing with 401k feature 401k Other: _____

Type of Funding: Exclusive Employer Funding Partial (Split) Funding

I. Important Considerations (includes existing insurance coverage, etc.): _____

TRUSTED CONTACT PERSON

DEFINITION OF TRUSTED CONTACT: The trusted contact person is intended to be a resource for Equitable in administering your account and protecting assets in connection with possible financial exploitation or diminished capacity. The Trusted Contact Person must be 18 years of age or older. Equitable may disclose information about your policy to the Trusted Contact to confirm the specifics of your current contact information, health status, and the identity of any legal guardian, executor, trustee or holder of a power of attorney, and as otherwise permitted by applicable law. The Trusted Contact will not be authorized to transact business on your behalf.

NOTE: The Trusted Contact information below supersedes any previously named Trusted Contact Person. To remove a Trusted Contact without designating a replacement, please check the box indicating you do not want to designate a Trusted Contact.

Trusted Contact Person Information for Primary Owner:	Trusted Contact Person Information for Joint Owner (if applicable):
<input type="checkbox"/> Check this box if you DO NOT want to designate a Trusted Contact To designate a Trusted Contact, please complete the following fields	<input type="checkbox"/> Check this box if you DO NOT want to designate a Trusted Contact <input type="checkbox"/> Check this box if you want to designate the same Trusted Contact as Owner #1. If checked, the fields below do not need to be completed To designate a Trusted Contact, please complete the following fields
<hr/> First Name Last Name	<hr/> First Name Last Name
<hr/> Mailing Address Number and Street	<hr/> Mailing Address Number and Street
<hr/> City State Zip	<hr/> City State Zip
<hr/> Phone Number	<hr/> Phone Number
<hr/> Email Address	<hr/> Email Address
<hr/> Relationship to Owner	<hr/> Relationship to Owner

2. USA Patriot Act Information

Owner Form of Identification (Please check one.)	<input type="checkbox"/> Valid Driver's License	<input type="checkbox"/> Passport	<input type="checkbox"/> State Issued ID
<hr/> Identification Number	<hr/> State/Country	<hr/> Issue Date	<hr/> Exp. Date
Joint Owner Form of Identification (Please check one.)	<input type="checkbox"/> Valid Driver's License	<input type="checkbox"/> Passport	<input type="checkbox"/> State Issued ID
<hr/> Identification Number	<hr/> State/Country	<hr/> Issue Date	<hr/> Exp. Date

3. Financial Household (HH) Information

<p>Client/Owner Gross HH Income (all sources): \$ _____</p> <p>Joint Client/Owner Gross HH Income (if separate HH): \$ _____</p> <p>= *Est. Gross Annual HH Income(s): \$ _____</p> <p>*Est. Monthly Fixed HH Expenses: \$ _____</p> <p>*Fed. Marginal Tax Bracket: <input type="checkbox"/> 10% <input type="checkbox"/> 12% <input type="checkbox"/> 22% <input type="checkbox"/> 24% <input type="checkbox"/> 32% <input type="checkbox"/> 35% <input type="checkbox"/> 37%</p> <p style="text-align: center;">*INVESTMENT EXPERIENCE (IN YEARS)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 15%;">None</th> <th style="width: 15%;"><1</th> <th style="width: 15%;">1-4</th> <th style="width: 15%;">5+</th> </tr> </thead> <tbody> <tr> <td>a) *CDs</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>b) *Stocks</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>c) *Bonds</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>d) *Annuities</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>e) *Mutual Funds</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		None	<1	1-4	5+	a) *CDs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b) *Stocks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c) *Bonds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d) *Annuities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e) *Mutual Funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p style="text-align: center;">*CURRENT HOLDINGS Complete all that apply (a-h)</p> <p>a) Cash & Cash Equivalents: (CDs, Money Market, etc.) \$ _____</p> <p>b) Stocks: \$ _____</p> <p>c) Bonds: \$ _____</p> <p>d) Annuities: \$ _____</p> <p>e) Mutual Funds: \$ _____</p> <p>f) Other Property(ies) Net Equity: (excludes primary residence) \$ _____</p> <p>g) Retirement Accounts (401(k), 403(b), IRA): \$ _____</p> <p>h) Other (529 plans, life policy cash values, alternative investments, etc.): \$ _____</p> <hr/> <p>= i) *Total Assets (above): \$ _____</p> <hr/> <p>*Net Worth (modified: all assets minus debts; excludes primary residence and associated debt): \$ _____</p> <p>*Liquid Net Worth \$ _____</p>
	None	<1	1-4	5+																											
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e) *Mutual Funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																											

4. Insurance Coverage (Not Applicable for Annuity, Brokerage and Equitable Network Sales)

Indicate issuer and policy coverage:

	Client/Owner	Joint Client/Owner or Spouse
Life Insurance	_____	_____
Disability Insurance	_____	_____
Long-Term Care Insurance	_____	_____

Optional

When was the last time your Life Insurance portfolio was reviewed? Date: _____

Do you have sufficient life insurance coverage to address your family's needs? Yes No

Do you have a need for long-term care protection? Yes No

Comments:

5. Goals & Objectives

***What is the primary purpose of this investment/insurance recommendation?**

(Select Only One)

- Education Large Purchase (new home or other large investments) Liquidity (near-term) Tax Deferral/Relief
 Retirement (accumulation/deferred/immediate) Protection Other (business planning/estate preservation/charitable/inheritance-legacy)

***What best describes your investment/insurance objective?**

(Select Only One)

- Safety of Principal - only available for EQUI-VEST® (Income with Capital Preservation for LPL) and Fixed Annuities Income (Income Moderate Growth for LPL)
 Growth & Income Growth Aggressive Growth Trading/Speculation (brokerage only)
 N/A for Life Fixed Products Only *UL/WL/Term

***Are full or partial principal protections or income guarantees important to you?**

(Select Only One)

- Yes No N/A for Life Fixed Products Only *UL/WL/Term

***In making investment/insurance decisions, what concerns you most that your Financial Professional can help you with?**

(Select All That Applies)

- Meeting my financial goals Outliving my investment assets or the income from my investment
 Outspending my investment assets Tax consequences Family protection/Estate planning Other (use section 7)

***What primary risk do you want addressed with this investment/insurance?**

(Select Only One)

- Capitalization (large/mid/small) Concentration (under diversification) Inflation/Purchasing Power Interest Rate Liquidity
 Market Risk Volatility (includes fixed income markets) Income replacement/insuring assets against debt/final expenses

***How do you prefer interacting with your Financial Professional for the account being considered?**

(Select Only One)

- Ongoing advice and service for fee (applicable only to advisory accounts)
 Periodic consultation and service for commission (applicable to brokerage, annuity, direct mutual fund accounts etc.)
 N/A for All Fixed and Variable Life Products Only *TL/UL/WL/VL

* I acknowledge my financial professional will be compensated for the advice/recommendation/service he or she provides.

***Is the funding source for this transaction(s) an ERISA governed retirement plan or IRA rollover?** (See Client Profile Cover Page for a list of ERISA governed plans.)

- Yes No

If no, skip the following section.

ERISA RETIREMENT PLAN AND IRA ROLLOVERS

Investors are to know that pursuant to US Department of Labor guidance, when we provide investment advice to you regarding your Employee Retirement Income Security Act (ERISA) governed retirement plan account or IRA, we are fiduciaries within the meaning of Title I of ERISA and/or the Internal Revenue Code, as applicable, which regulate retirement accounts.

Important Notice: If the funding source is an ERISA-governed retirement plan, please review the following with your financial professional:

- **Retirement Plan Advantages and Disadvantages.** Compared to IRAs, the advantages of retirement plans are likely to include lower overall fees and charges, creditor protection, and many withdrawal options including loans against your plan assets, penalty free withdrawal rights for employees post age 59 ½ and upon termination of employment post age 55, beneficiaries and divorce settlements. Disadvantages, however, may include limited financial professional guidance, limited investment options, the plan may change providers and/or investment options without your consent, former employees are unable to make additional contributions and may not be able to borrow from plan accounts, and you will remain subject to any applicable plan restrictions and limitations including restrictions on periodic withdrawals or charges for withdrawals. In these and other matters, please refer to your plan's governing documents (e.g., your Summary Plan Description and 404a-5 Participant Fee Disclosure).
- **IRA Advantages and Disadvantages.** Compared to retirement plans, the advantages of IRAs include the ability to receive personal investment advice from a financial professional that you choose, more control of your assets and fewer restrictions, access to a broader range of investment product options such as annuities with guaranteed living and death benefits, the ability to consolidate other retirement assets into a single account, and the ability to coordinate portfolio strategies and risk profiles across assets as well as withdrawal strategies and sources. Disadvantages, however, may include higher overall fees and charges, loss of creditor protection if you live in a state that does not have IRA or annuity protection laws, an inability to borrow from your account, and an inability to make certain penalty free withdrawals.

5. Goals & Objectives (Continued)

- **Other Options.** Many employers allow you to retain your assets in the plan even if you change employers or retire. Many plans also allow new employees to roll existing plan assets into their plan. Last, while you do have the option to take a cash distribution (full or partial) from your plan account, cash distributions will likely be subject to federal, state and local taxes, a 10% early withdrawal penalty if you are under age 59½ as well as 20% federal tax withholding. Given these factors and options, you should seek guidance from your plan's governing documents and/or your plan administrator regarding specific features, limitations, fees, or requirements. You should also consult your tax professional.

COMPARISON OF EXISTING AND RECOMMENDED ACCOUNT FEES AND CHARGES

Fund Expense Ratios and 12b-1 Fees. Most mutual funds, UITs and closed-end funds ("mutual funds") and exchange traded funds ("ETFs") charge annual portfolio management & operations fees ("expense ratios") that typically range from 0.02% to 1.0% but can be as high as 1.5% or more for actively managed portfolios. According to a recent Morningstar fee survey, the average expense ratio for actively managed portfolios is 0.68% and 0.13% for passively managed. In addition to Expense Ratios, mutual funds may also charge annual distribution & servicing fees ("12b-1 fees") that range from 0.25% to 1.0% depending upon the share class. 12b-1 fees are charged in brokerage and sponsor-direct IRAs and are typically embedded in an annuity IRA's base contract fee. 12b-1 fees are not present in ETFs or investment advisory IRAs.

As other fees may be present in certain mutual funds, for more accurate fee comparisons, where applicable, your financial professional will use Morningstar Gross Expense Ratios when calculating an account's weighted average expense ratio %. Gross Expense Ratios include all fees and expenses such as the fund's portfolio management fee, 12b-1 fee, other fees.

***Are there guaranteed living and/or death benefit base values that are greater than your account value in your existing retirement plan account or IRA?**

Yes No N/A

If yes, check your primary reason for their surrender:

- The benefit(s) no longer applies to my retirement strategy
- The difference between the account value and the benefit base value(s) is negligible
- The advantages of the recommended account outweigh the loss(es)
- Other (describe in Section 7)

***Is the funding source for this transaction an existing IRA?**

Yes No

If yes, skip to IMPORTANT CONSIDERATIONS IF TRANSFERRING FROM AN EXISTING IRA.

If the answer above is no, is your retirement plan closing or otherwise requiring a distribution?

Yes No N/A

If yes, skip this ERISA RETIREMENT PLAN AND IRA ROLLOVERS section.

IMPORTANT CONSIDERATIONS IF TRANSFERRING FROM A RETIREMENT PLAN

Many employers subsidize their retirement plan fees and expenses to some degree. Unless subsidized, typical total annual fees range from 0.5 to 1.5% or higher. Plan fees vary according to plan size, the provider, your holdings' underlying Expense Ratios, plan administration or similar fees, and any additional services such as an investment advisory overlay program. Your plan account's total annual fees can be estimated by reviewing your current annual 404a-5 Participant Fee Disclosure that your plan provides to you along with a recent (last 12 months) copy of your plan account statement.

If you are unable to obtain a copy of your 404a-5 Participant Fee Disclosure from your employer or plan website after diligent attempts, your financial professional can use your plan account statement and alternative data sources to estimate your total annual fees. Other sources may include data from a reliable industry source such as Morningstar or your plan's filed Form 5500., Because this data may be outdated, it may not accurately reflect you're the actual fees and other characteristics of your retirement plan. Accurate information is important as you compare the fees between your retirement plan account and a recommended IRA.

Please note that SEP and SIMPLE plans do not have 404a-5 Participant Fee Disclosures in which case, reliance on your account statement and other noted information sources is necessary.

If you are rolling assets over from your retirement plan account, please check one of the following:

- I have provided a copy of my 404a-5 Participant Fee Disclosure provided by my plan to my financial professional along with a recent copy of my plan account statement.
- I have provided a recent copy of my SEP or SIMPLE account statement to my financial professional showing my current investments.
- While I have provided my financial professional with a recent copy of my plan account statement, I have been unable to obtain a copy of my 404a-5 Participant Fee Disclosure despite diligent efforts. I understand that in this absence, my financial professional must rely on alternative data sources which as noted above, fees may not accurately reflect the actual information.

Your retirement plan account's current total annual fee (as applicable: the weighted average expense ratio %, group annuity base contract charge %, any other fee %) is estimated at: _____%. This excludes any plan administration or other fees you may periodically incur, if applicable.

5. Goals & Objectives (Continued)

RECOMMENDATION BASIS FOR TRANSFERRING FROM A RETIREMENT PLAN

After reviewing (i) your investment objectives, risk tolerance, financial circumstances, preferences and needs, (ii) and considering your alternatives to a rollover, including leaving the money in your retirement plan; the fees and expenses associated with the plan and the IRA; whether the plan sponsor pays some of all of the plan's administrative expenses; and the different levels of services and investments available under the plan and the IRA, we have concluded that it is in your best interest to transfer your retirement plan assets to an IRA(s) with our firm. This recommendation is based upon your identified need for personalized professional investment advice, either as needed or on an ongoing investment advisory basis which may include discretionary trading. In addition, this recommendation is based on the following needs (check all that apply):

- Access, either now or in the future, to product types and features that may not be available in your retirement plan such as, but not limited to, annuities with guaranteed living and/or death benefits or fixed rate returns, products that provide full or limited downside market protection with upside potential, products that invest in markets not accessible by mutual funds such as non-traded REITs, limited partnerships or business development corporations, etc.
- More control and fewer restrictions concerning your retirement assets
- The ability to consolidate and coordinate with other retirement assets regarding your overall portfolio strategy and risk profile as well as withdrawal strategies
- Services such as performance reporting
- Other material considerations (describe in Section 7)

IMPORTANT CONSIDERATIONS IF TRANSFERRING FROM AN EXISTING IRA

A typical IRA's annual fees and charges are as follows by account/product type.

- **Brokerage and Sponsor-direct IRAs.** Most advisor-sold mutual funds include sales charges and incur annual Expense Ratios in addition to annual 12b-1 fees. ETF sales include an initial sales commission and an annual Expense Ratio but no annual 12b-1 fees. **Important:** If you hold mutual fund investments or other similar investments that incur initial or deferred sales charges, unless you transfer these positions to a new brokerage IRA, the sales charges you previously incurred will have no future value to you.
- **Investment Advisory IRAs.** Mutual fund and ETF holdings in these accounts incur annual Expense Ratios and an annual investment advisory fee on all assets which typically ranges from 1 to 1.5%.
- **Annuity IRA** fees and charges vary depending upon annuity type and share class. Fees include any fund Expense Ratios and annuity base contract fees for deferred variable annuities typically range from 1.0% to 1.75% (includes distribution fee). However, this does not include any living and/or death benefit rider fees or other added services that can contribute to the overall cost. Index-linked and fixed annuities embed their overall fees and charges in their cap and rate determinations. Annuities typically also charge surrender / withdrawal charges if redeemed within specified periods after purchase.

Based on your recent IRA statement and publicly available fund/ETF information, your account's current estimated total annual fee (as applicable: weighted average expense ratio %, investment advisory fee %, annuity base contract and any benefit rider fees %, any other fee %) is estimated at: ____%. This excludes any flat fees or charges you may periodically incur, if applicable.

If applicable, your estimated existing IRA investment surrender/withdrawal charges (may apply to brokerage and sponsor-direct accounts) are \$ _____. N/A

YOUR RECOMMENDED IRA'S FEES AND CHARGES

- **Brokerage or Sponsor-direct IRAs** charge one-time mutual fund sales charges that typically range from 2.5% to 5.5% for the most common Class A shares. Ask your financial professional or see the product prospectus regarding potential sales charge discounts, 12b-1 charges, and other available share class options. Sales charges do not apply to ETFs, stocks and bonds, however, standard brokerage commission rates do apply. See the firm's General Conflicts of Interest Disclosures for the commission schedule.
- Sales charges, commissions, and 12b-1 fees are not charged in **Investment Advisory IRAs** but Expense Ratios still apply and are in addition to the investment advisory fee charged. Typical investment advisory fees range from 1 to 1.5%.
- **Annuity IRA** fees vary depending upon annuity type and share class. In addition to fund Expense Ratios, annual base deferred variable annuity base contract fees typically range from 1.0% to 1.75% (includes distribution/12b-1 fee) along with any living and/or death benefit fees or other added services that can contribute to the overall cost. Index-linked and fixed annuities typically embed their overall fees and charges in their cap and rate determinations. Annuities also incur surrender / withdrawal charges if assets are redeemed within specified periods after purchase. For more information, ask your financial professional or see the product offering materials.

Your recommended IRA's estimated total annual fee (as applicable: weighted average expense ratio %, investment advisory fee %, annuity base contract and any benefit rider fees %, any other fee %) is: ____%. This excludes any flat fees or charges you may periodically incur, if applicable.

Important: Before agreeing to this rollover recommendation, you are advised to carefully consider the long-term impact of any increased costs and the reason(s) why the added benefits justify those added costs, as well as the impact of features such as surrender schedules and index annuity cap and participation rates, as relevant. You should also consider that your financial professional will be compensated for any resulting transactions.

5. Goals & Objectives (Continued)

Risk Tolerance

Your Risk Tolerance is a function of your investment time horizon and appetite for risk. If you are not comfortable selecting a Risk Tolerance using the descriptions below, ask your Financial Professional to help you complete a separate Risk Tolerance Questionnaire.

The **Conservative** investor is generally very sensitive to short term losses. The Conservative investor's aversion to short-term losses could compel him or her to sell their investment and hold a zero risk investment if losses occur. The Conservative investor would accept lower long-term returns in exchange for smaller and less frequent changes in portfolio value.

The **Conservative-Plus** investor is generally sensitive to short-term losses. The Conservative-Plus investor's aversion to losses could compel him or her to shift into a more stable investment if significant short-term losses occur. The Conservative-Plus investor is usually willing to accept somewhat lower returns in order to assure greater safety of his or her investment.

The **Moderate** investor is somewhat concerned with short-term losses and may shift to a more stable option in the event of significant losses. The safety of investment and return are typically of equal importance to the Moderate investor.

The **Moderate-Plus** investor is generally willing to accept high risk and chance of loss in order to achieve higher returns on his or her investment. Significant losses over an extended period may prompt the Moderate-Plus investor to shift to a less risky investment.

The **Aggressive** investor generally aims to maximize long-term expected returns rather than to minimize possible short-term losses. An Aggressive investor values high returns and can tolerate both large and frequent fluctuations in portfolio value in exchange for a higher return over the long run.

***Which Risk Tolerance best describes you?**

Note to Financial Professional: If the client used a firm-approved risk profile determination tool, the results must be properly mapped per firm guidance.

(Select Only One)

Conservative Conservative Plus Moderate Moderate Plus Aggressive N/A for Life Fixed Products Only *UL/WL/Term

***What is your expected investment time horizon (in years) for this recommendation?**

Time horizon applies to all products including fixed insurance - NOTE: the time horizon applies to the point of sale and maintaining the account/contract/policy.

(Select Only One)

1 2 3 4 5 6 7 8 9 10 >10

Note to Financial Professional: Please make sure the Client's Investment Objective is in line with his/her stated Risk Tolerance.

Safety of Principal/ Income with Capital Preservation	Income/Income Moderate Growth	Growth & Income	Growth	Aggressive Growth	Trading/Speculation
Conservative	Conservative	Conservative Plus	Moderate	Moderate Plus	Aggressive
	Conservative Plus	Moderate	Moderate Plus	Aggressive	Aggressive Plus
		Moderate Plus	Aggressive		

5. Goals & Objectives (Continued)

Accounts and Products Grid	Goals and Reasonable Alternatives					
	Education	Large Purchase (i.e. purchasing a home)	Liquidity (near term)	Tax Deferral/ Relief	Retirement/ Income/ Wealth Preservation Managing Risk Accumulation/ Protection	Other
Indexed Universal/ Term/Universal/Whole Life	Depends on Recommendation	✓	Not Recommended	Depends on Recommendation	✓	✓
Life Variable	Depends on Recommendation	✓	Not Recommended	Depends on Recommendation	✓	✓
Corporate Owned Life Insurance	Depends on Recommendation	✓	✓	Depends on Recommendation	✓	✓
Group Retirement Account	Not Recommended	Not Recommended	Not Recommended	✓	✓	✓
Brokerage	✓	✓	✓	✓	✓	✓
Brokerage IRA	Not Recommended	Depends On Time Horizon	Depends On Time Horizon	✓	✓	✓
Mutual Fund/ Mutual Fund Only Account	✓	✓	✓	✓	✓	✓
529 Plan	✓	Not Recommended	Not Recommended	Not Recommended	Not Recommended	Not Recommended
529 ABL Plan	Not Recommended	Not Recommended	Not Recommended	Not Recommended	Not Recommended	✓
Equities/ Exchange-Traded Funds/ Fixed Income	Depends on Recommendation	✓	✓	✓	✓	✓
Advisory Accounts	Not Recommended	✓	✓	✓	✓ Depends on Response	✓ Depends on Response
Third Party Asset Management	Not Recommended	✓	✓	✓	✓ Depends on Response	✓ Depends on Response
Fixed / Immediate Annuities	Not Recommended	Depends on Recommendation Time Horizon	Not Recommended	✓	✓	✓
Variable / Indexed Annuities	Not Recommended	Depends on Recommendation Time Horizon	Not Recommended	✓	✓	✓
Alternative Investments	Not Recommended	Depends on Recommendation Time Horizon	Not Recommended	✓	✓	✓

***Client Acknowledgment**

(Select Only One)

My Financial Professional reviewed my goals and objectives and recommended reasonable alternatives for me to consider. I have decided to follow at least one of my FPs recommendations.

While I appreciate the care provided by the firm and my Financial Professional, I prefer to make my own account and/or product decisions understanding they are not recommended.

The Accounts and Products Grid may not apply to all entities and depending upon unique client circumstances valid exceptions may apply.

6. Product Purchase

*Product: _____ *Tax Type (Qual/NQ/IRA/403(b)/457 Plan): _____ *Amount/Face Amount:\$ _____
(e.g. Retirement Cornerstone)

Equitable Network and Individual Purchases Only.

This section is completed for the client's purchase of:

- Equitable Network non-proprietary group annuity / 401k product:
 Other:

Branch Manager Signature for Equitable Network group annuities / 401K Products / I am familiar with this product and approve this transaction

Branch Manager (BM) Signature:

Print Name:

Date:

Branch Manager signature is NOT required for Association 300+ Series, Equitable Network Variable Life and Annuity, Equitable Network Indexed Life and Annuity, Equitable Network Fixed Deferred and Immediate Annuity and Equitable Fixed Annuity sales.

*Source of Funds for this purchase: (Check box **and** circle sub-item(s)). If more than one box is checked, provide % breakdown. (Must add up to 100%)

- Cash:** Death Claim, Gift, Inheritance, Checking, Savings, Money Market, Payroll Deduction, CDs: _____ %
 Borrowing: Mortgage (including Reverse Mortgage), Personal Loan, Credit: _____ %
 NQ Annuity or Life Insurance: (Replacement, Surrender/Exchange, Policy Loan, Dividend, Withdrawal): _____ %
 Term Conversion - Partial: _____ %
 Term Conversion - Full: _____ %
 Qualified Annuity: (Replacement, Surrender/Exchange, Policy Loan, Dividend, Withdrawal): _____ %
 401K, Pension Plans, Other Group Retirement Plans: _____ %
 NQ: Brokerage, Investment Advisory Assets, Mutual Fund Shares, UIT Shares, Stocks or Bonds: _____ %
 Qualified: Brokerage, ERISA Plan, Investment Advisory Assets, Mutual Funds Shares, UIT Shares, Stocks or Bonds: _____ %
 Employer Contribution: _____ %
 Other: Sale of Car, Home, Business, or Other Asset (specify: _____),
Legal Settlement, Lottery/Gaming Proceeds, Other: _____ : _____ %

*[California Only]

Do you intend to apply for means-tested government benefits, including, but not limited to, Medi-Cal or the veterans' aid and attendance benefit?

- Yes N/A for All Fixed and Variable Life Products Only *TL/UL/WL/VL
 No

7. Single Transaction or Investment Strategy

***Which best describes the client's purchase?**

NOTE: This section is specific to Reg BI covered recommendations applying to retail, natural person clients purchasing Variable and Fixed Annuity and Life products. It does not apply to non-natural person clients such as corporations, LLCs, trusts (except retail/personal trusts) and ERISA group retirement plan accounts (except SEPs), etc. Unless part of a multi-transaction strategy, Reg BI also does not apply to investment advisory accounts).

Additionally, if a funding source of this purchase requires completion of a RAF and/or TAF, the "multi-transaction strategy" option below must be selected.

(Select One Only)

The client is implementing a recommended **multi-transaction investment strategy**. Below, please describe: 1) the steps, e.g., 401k rollover to a guaranteed income VA (50%) and a brokerage account for interest/dividend income and inflation hedging (50%); 2) Your product & client Skill, Cost and Care analysis; 3) Any client-specific considerations (e.g., market volatility fears, low fees & charges, tax considerations, comfort with complex products, etc.); and 4) Other products considered. Please also keep any supporting reports or tool analyses in the client's file or a firm-approved record retention system.

The client is implementing a recommended **single transaction purchase** that is supported by his or her investment profile as described herein and funded by a non-Reg BI covered transaction source(s) such as previously uninvested cash, personal savings, gift/inheritance/death benefit, the sale of a non-insurance/security item, etc. Below, please describe: 1) Your product & client Skill, Cost and Care analysis; 2) Any client-specific considerations (e.g., market volatility fears, low fees & charges, tax considerations, comfort with complex products, etc.); and 3) Other products considered. Please also keep any supporting reports or tool analyses in the client's file or a firm-approved record retention system.

(Also, use this section for comments related to question "What concerns you most that your FP can help you with?" if "Other" was selected.)

8. Additional Information/Acknowledgments

Yes No Is the Client/Owner/Authorized Person associated or registered with or employed by a member firm of FINRA?

If yes, name of member firm: _____

Yes No Are you a Politically Exposed Person?

If Yes, please provide position and country: _____

Yes No N/A The plan sponsor acknowledges receipt of the ERISA Section 408(b)(2) fee disclosure and description of services reasonably in advance of opening this account.

I acknowledge receipt and review of applicable prospectuses and/or ADV's prior to the purchase of and insurance/investment in the recommended strategies, tools, and products. Further, I agree that if the strategy selected is for retirement income purposes that I understand that withdrawals of income that exceed dividend and or similar amounts, or in the case of life insurance cost basis, or in the case of certain types of annuities, the annual roll-up or withdrawal benefit that such withdrawals constitute and aggressive method of obtaining income and could cause greater likelihood and risk of depleting the investment asset.

Yes No Is the Client/Owner/Authorized Person with an interest in the account either (1) a senior military, governmental or political official in a Non-U.S. country or (2) closely associated with or an immediate family member of such official?

If yes, identify the official, office held and country. _____

Yes No *Has a financial plan been prepared by Equitable Advisors for this recommendation in the last 12 months? (Only check for Equitable approved Financial Planning Software non-fee and fee-based plans.)

If yes, plan # or tool name: _____

Client/Owner/Authorized Person. By signing below, I acknowledge that the above information is true and correct.

I acknowledge receipt of the Equitable Advisors, LLC Relationship Summary for Retail Investors (CRS) and the Equitable Advisors, LLC General Conflicts of Interest Disclosure. If I am opening a non-ERISA employer-sponsored retirement plan account (e.g., 403b or 457 plan), I acknowledge receipt of Equitable's "A Word on Employer-Sponsored Plan Offerings" disclosure.

For deferred variable and fixed annuity purchases only: I understand that the annuity for which I am applying may have surrender charges and/or market value adjustment (MVA) charges and that taxes may apply if I withdraw money. **For deferred or immediate**

variable or fixed annuity purchases: I did receive a copy of the NAIC Buyer's Guide, if state required. **For deferred variable annuities:** I did receive a copy of the Equitable Advisors annuities disclosure brochure and reviewed it with my Financial Professional. I understand that if this purchase is for a qualified retirement plan account, any tax deferral features do not provide additional benefit and that my purchase is for the product's features and/or benefits other than tax deferral. I also understand that if I am purchasing an Equitable variable annuity any checks accompanying my application should be made payable to "Equitable". Equitable will hold the funds for my benefit in a non-interest bearing "Special Bank Account for the Exclusive Benefit of Customers" until my application is approved, not approved or returned by Equitable Advisors. I may request the full return of my payment at any time prior to the issuance of the contract by contacting my Financial Professional. **For IRA Owners/Plan Sponsors:** I acknowledge receipt of the Disclosure Notice in accordance with relevant guidance from federal and/or state regulations.

For Retirement Plan and IRA Rollovers (Section 5). If I am rolling assets over from an ERISA-governed retirement plan or IRA, I acknowledge that, as applicable: 1) I have reviewed the Important Notice concerning the advantages and disadvantages of the various retirement plan rollover options; 2) I have successfully or diligently attempted to obtain a copy of my 404a-5 Participant Fee Disclosure for my financial professional; 3) If my financial professional used an alternative data source to estimate my plan account's average expense ratio %, the result may not accurately reflect the actual information; 4) I have provided my financial professional with a recent (last 12 months) copy of my retirement plan account or IRA statement; 5) My employer may subsidize plan fees and charges to some degree and if applicable, it may not be evident in the plan documentation or account statement; 6) I have carefully considered the long-term impact of any increased costs and the reason(s) why the added benefits justify those added costs, as well as the impact of features such as surrender schedules and index annuity cap and participation rates, as relevant; 7) My financial professional will be compensated for any resulting transactions; 8) The information herein is a reasonable approximation based on available information; and 9) This transaction(s) is in my best interest.

Client/Owner/Authorized Person Signature: _____ Date: _____

Is the Joint Client/Owner/Authorized Person with an interest in the account either (1) a senior military, governmental or political official in a Non-U.S. country or (2) closely associated with or an immediate family member of such official?

Yes No If yes, identify the official, office held and country. _____

Joint Client/Owner/Authorized Person Signature: _____ Date: _____

8. Additional Information/Acknowledgments (Continued)

Financial Professional: I have reviewed all sections of the Client Profile with the Client/Owner, if applicable the Joint Client/Owner and acknowledge the information is accurate and current. This includes information collected at the initial point of sale and any subsequent sales. I am familiar with the product(s) being sold and have determined such product(s) is (are) in the best interest of the Client/Owner. The client received the Equitable Advisors, LLC Relationship Summary for Retail Investors (Form CRS) and the Equitable Advisors, LLC General Conflicts of Interest Disclosure, and the client received an NAIC Buyer's Guide. I have provided the client with all required federal, state, and standards of care disclosures. **For deferred variable annuity purchases only:** I have reasonable grounds for believing that the recommendations for this customer to purchase/exchange an annuity is in the client's best interest on the basis of the facts disclosed by the customer as to his/her investments, insurance products and financial situation and needs.

For Retirement Plan and IRA Rollovers (Section 5). In addition to a recent retirement plan or IRA statement, I received and retained in the client's file (Paperclip upload or hard copy), as applicable: 1) a 404a-5 Participant Fee Disclosure; 2) Morningstar data on expense ratios; 3) a Form 5500, 4) Other industry data used to make this recommendation.

If this is retirement plan rollover, I discussed with the client the viability of remaining in the plan to meet his or her needs, including general education on self-directed brokerage accounts, if available. As relevant, we also discussed factors such as the long-term impact of any increased costs; why the rollover is appropriate notwithstanding any additional costs; and the impact of economically significant investment features such as surrender schedules and index annuity cap and participation rates.

For individuals, I have verified the identity of the client/owner(s) by reviewing the driver's license/passport or if taken via the mail, a copy of the driver's license is in the file. I have also confirmed how the client/owner(s) acquired or accumulated the funds used to make this purchase. **For entities,** I have verified the identity of the client/owner by reviewing certified articles of incorporation, business license, partnership agreement or trust agreement and also determined the source of funds. I understand that I have primary responsibility for customer identity verification for non-natural owners, and retained a copy of the documentary proof of the entity's existence and authorized persons in the client's file as required by the Equitable Advisors Compliance Manual.

Financial Professional Signature: _____ Date: _____

EQUITABLE PRODUCER NAME _____

DATE _____

Agent ID # _____

Tax Account Annual Fee Agreement

PLEASE READ CAREFULLY. BY SIGNING BELOW, YOU AGREE TO HAVING READ AND UNDERSTOOD THE FOLLOWING:

I hereby authorize **Realty Benefit Services** to access the checking or savings account provided below solely for the purpose of paying automatic contribution service fees rendered for my tax account.

I understand that the initial fee of \$_____ * will be deducted from the account provided below. I further understand that an annual \$96.00* deduction will be made on the first business day of the calendar year from the account provided below and that I shall incur additional charges in the event any payment is returned for any reason. The current charges are \$25.00 for non-sufficient funds and \$10.00 for failure to notify two weeks in advance of a change in accounts. This would include changes in account numbers that would cause a returned item.

**The annual fee is subject to change.*

Notifications

I agree to provide written notice at least two weeks in advance in the event I wish to close my tax account or stop automatic contributions from my commissions. I further agree to indemnify and hold **Realty Benefit Services** and or their affiliates for charges assessed to my account from my lending institution due to debits for services rendered. I agree to notify **Realty Benefit Services** in writing of any changes to my bank account, this notice will be at least two weeks in advance of any debits. I understand that these services are being provided solely through arrangements with **Realty Benefit Services** and my real estate firm.

In the event I leave my real estate firm, I will notify Realty Benefit Services prior to December of my termination to avoid any further service fees from being deducted in January.

NAME _____

REALTY COMPANY _____

OFFICE LOCATION _____

SOCIAL SECURITY # _____

EMAIL _____

HOME PHONE _____

CELL PHONE _____

SIGNATURE _____

DATE _____

Attach a Voided Check

Account Information

Agent ID # _____

ACCOUNT # _____

FINANCIAL PROFESSIONAL'S NAME _____

Tax Account Automatic Contribution Agreement

NAME _____

HOME ADDRESS _____ CITY _____

STATE _____ ZIP _____ SOCIAL SECURITY # _____ DATE OF BIRTH _____

REALTY COMPANY _____ OFFICE LOCATION _____

Choose Your Contribution Percentage

Please check one:

- This is a new account
- I am changing the contribution percentage to my current account

Please deduct from my commissions the following percentage: (please circle)

5% 10% 15% 20% 25%

30% 35% _____%

PLEASE READ CAREFULLY. BY SIGNING BELOW, YOU AGREE TO HAVING READ AND UNDERSTOOD THE FOLLOWING:

- I understand that these deductions are being made as an accommodation and that my realty company makes no warranty as the amount withheld or the payment of taxes.
- I understand that the accounting department will deposit available funds withheld from my commissions to my tax account at least once a month.
- I understand that enrollments, changes or terminations of the deductions may take up to two weeks to be effective.
- I understand that there may be a (10) day wait on the availability of funds once transmitted to my account.

SIGNATURE _____ DATE _____

Client Disclosure Form

I, _____, am currently acting in the capacity of a registered representative of Equitable Advisors, LLC and an agent of Equitable Network (“Equitable Advisors”) While you may be aware that I also provide third party administration services, those services are wholly independent from any affiliation I have with Equitable Advisors or its subsidiaries. I do not represent Equitable Advisors when providing third party administration services.

You should also know that while I typically provide third party administration services based on a separate fee agreement, when I offer you life insurance, annuities, mutual funds or other security products as an Equitable Advisors Associate, I may receive commissions directly from the provider of these products.

Please sign below to indicate your acknowledge that you have read and understand the above statement. By signing this you also acknowledge that you have read and understand the above statement. By signing this, you also acknowledge that you understand that Equitable Advisors is in no way responsible for the supervision of or control over any third party administration services that have been or will be rendered to you.

Thank you, and I look forward to doing business with you.

CLIENT'S NAME _____

CLIENT'S SIGNATURE _____

DATE _____

Please complete the Putnam mutual fund account application to establish one of the registration types below. A separate application is required for each additional registration. To establish an account registered to a legal entity such as a corporation, partnership, limited liability company, or non-profit foundation, please contact Putnam Investor Services for the correct form(s).

Available registration types and considerations

Individual/Joint Registrations

Individual: An account registered in the legal name of one owner

Joint tenants with rights of survivorship: An account with two or more parties (not an entity) with equal interest in the account

- Upon the death of a tenant, the account goes to the surviving tenants. Upon the death of all tenants, the account goes to the estate of the last surviving tenant.
- This type of registration is **not** available for residents of **Louisiana**.

Tenants in common: An account registered to two or more parties (individuals or entities); all entity types are eligible

- Equal divisible interest in the account is determined by the number of tenants. Upon death, the deceased tenant's interest is distributed per the terms of his or her estate; the surviving tenants must transfer their remaining interest to a new registration.

Community property: An account registered between spouses where each spouse has one-half interest

- Upon death, the deceased spouse's half is distributed per the terms of his or her estate and is taxable; the surviving spouse must transfer his or her remaining interest to a new registration.
- Joint community property registrations are **only** available in the following states: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, and Wisconsin.

Custodial/Fiduciary Registrations

Conservator/Guardian: An account for a court-appointed individual who is responsible for, or administers the property of, a minor or incapacitated adult

- You must provide a copy of the Letter of Appointment of conservator or guardian (**certified by the clerk of the issuing court within 120 days**) which lists the powers of the appointed party as well as any and all restrictions.

Uniform Transfers to Minors Act (UTMA)/Uniform Gifts to Minors Act (UGMA): An account that represents an irrevocable gift that belongs solely to a minor

- Complete Section 1B to provide a donor state (**required**) and to designate a successor custodian in the event of the custodian's resignation, disability or death.

Trust/Estate Registrations

Trust: An account set up as a legal entity managed by a trustee for the benefit of a beneficiary

- The trustor (creator of the trust, also called a grantor or settlor) appoints the trustee via a trust agreement to manage and distribute funds while the trustor is still alive or after his death.
- You must provide an excerpt of the trust, including the first page, all signed pages, and the designation of trustees, **certified within 120 days**. Please provide a copy of IRS Employee Identification Number (EIN) assignment letter, if applicable.

Estate: An account set up by the court appointed fiduciary that consists of the testamentary assets attributable to a deceased individual

- You must provide a copy of the appointment of the executor, administrator, or personal representative (**certified by the clerk of the issuing court within 120 days**). Please provide a copy of IRS Employee Identification Number (EIN) assignment letter, if applicable.

Additional notes

- If you wish to make beneficiary designations on an individual or joint with rights of survivorship registration then Putnam's Transfer on death designation form is also required.
- Additional joint registration options may be available depending on your state of residence. Speak to your financial advisor to determine eligibility rules and requirements.

Putnam mutual fund account application



Return by mail:
Putnam Investments
PO Box 219697
Kansas City, MO 64121-9697

Return by express delivery:
Putnam Investments
430 W 7th Street Suite 219697
Kansas City, MO 64105-1407

For more information:
Putnam Investments
1-800-225-1581
www.putnam.com

Please make checks
payable to The Putnam
Funds



Section 1 Select your registration type

Please complete only one registration type subsection below (1A, 1B or 1C). **All informations within that subsection is required.** If you need space for additional owner/trustees/authorized signers, please use Section 3.

Section 1A - Individual/Joint registrations (if more than one account owner is indicated and no boxes have been checked off below, your account will default to joint tenants with rights of survivorship for all states except for Louisiana which will default to tenants in common)

- Individual
- Joint tenants with rights of survivorship
- Tenants in common
- Community property

Name of account owner

First MI Last Suffix

--	--	--	--

Social Security number

--

Date of birth (mm/dd/yyyy)

--

Name of joint account owner

First MI Last Suffix

--	--	--	--

Social Security number

--

Date of birth (mm/dd/yyyy)

--

Section 1B - Custodial/Fiduciary registrations (review the Putnam mutual fund account application guide for additional requirements)

- UTMA/UGMA account from the donor state of

--

 (required)
- Guardian
- Conservator

Name of custodian or fiduciary

--

Social Security/Tax ID number

--

Date of birth (mm/dd/yyyy)

--

Name of minor or beneficial owner

First MI Last Suffix

--	--	--	--

Social Security number

--

Date of birth (mm/dd/yyyy)

--

Successor UTMA/UGMA custodian designation

--

Social Security/Tax ID number

--

Date of birth (mm/dd/yyyy)

--

Section 1C- Trust/Estate registrations (review the Putnam mutual fund account application guide for additional requirements)

- Trust
- Estate

Name of trust or estate

--

Tax identification number

--

Date of trust (mm/dd/yyyy)

--

Name of trustee or authorized signer

--

Social Security/TaxID number

--

Date of birth (mm/dd/yyyy)

--

Name of co-trustee or co-authorized signer

--

Social Security/Tax ID number

--

Date of birth (mm/dd/yyyy)

--

For the benefit of (if applicable)

First MI Last Suffix

--	--	--	--

Section 2 Provide your address and contact information

Provide the address and contact information for the individuals/entities listed in Section 1. Providing an e-mail address and/or phone number below will replace the current contact information on file with Putnam (if applicable). No changes will be made for fields that are left blank. If you are enrolled in electronic delivery, all notifications will be sent to the e-mail address listed below.

Primary mailing address (street, city, state, ZIP code; **required**)

Primary residential address (street, city, state, ZIP code; **required if the mailing address is a P.O. Box or c/o address**)

Joint/minor/co-trustee/co-authorized signer residential address (street, city, state, ZIP code; **required if different from the primary address**)

Primary contact phone number

E-mail address

Electronic delivery of account documents

I want to "Go Green" and reduce paper, printing and mailing by receiving documents electronically.

By checking the "Go Green" box above, an e-mail will be sent to the e-mail address provided above with a link to Putnam's secure Investor Website, which will allow you to choose your eDelivery options. Documents available for eDelivery include transaction confirmations, quarterly statements, prospectuses, annual/semiannual fund reports, proxy statements, and tax forms. When a new document is available, instead of sending the document to you by U.S. mail, Putnam Investor Services will send you an e-mail notification that the document is available via Putnam's website. Terms and Conditions related to eDelivery will be provided to you prior to confirmation of your elections.

Section 3 Additional account owners

All information is **required** for each additional joint account owner, co-trustee, or co-authorized signer.

Name of joint owner/co-trustee/co-authorized signer

First

MI

Last

Suffix

Social Security number (required)

Date of birth (mm/dd/yyyy)

Joint owner/co-trustee/co-authorized signer residential address (street, city, state, ZIP code; **required if different from the primary address**)

Name of joint owner/co-trustee/co-authorized signer

First

MI

Last

Suffix

Social Security number (required)

Date of birth (mm/dd/yyyy)

Joint owner/co-trustee/co-authorized signer residential address (street, city, state, ZIP code; **required if different from the primary address**)

Section 4 Provide information about your financial advisor

<i>Dealer number</i>	<i>Branch office number</i>	<i>Financial advisor number</i>	<i>Central Registration Depository (CRD) number</i>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<i>Financial advisor name(s) exactly as it appears on firm's registration</i>			
<input style="width: 99%;" type="text"/>			
<i>Financial advisor's firm</i>		<i>Financial advisor's contact phone number</i>	
<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>	
<i>Branch office street address</i>			
<input style="width: 99%;" type="text"/>			
<i>City</i>	<i>State</i>	<i>ZIP code</i>	
<input style="width: 95%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 95%;" type="text"/>	

Note: If you do not designate a financial advisor, or if the broker-dealer firm you designate does not have a selling agreement with the distributor, Putnam Retail Management Limited Partnership ("PRM") will be designated as the default broker-dealer firm of record on your account and will retain all applicable sales charges. You may designate another broker-dealer firm at any time by returning a signed Change of financial advisor form to Putnam Investor Services.

Section 5 Investment instructions

Please indicate how you wish to fund your account. Select all that apply.

- A check is enclosed** / **A check is en route** (make checks payable to Putnam Investments)
- Draft a one-time debit from my checking or savings account for:

\$ (indicate investment elections in Section 6 and bank account information in Section 7)

Note: The one-time debit will be initiated on the date the account is established.

- Draft systematic investments from my checking or savings account (Complete Section 7)
- Transfer assets from an existing Putnam account (additional documentation must be included)

Section 6 Select your funds

Use the Putnam Fund Guide (<https://www.putnam.com/literature/pdf/FM103.pdf>) to select your investment. You must enter the fund name and number for the corresponding share class you wish to establish. If no class of shares is indicated, class A shares will be purchased. Indicate the amount of your initial investment in each fund. For additional fund elections, please attach a separate sheet of paper with fund number, fund name, and dollar amount or percentage. Please make checks payable to The Putnam Funds. If you are moving assets held in Putnam funds to a new registration with Putnam, fund allocations will remain consistent with the originating Putnam account(s) unless otherwise indicated. In addition, the share class must remain consistent with the originating Putnam account(s).

<i>Fund number</i>	<i>Fund name</i>	<i>Dollar amount</i>	<i>or</i>	<i>Percentage</i>
<input style="width: 60px;" type="text"/>	<input style="width: 300px;" type="text"/>	<input style="width: 150px;" type="text"/>	or	<input style="width: 60px;" type="text"/> %
<input style="width: 60px;" type="text"/>	<input style="width: 300px;" type="text"/>	<input style="width: 150px;" type="text"/>	or	<input style="width: 60px;" type="text"/> %
<input style="width: 60px;" type="text"/>	<input style="width: 300px;" type="text"/>	<input style="width: 150px;" type="text"/>	or	<input style="width: 60px;" type="text"/> %
<input style="width: 60px;" type="text"/>	<input style="width: 300px;" type="text"/>	<input style="width: 150px;" type="text"/>	or	<input style="width: 60px;" type="text"/> %
<input style="width: 60px;" type="text"/>	<input style="width: 300px;" type="text"/>	<input style="width: 150px;" type="text"/>	or	<input style="width: 60px;" type="text"/> %
<input style="width: 60px;" type="text"/>	<input style="width: 300px;" type="text"/>	<input style="width: 150px;" type="text"/>	or	<input style="width: 60px;" type="text"/> %
				100%

Section 7 Select your account features (optional)

Section 7A — Bank account information (You must provide a voided check or deposit slip; please do not staple)

Note: Starter checks, brokerage checks and checkwriting checks will not be accepted.

Please provide your bank information to allow subsequent purchases to be sent from your bank account. If the Putnam account owner's name is listed in the bank account registration, you will then be eligible for ACH on-demand purchasing via phone or web.

Attach a preprinted or web-generated voided check/deposit slip or a signed letter from the bank on bank letterhead below. Each of these documents must include: bank name, name(s) as registered on the bank account, routing number and account number.

Check the bank account you would like to use: Checking account Savings account

Please use my enclosed investment check to establish bank account options on my account in lieu of other acceptable documents named above.

tape your document here

Name Address City, State, ZIP	DATE _____
PAY TO THE ORDER OF _____ \$ _____ _____ DOLLARS	
memo: _____	
: 123456789 : 000123456789 : 101	

ABA routing number of financial institution

Bank account number

Name(s) of all bank account owner(s)

Section 7B — Systematic investment plan

Complete this section to establish a new systematic investment plan using the bank account information provided in Section 7A. Please indicate the fund number, fund name, dollar amount, frequency and date for your investments below. Investments will be made into the same share class selected in Section 6 unless otherwise indicated. Putnam requests the draft from your bank account on the business day prior to the investment date. If no date is selected, Putnam will default to the 15th. If the investment date falls on a weekend or a holiday, the investment will be made the next business day. If the investment date falls on a date that does not occur within a particular month (29th-31st), the investment will be made the prior day, unless this day falls on a weekend or holiday then the investment will be made the next business day.

Step 1: Investment allocation

Fund number	Fund name	Dollar amount

Step 2: Option frequency

Choose a frequency below. Putnam will default to once per month if no option is selected:

Frequency: Invest every month or Invest in the month(s) chosen below:

Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec

Indicate investment date(s): Investment date: _____ Additional investment date: (use if you wish to invest multiple times within a month)

(MM/DD)

(DD)

Section 7C — Reduced sales charge

If you already own shares of another Putnam fund, or if you agree to invest a certain amount, you may be able to reduce the sales charge you pay. Shares that have not been assessed a sales charge will not count towards your Cumulative Discount or Letter of Intent. This includes commissionable shares of the Putnam Money Market Fund, the Putnam Government Money Market Fund, and the Short Duration Income Fund, as well as closed end funds and Putnam class Y shares.

Cumulative discount

To qualify for sales charge discounts on class A and M shares, list the account number(s) of other Putnam fund(s) that you or your family (spouse and/or children under age 21) own.

<i>Fund number</i>	<i>Account number</i>

Letter of intent

By checking an amount below, I agree to the terms and conditions for a Letter of Intent as set forth in the Statement of Additional Information (including the escrowing of shares). Although I am not obligated to complete a Letter of Intent, I plan to invest in one or more Putnam funds over a 13-month period an aggregate amount equal to at least the amount of the box checked below. I am aware that if I do not invest at least this amount over a 13-month period any purchases made pursuant to this Letter of Intent will be adjusted to the commission rate that otherwise would apply.

<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$250,000
<input type="checkbox"/> \$500,000	<input type="checkbox"/> \$1,000,000	

Section 7D — Dividends and capital gains

Complete this section to select your dividend and capital gains option. If no option is selected, Putnam will default to reinvest all dividends and capital gains. Please refer to Putnam's distribution payment options authorization form to view an expanded selection of distribution options.

- | | | |
|--|---|---|
| <input type="checkbox"/> Reinvest dividends and capital gains | <input type="checkbox"/> Reinvest dividends; pay capital gains by check to my mailing address | <input type="checkbox"/> Pay dividends and capital gains by check to my mailing address |
| <input type="checkbox"/> Reinvest dividends and capital gains in another Putnam Fund of the same share class (specify below) | <input type="checkbox"/> Pay dividends by check to my mailing address; reinvest capital gains | |

From: fund name or fund number/account number

To: fund name or fund number/account number

Section 7E — Checkwriting

Checkwriting is an option for select Putnam funds, see the fund list included with this application for availability (please note that funds may be unavailable for 7 calendar days following a purchase). Please complete Putnam's Checkwriting privilege form if you would like to utilize this option.

Section 7F — Cost basis accounting method

Please elect a cost basis accounting method for your Putnam accounts. If you do not elect a method, Putnam will default to Average Cost. For the Specific Lot ID method, you must elect a secondary accounting method to be used as an alternate in the event that Specific Lot depletion information is not provided. If no secondary accounting method is elected, Putnam will default to First-In First-Out.

<input type="checkbox"/> Average Cost	<input type="checkbox"/> First-In First-Out	<input type="checkbox"/> High Cost	<input type="checkbox"/> Specific Lot ID: Secondary accounting method	
<input type="checkbox"/> Loss/Gain Utilization	<input type="checkbox"/> Last-In First-Out	<input type="checkbox"/> Low Cost		

Putnam will carry forward your cost basis election to any new accounts established within your registration. If you would like to use different cost basis accounting methods for different accounts, you must complete the Cost basis accounting method election form.

Section 8 Authorize Putnam to open your account

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

Unless I have checked the box above, Putnam Investor Services is authorized to act upon redemption instructions up to \$100,000 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. For eligible redemptions without a medallion guarantee, the address on record must be maintained at Putnam for a minimum of 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 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 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.

Important notice regarding Putnam's privacy policy: By signing this application, I acknowledge that Putnam's privacy policy is available for viewing and printing via Putnam's website at <https://www.putnam.com/policies/>

Federal law requires the Putnam funds to obtain the name, residential or business address, Social Security or tax identification number, and date of birth for each registered owner, including trustees, opening a new account in order to verify their identities. For certain entities such as trusts, estates, or other non-corporate 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. The information you provide may be shared with third parties for the purpose of verification subject to the terms of Putnam's privacy policy.

If I have completed the bank account information in Section 7A, I authorize my bank/credit union to accept debit/credit entries initiated by Putnam Investor Services to my account and to debit/credit, as requested, the same to my account, without responsibility for correctness thereof or for the existence of any further authorization relating thereto. I authorize Putnam to make a follow-up attempt in retrieving any monies that are denied due to insufficient funds (i.e., systematic purchase bounce). I agree to indemnify and hold harmless my/our bank/credit union, the Putnam funds, and Putnam Investor Services 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 that have already occurred at the time of the attempt to rescind. This waiver of the rescission right applies to both ACH investments in and ACH redemptions from the Putnam funds. This authorization may be terminated by me at any time by written notification to Putnam Investor Services, with reasonable time given to implement my/our request.

For bank account information (Section 7A), Putnam does not assess a fee for federal bank wire and/or ACH transactions on your account(s). Some banks/credit unions may not offer ACH transactions or may charge a fee to conduct such transactions. Please check with your financial institution for information regarding eligibility, fees and applicable routing number(s) for federal bank wire and/or ACH transactions.

If I have completed a Letter of Intent (LOI) in Section 7C, I agree that the minimum initial investment, which will be held in escrow until the full LOI amount is purchased, is 5% of the amount checked. If I invest less than the LOI amount, shares may be redeemed from my account to cover the higher sales charge. If I invest more, the sales charge will only be adjusted when and if my dealer refunds Putnam its portion of the adjustment. I will not receive LOI credit for shares purchased by dividend reinvestment.

By signing below, I/we certify under penalties of perjury that:

1. The number shown on this form is my correct taxpayer identification number
2. I am not subject to backup withholding because:
 - a. I am exempt from backup withholding or
 - b. I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends (cross out (b) if you have been notified by the IRS that you are currently subject to backup withholding), or
 - c. The IRS has notified me that I am no longer subject to backup withholding
3. I am a U.S. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are:
 - a. An individual who is a U. S. citizen or a U.S. resident alien
 - b. An estate (other than a foreign estate), or
 - c. A domestic trust (as defined in Treasury Regulation 301.7701-7)
4. I am exempt from FATCA reporting

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Section 8 Authorize Putnam to open your account (continued)

My/Our signature(s) below indicates that I/we have read the fund prospectus(es) and agree to the terms therein and herein, and agree to receive a copy of Putnam's privacy notice with the confirmation of my/our investment.

Signature of Owner/Custodian/Trustee/Authorized Signer

Date (mm/dd/yyyy)

Print name of signature above

Signature of Joint Owner/Co-Trustee/Co-Authorized Signer

Date (mm/dd/yyyy)

Print name of signature above

Signature of Joint Owner/Co-Trustee/Co-Authorized Signer

Date (mm/dd/yyyy)

Print name of signature above

Signature of Joint Owner/Co-Trustee/Co-Authorized Signer

Date (mm/dd/yyyy)

Print name of signature above

Signature of bank account owner

If the checking or savings account indicated in Section 7A is not that of the Putnam account owner, an individual whose name appears on the bank account registration must sign below (only one bank account owner must sign). By signing below the bank account owner authorizes purchases to be made from the bank account.

Signature of bank account owner (if different from Putnam account owner, only one bank account owner must sign)

Date (mm/dd/yyyy)

Print name of signature above

Checkwriting privilege



Return by mail:
Putnam Investments
PO Box 219697
Kansas City, MO 64121-9697

Return by express delivery:
Putnam Investments
430 W 7th Street Suite 219697
Kansas City, MO 64105-1407

For more information:
Putnam Investments
1-800-225-1581
www.putnam.co



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.

Section 1 Account owner information

<i>Name of owner/custodian/trustee/entity</i>	<i>Social Security/Tax ID number (required)</i>	<i>Date of birth (mm/dd/yyyy)</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>

<i>Name of joint owner/minor/co-trustee/authorized party</i>	<i>Social Security/Tax ID number (required)</i>	<i>Date of birth (mm/dd/yyyy)</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Contact phone number

Note: Providing a phone number above will replace the current contact information on file with Putnam (if applicable). If this field is left blank, no changes will be made.

Section 2 Eligible funds

When a check is presented for payment, shares in your account will be redeemed at that day's NAV to cover the amount of the check. An additional amount of shares may be redeemed to cover any applicable contingent deferred sales charge. The checkwriting privileges established by this application are specific to the account number(s) in which the privileges are assigned. If your account number is changed for any reason, you must complete a new checkwriting privilege application to establish checkwriting for the new account number.

Putnam's checkwriting privilege is available in any of these Putnam Funds 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:

<i>Fund number</i>	<i>Account number</i>	or	<i>New fund name</i>
<input type="text"/>	<input type="text"/>		<input type="text"/>

Section 3 Trust, Partnership, or Association certification

Trusts, partnerships and associations are required to complete the fields below. Additional documentation may be required, please contact Putnam Investments for more information. **Authorized signers named to act must complete Section 5.**

Name of Entity

Authorized signer(s)

I hereby certify that the authorized person(s) named above is/are authorized to redeem Putnam shares from the Fund by use of the checkwriting privilege. To change the authorized signature(s), written instructions must be received by Putnam Investor Services in the proper format.

PLACE SVP STAMP BELOW

<i>Certifying signature</i>	<i>Title</i>
<input type="text"/>	<input type="text"/>

Print name of signature above

Date (mm/dd/yyyy)

Section 4 Corporate Resolution

This section must be completed when the owner is a corporation. Generally, this section is signed by the secretary or other recording officer of the corporation in his/her capacity as custodian of corporate records. If the secretary or other recording officer signing the resolution is also named in the resolution as authorized to act, at least one other officer must also be authorized to act (except in the case of a sole officer). If your corporation has only one officer, the signature of that sole officer of the corporation must be guaranteed by an investment dealer or bank and must be signed with the title of the officer as the sole officer. To change the authorized signatory(ies), written instructions must be received by Putnam Investor Services, Inc. in the proper format. **Authorized officers named to act must complete Section 5.**

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 redeem Putnam shares from the Fund by use of the checkwriting privilege. I, secretary or other recording officer of the Corporation listed above incorporated under the laws of the state listed above hereby certify that the foregoing resolution is in conformity with the charter and bylaws of this corporation and was adopted at a meeting of the Board of Directors of the corporation duly called and held on (print date) at which a quorum was present and acting throughout, and that the same is now in full force and effect.

CORPORATE SEAL OR SVP STAMP BELOW

Secretary or other recording officer signature

Title

Print name of signature above

Date (mm/dd/yyyy)

Section 5 Signature card authorization

All registered owners (individual or joint) or authorized signers (corporation, trust, partnership, or an association) must sign within the white spaces provided below in black ballpoint ink. If you have been a customer with Putnam for more than 60 days, an **SVP stamp is required for each signature.**

By signing the below signature card, the signatory(ies) agrees to be subject to the instructions and rules as now in effect and as amended from time to time, of the Fund(s) and of a bank designated by Putnam Investor Services, Inc. (the "designated subcustodian bank"), as they pertain to the use of redemption checks; therefore all registered owners must sign this signature card. Each signatory guarantees the genuineness of the other's signature.

The designated subcustodian bank is hereby appointed agent by the shareholders signing this card and, as such agent, is directed to request redemption of shares of such Putnam fund(s) as designated by the shareholders from time to time, and as recorded on Putnam's records, upon receipt of, and to the amount of, checks drawn upon the account(s). In so acting, the designated subcustodian bank shall be liable only for its own negligence. Shareholders will be subject to the designated subcustodian bank's rules, regulations, and associated laws governing check collection. It is further agreed that the above rules and regulations may be changed, modified, or terminated at any time upon notification mailed to the shareholder's address recorded on Putnam's records.

As set forth in the fund's prospectus, purchases made by check or ACH deposit may be held for up to 7 calendar days in order to collect payment. A check written against your fund account may be returned unpaid by the designated custodian bank if your fund account does not have sufficient collected funds to cover the amount of your check.

Signature of Owner/Custodian/Trustee/Authorized Signer

Signature of Joint Owner/Co-Trustee/Co-Authorized Signer

Print name of signature above

Print name of signature above

Date (mm/dd/yyyy)

Date (mm/dd/yyyy)

Check here if more than one signature is required. If this box is not marked, only one signature will be required on checks. See above for terms of agreement.

PLACE SVP STAMP BELOW

PLACE SVP STAMP BELOW

Add or change bank account information



Return by mail:

Putnam Investments
P. O. Box 219697
Kansas City, MO 64121-9697

Return by express delivery:

Putnam Investments
430 W 7th Street Suite 219697
Kansas City, MO 64105-1407

For more information:

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



Use this form to authorize telephone purchase or redemption instructions by an electronic funds transfer between Putnam and your bank account. You may also use this form to update bank information for existing account options. Redemptions and distributions may have tax implications and/or result in additional fees. Consult your financial intermediary or tax advisor with any questions. All references herein to the singular (i.e., "I" or "my") include the plural as applicable.

Important: Redemption and/or distribution options require a Signature Validation Stamp (SVP) for each Putnam account owner's signature in Section 7. Purchase options require each bank account owner's signature in Section 8 to authorize the use of the bank account unless their signature has already been provided in Section 7 as a Putnam account owner.

Please note that additional restrictions will apply in some scenarios:

- This form cannot be used by a power of attorney;
- UGMA/UTMA accounts can only be redeemed (1) by check or (2) to a bank account which is (a) solely in the name of the minor or (b) held in the same UGMA/UTMA registration as the Putnam account;
- Guardian or Conservator accounts are only eligible for telephone redemption privileges by check;
- Coverdell ESA accounts can only be distributed (1) by check or (2) to a bank account which is (a) solely in the name of the Putnam beneficiary or (b) in the name of an eligible educational institution for the benefit of the Putnam beneficiary;
- Putnam as Trustee plans; 401(k), 403(b), money purchase pension, and profit-sharing plans are not eligible to redeem by telephone or initiate purchases through the Automated Clearing House (ACH). This form can be used to update the destination of an existing systematic distribution program to a bank account;
- IRA Rollover and Roth Conversion accounts are not eligible for direct contributions. If you do not have a Putnam retirement account which is eligible for direct contributions and wish to establish one, please submit the appropriate Traditional or Roth IRA adoption agreement; and
- Associations, charities, foundations, and hospitals are not eligible to redeem by telephone.

Section 1 Account owner information

Name of owner/custodian/trustee/entity

Social Security/Tax ID number (required)

Date of birth (mm/dd/yyyy; required)

Name of joint owner/minor/co-trustee/authorized party

Social Security number (required)

Date of birth (mm/dd/yyyy; required)

Contact phone number

E-mail address

Note: Providing an e-mail address and/or phone number above will replace the current contact information on file with Putnam (if applicable). No changes will be made for fields that are left blank. If you are enrolled in electronic delivery, all notifications will be sent to the e-mail address listed above.

Section 2 Putnam account(s) to update

All registered owners for each Putnam account listed below must complete Section 7

Account number

Account number

Account number

Section 3 Redemption options to add/replace (SVP stamp required in Section 7)

Indicate the specific option(s) you wish to add/replace (all other options will remain unchanged). If you establish the option for telephone redemptions to a bank by ACH or wire, you will automatically receive the option to request telephone redemptions by check.

3A: Telephone redemption options

- Update existing telephone redeem by ACH/check Add new telephone redeem by ACH/check
 Update existing telephone redeem by wire/check Add new telephone redeem by wire/check

If you only wish to establish the option for telephone redeem by check, select the option below (some registration restrictions may apply).

- Add telephone redeem by check

3B: Systematic redemption option

This option is only available for accounts with an existing systematic redemption program (including a required minimum distribution program). For accounts without a systematic redemption program, no updates will be made. To establish a new systematic redemption program, please contact Putnam for the appropriate form.

- Update existing systematic redemption by ACH

Note: If the systematic redemption program is currently stopped, select one of the options below. If no selection is made, the program will remain stopped.

- I do not wish to restart my existing systematic redemption program at this time (default)
 I wish to restart my existing systematic redemption program with the previously existing frequency and dollar amount(s)

Section 4 Purchase options to add/replace (bank owners not listed on the Putnam account must sign Section 8)

Indicate the specific option(s) you wish to add/replace (all other options will remain unchanged). If you establish the option for telephone purchase by ACH, you will also be eligible for on-demand purchases by web.

4A: Telephone purchase option

- Update existing telephone purchase by ACH Add new telephone purchase by ACH

4B: Systematic purchase option

This option is only available for accounts with an existing systematic purchase program. For accounts without a systematic purchase program, no updates will be made. To establish a new systematic purchase program, please contact Putnam for the appropriate form.

- Update existing Systematic purchase by ACH

Note: If the systematic purchase program is currently stopped, select one of the options below. If no selection is made, the program will remain stopped.

- I do not wish to restart my existing systematic purchase program at this time (default)
 I wish to restart my existing systematic purchase program with the previously existing frequency and dollar amount(s)

Section 5 Dividend and/or capital gain distribution options (SVP stamp required in Section 7)

This option is only available for accounts with dividend and/or capital gain distributions already set to "cash" as either a check or by ACH to a bank account. For accounts with dividends/capital gains set to reinvest, no updates will be made. To update dividends/capital gains from reinvest to "cash," please submit the Distribution payment options authorization form.

- Update dividend distributions by ACH
 Update capital gain distributions by ACH

Section 6 Bank account information

Please provide your updated bank information below. 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. If the authorized signer(s) of the bank account are not named on the voided check/deposit slip, then a signed letter from the bank on bank letterhead is required to confirm all authorized signers. 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: 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 your document here

Name	DATE _____
Address	
City, State, ZIP	
PAY TO THE ORDER OF _____	\$ _____
_____	DOLLARS
memo: _____	_____
: 123456789	: 000123456789
	: 101

ABA routing number of financial institution

Bank account number

Name(s) of all bank account owner(s)

Some banks may utilize a different routing number for wire transactions. If you are opting into both ACH and wire transactions in Section 3 and your bank utilizes a different routing number for wires, please provide the wire capable routing number below:

ABA wire routing number of financial institution (if different from ACH routing number)

Section 7 Putnam account owner authorization

I authorize my bank/credit union to accept credit entries initiated by Putnam Investor Services, Inc., to my account and to credit, as requested, the same to my account, without responsibility for correctness thereof or for the existence of any further authorization relating thereto. I also authorize my bank/credit union to accept debit entries initiated by Putnam Investor Services, Inc., to reverse or otherwise correct any erroneous credit to my bank/credit union account. 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 that have already occurred at the time of the attempt to rescind. This waiver of the rescission right applies to both ACH investments in and ACH redemptions 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. Putnam Investor Services, Inc. may amend or terminate this agreement at any time. You will be notified before any such changes go into effect. For bank account information, Putnam does not assess a fee for federal bank wire and/or ACH transactions on your account(s). Some banks/credit unions may not offer ACH transactions or may charge a fee to conduct such transactions. Please check with your financial institution for information regarding eligibility, fees and applicable routing number(s) for federal bank wire and/or ACH transactions.

If you have notified Putnam Investor Services of an address change within the past 15 days, additional requirements may apply. 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 the Putnam funds, Putnam Investment Options, Putnam Investor Services, Inc., the State of Nevada, the Nevada College Savings Trust Fund and the Board of Trustees of the College Savings Plans of Nevada 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 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.

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.

When updating any redemption/distribution instructions, **a Signature Validation Program (SVP) stamp is required for each signature.** An SVP stamp is a stamped assurance for non-financial transactions by a financial institution that indicates a signature is valid.

Signature of Owner, Trustee, or Authorized Signer **(required)**

Print name of signature above

Current date (mm/dd/yyyy)

Signature of Joint Owner, Co-Trustee, or Authorized Signer **(required if applicable)**

Print name of signature above

Current date (mm/dd/yyyy)

PLACE SVP STAMP BELOW



PLACE SVP STAMP BELOW



Section 8 Bank account owner authorization

I authorize my bank/credit union to accept credit entries initiated by Putnam Investor Services, Inc., to my account and to credit, as requested, the same to my account, without responsibility for correctness thereof or for the existence of any further authorization relating thereto. I also authorize my bank/credit union to accept debit entries initiated by Putnam Investor Services, Inc., to reverse or otherwise correct any erroneous credit to my bank/credit union account. 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 that have already occurred at the time of the attempt to rescind. This waiver of the rescission right applies to both ACH investments in and ACH redemptions 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. Putnam Investor Services, Inc. may amend or terminate this agreement at any time. You will be notified before any such changes go into effect. For bank account information, Putnam does not assess a fee for federal bank wire and/or ACH transactions on your account(s). Some banks/credit unions may not offer ACH transactions or may charge a fee to conduct such transactions. Please check with your financial institution for information regarding eligibility, fees and applicable routing number(s) for federal bank wire and/or ACH transactions.

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 the Putnam funds, Putnam Investment Options, Putnam Investor Services, Inc., the State of Nevada, the Nevada College Savings Trust Fund and the Board of Trustees of the College Savings Plans of Nevada 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 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.

Signature of bank account owner(s)

All individuals named on the bank account registration in Section 6 who did not already sign as a Putnam account owner in Section 7 must sign below to authorize the use of the bank account for purchase (investment) options. By signing below the bank account owner(s) authorize purchases to be made from their bank account.

Signature of bank account owner (**required if different from Putnam account owner**)

Current date (mm/dd/yyyy)

Print name of signature above

Signature of bank account owner (**required if different from Putnam account owner**)

Current date (mm/dd/yyyy)

Print name of signature above

Account Application Non-Retirement

A1

Account Number

Rep ID

Financial professional instructions: To be used for all brokerage and direct business non-retirement accounts. For more detailed information on the appropriate paperwork requirements for all registration types, please consult the appropriate account opening checklist located in the resource center. For existing accounts, this form should only be used for adding or removing account holders or to change the registration.

Please email the completed form to EquitableAdvisors.imaging@lpl.com or fax to (858) 202-8602.

ATTENTION: Any alterations must be initialed by all account holders.

Section I: Account Information

1. Account Type (choose only one)

Account updates required by LPL Operations

Each account holder must receive, read and understand the contents of the applicable Account Packet (Account Packet - Equitable Advisors Master). This separate packet contains the Account Agreement and any Program Brochures that detail the relationship between you, your financial professional, Equitable Advisors, LLC (Equitable Financial Advisors in MI and TN), LPL Financial and other related parties as applicable to your account.

Brokerage Direct Business Other (Please specify):

Is this a new account for a broker/dealer change? No Yes (Attach the Broker/Dealer Change Form F21-EQH)

2. Registration Type (choose only one)

- Individual Guardianship/Conservatorship* Estate* Corporate*
- Tenants in Common Custodian for Minor Personal Trust* Non-Profit Organization*
- Community Property Coverdell ESA* Partnership*
- Joint Tenants With Right of Survivorship 529 Plan (Direct Business Only) Limited Liability Company*
- Other (Please specify):

*Additional documentation required. Financial professional should refer to the detailed procedures for the registration type on the resource center.

3. Registration Information

Social Security Number or Tax ID

Fill in your current residency status: (choose only one)

U.S. Citizen Resident Alien (copy of Resident Alien card required)

Account Registration

Country of Citizenship

Mailing Address

Home Phone

Mobile Phone

Business Phone

Fax Number

Is this account for a Government Entity? Yes No

1. If yes, is this account for a municipal entity? Yes No

Answer the question below only if you answered "yes" this is a municipal entity – If you answered "No" this is not a municipal entity, you may skip and move to the next question.

2. Will this municipal account contain proceeds of municipal securities or municipal escrow investments? Yes No

a) If "no", this municipal account does not hold nor will it hold proceeds of municipal securities or municipal escrow investments. Please list below the source of funds that will be invested in this account:



Equitable Advisors, LLC (Equitable Financial Advisors in MI and TN) • Member FINRA/SIPC
LPL Financial LLC A Registered Investment Advisor • Member FINRA/SIPC

F1BN-EQH
Revised 0221



Section I: Account Information (continued)

3. Registration Information (continued)

- Is your account holder considered an "institutional account" based on one or more of the following definitions per FINRA Rule 4512(c): Yes No
1. A bank, savings and loan association, insurance company or registered investment company;
 2. An investment adviser registered either with the SEC under Section 203 of the Investment Advisers Act or with a state securities commission (or any agency or office performing like functions); or
 3. Any other person (whether a natural person, corporation, partnership, trust or otherwise) with total assets of at least \$50 million

Section II: Investment Objective and Associated Risk

1. Investment Objective Selection

Select the one Investment Objective below that most accurately reflects your primary goal for this account. An Investment Objective identifies the attributes associated with an investment or investment strategy that, in association with its level of risk, will be used to help achieve your goal. There is no guarantee that the investment objective will be achieved.

- A. Income with Capital Preservation. Emphasis is placed on generation of current income with capital loss prevention. With little to no focus on growth, this account may suit investors with a conservative risk tolerance and short time horizon. Account risks are mostly related to not generating significant income or returns and not keeping track with inflation.
- B. Income with Moderate Growth. Emphasis is placed on generation of current income with secondary focus on moderate capital growth. With added moderate growth focus, this account may suit investors with a conservative to conservative-plus risk tolerance and short to intermediate time horizon. Account risks are mostly related to the quality of the issuer and fluctuating interest rates.
- C. Growth with Income. Emphasis is placed on modest capital growth with some focus on generation of current income. With a growth focus, this account may suit investors with a conservative-plus, moderate or moderate-plus risk tolerance and intermediate time horizon. Account risks are mostly related to market volatility and the size of market capitalization.
- D. Growth. Emphasis is placed on achieving growth through and capital appreciation. There is little to no focus on generation of current income. This account may suit investors with a moderate, moderate-plus or aggressive risk tolerance and an intermediate to long-term time horizon. Account risks are mostly related to market volatility and the size of market capitalization.
- E. Aggressive Growth. Emphasis is placed on aggressive growth and maximum capital appreciation. There is no focus on generation of current income. This account may suit investors with a moderate plus to aggressive risk tolerance and a long time horizon. Account risks are mostly related to market volatility, size of market capitalization and other risks as applicable.
- F. Trading. Emphasis is placed on speculative transaction activity. This objective represents acceptance of an extremely high level risk.

Attention: If you select an objective and cross it out to choose another, the change must be initialed by all account holders.

Section III: Account Holder Information

For corporate, LLC, non-profit organization, partnership, and investment club accounts, this section is NOT required. Complete the appropriate supplementary documentation instead. For additional account holders, complete the Supplemental Account Application (F1C-EQH).

1. Primary Information

Primary Account Holder/Trustee/Minor/529 Owner			Occupation (former if retired or unemployed)		ID Type (Ex: Driver's License, Passport, etc.)
<input type="text"/>			<input type="text" value="Realtor"/>		<input type="text"/>
Social Security Number	Date of Birth	No. of Dependents	Industry (former if retired)	ID Place of Issuance	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="Real Estate"/>	<input type="text"/>	
Residence Address (no P. O. Boxes) <input type="checkbox"/> Same as mailing address			Employer Name <input type="checkbox"/> Mark here if retired or unemployed	ID Number	
<input type="text"/>			<input type="text"/>	<input type="text"/>	
Country of Citizenship			Employment Address	ID Issuance Date	ID Expiration Date
<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone	Mobile Phone	Business Phone	ID verified? <input type="radio"/> Yes <input type="radio"/> No		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Fax Number			<input type="text"/>		

Is this account for the benefit of a Politically Exposed Person (PEP)*? Yes No

If yes, define PEP position:

*A Politically Exposed Person (PEP) is defined as: 1. A current or former senior foreign (non-U.S.) political figure; 2. His/her immediate family members (e.g., parents, spouse, sibling, children, in-laws); 3. Close associates - People who are widely and publicly known to maintain a close relationship with the PEP, including people who are in a position to conduct substantial financial transactions on behalf of the PEP; 4. Any corporation, business or other entity that has been formed by, or for the benefit of, the PEP.



Section III: Account Holder Information (continued)

1. Primary Information (continued)

The trusted contact person is intended to be a resource for LPL and/or Equitable Advisors in administering your accounts and protecting your assets in connection with possible financial exploitation or diminished capacity (refer to account packet/agreement for more details). LPL and/or Equitable Advisors may disclose information about your account(s) to the Trusted Contact to confirm the specifics of your current contact information, health status, and the identity of any legal guardian, executor, trustee or holder of a power of attorney, and as otherwise permitted by applicable law. Note: Your trusted contact person must be age 18 or older, and would not be able to conduct transactions in your account.

I decline to provide a trusted contact person at this time.

Trusted Contact Name

Trusted Contact Email

Trusted Contact Address

Trusted Contact Primary Phone

Relationship to Account Holder (Spouse, Relative, Friend, Professional Relationship, Other)

Mark here and complete the below information if a FINRA employee or person associated with a broker/dealer or municipal securities dealer has a financial interest in, controls trading in, or has discretionary authority over this account (e.g., accounts for minor children). This includes situations where you are employed by FINRA or associated with a broker/dealer or municipal securities dealer. This also includes situations where your spouse, domestic partner, or other immediate family member is employed by FINRA or associated with a broker/dealer or municipal securities dealer.

LPL will notify FINRA, the broker/dealer, or the municipal securities dealer regarding this account and may transmit duplicate statements, confirmations and other information concerning the account. By completing and signing this new account application, you authorize LPL to provide transactional data as listed above to FINRA, the broker/dealer, or municipal securities dealer as applicable.

Full Name of Person Associated with Firm or FINRA

Relationship to Account Holder of Person Associated with Firm or FINRA

Name of Associated Firm (if FINRA, list FINRA)

Address of Person Associated with Firm or FINRA

Corporate Compliance Mailing Address of Firm

Mark here if you or any member of your immediate family has been a corporate officer, director, or owner of 10% or more of any public corporation within the past three months.

Name of Corporation(s)

2. Secondary Information

Secondary Account Holder/Trustee/Custodian/529 Beneficiary

Occupation (former if retired or unemployed)

ID Type (Ex: Driver's License, Passport, etc.)

Social Security Number

Date of Birth

No. of Dependents

Industry (former if retired)

ID Place of Issuance

Residence Address (no P. O. Boxes) Same as mailing address

Employer Name Mark here if retired or unemployed

ID Number

Employment Address

ID Issuance Date

ID Expiration Date

Country of Citizenship

ID verified?

Yes No

Home Phone

Mobile Phone

Business Phone

Fax Number

Is this account for the benefit of a Politically Exposed Person (PEP)*? Yes No

If yes, define PEP position:

*A Politically Exposed Person (PEP) is defined as: 1. A current or former senior foreign (non-U.S.) political figure; 2. His/her immediate family members (e.g., parents, spouse, sibling, children, in-laws); 3. Close associates - People who are widely and publicly known to maintain a close relationship with the PEP, including people who are in a position to conduct substantial financial transactions on behalf of the PEP; 4. Any corporation, business or other entity that has been formed by, or for the benefit of, the PEP.



Section III: Account Holder Information (continued)

2 Secondary Information (continued)

The trusted contact person is intended to be a resource for LPL and/or Equitable Advisors in administering your accounts and protecting your assets in connection with possible financial exploitation or diminished capacity (refer to account packet/agreement for more details). LPL and/or Equitable Advisors may disclose information about your account(s) to the Trusted Contact to confirm the specifics of your current contact information, health status, and the identity of any legal guardian, executor, trustee or holder of a power of attorney, and as otherwise permitted by applicable law. Note: Your trusted contact person must be age 18 or older, and would not be able to conduct transactions in your account.

I decline to provide a trusted contact person at this time.

Trusted Contact Name Trusted Contact Email

Trusted Contact Address

Trusted Contact Primary Phone Relationship to Account Holder (Spouse, Relative, Friend, Professional Relationship, Other)

Mark here and complete the below information if a FINRA employee or person associated with a broker/dealer or municipal securities dealer has a financial interest in, controls trading in, or has discretionary authority over this account (e.g., accounts for minor children). This includes situations where you are employed by FINRA or associated with a broker/dealer or municipal securities dealer. This also includes situations where your spouse, domestic partner, or other immediate family member is employed by FINRA or associated with a broker/dealer or municipal securities dealer.

LPL will notify FINRA, the broker/dealer, or the municipal securities dealer regarding this account and may transmit duplicate statements, confirmations and other information concerning the account. By completing and signing this new account application, you authorize LPL to provide transactional data as listed above to FINRA, the broker/dealer, or municipal securities dealer as applicable.

Full Name of Person Associated with Firm or FINRA Relationship to Account Holder of Person Associated with Firm or FINRA Name of Associated Firm (if FINRA, list FINRA)

Address of Person Associated with Firm or FINRA Corporate Compliance Mailing Address of Firm

Mark here if you or any member of your immediate family has been a corporate officer, director, or owner of 10% or more of any public corporation within the past three months. Name of Corporation(s)

Section IV: Financial Information and Experience

1. Investment Information

Enter the letter that corresponds to the correct range:

Annual income? Net worth? (exclusive of primary residence) Liquid net worth?* Approximate account value?***

A. \$1 - \$24,999	B. \$25,000 - \$49,999	C. \$50,000 - \$99,999	D. \$100,000 - \$249,999
E. \$250,000 - \$499,999	F. \$500,000 - \$749,999	G. \$750,000 - \$999,999	H. \$1,000,000 and over

Specify the exact source of Account Holder Wealth and Income (e.g. Inheritance, employment salary, sale of real estate, etc.) Federal income tax bracket? (%)

Investment Experience (total number of years):

Indicate the number of years of experience for each investment type:

Annuities Mutual Funds Partnerships Margin Stocks Bonds Options

Other (please specify):



Section IV: Financial Information and Experience (continued)

1. Investment Information (continued)

What are your assets/investments (includes positions held outside and by LPL in this and other accounts)? Please indicate percentage of assets exclusive of primary home (must equal 100%). Do not provide percentages in fractions or decimals.

Real Estate	____%	Mutual Funds	____%	Checking / Savings	____%	Annuities	____%
Insurance	____%	Stocks	____%	Alternative Investments	____%	Bonds	____%
Other	____%	If Other, please explain <input type="text"/>					

*Liquid net worth is exclusive of real estate; only include assets that can be liquidated within 30 days.
**Account minimums apply; see the applicable Account Packet for details or ask your financial professional.

2. Investment Time Horizon and Liquidity Needs

What is your investment time horizon for this account?

1-3 years 3-5 years 5-10 years More than 10 years

Do you have liquidity needs from the funds in this account? Yes No

If yes, when do you need these funds? 0-3 years More than 3 years

Section V: Margin Agreement

1. Margin Disclosure Statement Information (not all account types are eligible to have margin, ask your financial professional for details)

A margin account allows you to borrow against eligible securities or purchase securities on margin. Initial below if you want to establish a margin account and to indicate that you have received the Margin Disclosure Statement, have read the margin disclosure section in the Account Packet referenced in Section I, and agree to the terms and conditions.

Date Margin Disclosure Statement provided: ALL account holders must initial. _____ _____ _____ _____
Initials Initials Initials Initials

Section VI: Acknowledgment and Execution

1. Delivery Preferences If you have provided your email address in this application, you may elect to receive documents from LPL electronically.

Email

- Yes, I want to receive all documents from LPL electronically (including, but not limited to, communications, account statements, trade confirmations, performance reports and legal and regulatory notices and disclosures), to the extent permitted by applicable law. I acknowledge that I need to (i) maintain an active email account to receive notifications from LPL when documents are available, (ii) login to Account View and accept its terms and conditions of use before I am able to view the documents electronically, and (iii) be responsible for certain costs associated with electronic access, such as Internet service fees. This preference for electronic delivery will remain in effect until revoked.
- No, I do not want to receive documents from LPL electronically. Please send me paper copies of all communications related to my account. This is the default selection if "Yes" is not selected above.

You may revoke your election to receive electronic documents or request paper copies of electronic documents at any time by logging into Account View or contacting your Financial Professional.

2. Name Differences/One and the Same Information (not to be used in lieu of court documentation for legal name changes)

List any name differences that you are known by or commonly use in the space provided. By listing the names below and signing Section VI, you are authorizing LPL to accept transactions and follow instructions under all names listed.



Section VI: Acknowledgment and Execution (continued)

3. Acknowledgment

I acknowledge by signing below that I have received, read, understand and agree to the terms of this Account Application and the applicable Account Agreement (included in the Account Packet specified in Section I). Additionally I certify the following:

- I acknowledge that my Financial Professional has explained the fees and charges associated with this account and any proposed transactions. If my account is being funded with proceeds from a prior investment, my Financial Professional has explained the rationale for using such proceeds in this manner.
- I acknowledge I have received the Equitable Advisors, LLC Relationship Summary and General Conflicts of Interest Disclosure (which are provided with the Account Packet specified in Section I).
- I understand and agree to the terms of the Automatic Cash Sweep Program set out in the Account Agreement.
- All of the information provided in this Account Application is true, correct, and complete and I agree to notify my financial professional of any changes to the information.
- I understand that LPL will supply my name to issuers of any securities held in my account so that I may receive important information regarding those securities, unless I notify LPL in writing not to do so.
- I acknowledge that proceeds from liquefied home equity on my primary residence will not be used to fund this account.
- I have discussed with my financial professional the investment objective selected for the account in Section II of this Application.
- I understand that investing through a brokerage account involves investment risk, including the risk of loss. I am prepared to bear the risks associated with my investments.
- I understand and agree that it is my responsibility to inform my financial professional any time I purchase class A shares of a mutual fund in the same fund family as a fund that I own either individually or in related accounts, in order to ensure that I receive the appropriate commission discount.
- I understand no portion of this account can be used as collateral without authorization of LPL Home Office which shall be obtained through the completion of required LPL documentation.
- In the event that I choose to pledge eligible LPL accounts as collateral to a lender for a loan or line of credit, I acknowledge that I cannot and will not use the proceeds from any loan or line of credit to purchase securities.

Disclosure for Section 529 Plan Accounts only:

By signing this form, Account Holder acknowledges that Account Holder(s) understands that: Section 529 plans are offered by different states; that those plans generally provide unique benefits and features to state residents only; and that Account Holder has carefully considered the potential tax and other benefits of the Section 529 plan offered by Account Holder's state of residence as well as the potential tax and other benefits of the Section 529 plan(s) offered through Equitable Advisors.

Under penalties of perjury, I hereby certify that: (1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, (3) I am a U.S. person (including a U.S. resident alien), and (4) I attest I am exempt from FATCA Reporting. (However, if you provide an IRS W-8 form, it will supersede this statement and you may be subject to FATCA Reporting.) (Cross out (2) if subject to backup withholding.) The Internal Revenue Service does not require my consent to any provision of this document other than the certifications required to avoid backup withholding.

This account is governed by and I acknowledge receipt of the predispute arbitration clause that is located in the last numbered section of the Account Agreement (included in the Account Packet specified in Section I), which is incorporated by reference into this Account Application.

I authorize LPL and/or Equitable Advisors to contact my trusted contact person listed above. I understand that providing this information is optional and I may withdraw it at any time.

For IRA Owners/Plan Sponsors: I acknowledge receipt of the Disclosure Notice in accordance with relevant guidance from the Department of Labor.

Account Holder Signature	Account Holder Name (print)	Date (required)
Account Holder Signature	Account Holder Name (print)	Date (required)
Account Holder Signature	Account Holder Name (print)	Date (required)
Account Holder Signature	Account Holder Name (print)	Date (required)

4. Branch Use Only

I have reviewed this document for completeness, accuracy, suitability, and disclosures.

Financial Professional Signature	Financial Professional Name (print)	Rep ID	Date (required)
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