529 APPAI 03/13

FRANKLIN TEMPLETON INVESTMENTS

Franklin Templeton 529 College Savings Plan[1]
Automatic Investment Plan Application

Complete this form to establish or change an automatic investment plan from your bank account into an existing Franklin Templeton 529 College Savings Plan. To open a new account, complete a Franklin Templeton 529 College Savings Plan Application available at franklintempleton.com.

1 AUTOMATIC INVESTMENT PLAN AUTHORIZATION

Please establish or change my automatic investment transfers directly from my bank account according to the options selected below. Please allow up to 15 business days from receipt by Franklin Templeton Investments for initial processing.

ACCOUNT NUMBER	AMOUNT ($50 minimum for each)	START MONTH	FREQUENCY (select one)	INVESTMENT DATE[2] (select one)
	$		☐ monthly ☐ annually ☐ quarterly	☐ 1st ☐ 10th ☐ 20th ☐ 5th ☐ 15th ☐ 25th
	$		☐ monthly ☐ annually ☐ quarterly	☐ 1st ☐ 10th ☐ 20th ☐ 5th ☐ 15th ☐ 25th
	$		☐ monthly ☐ annually ☐ quarterly	☐ 1st ☐ 10th ☐ 20th ☐ 5th ☐ 15th ☐ 25th
	$		☐ monthly ☐ annually ☐ quarterly	☐ 1st ☐ 10th ☐ 20th ☐ 5th ☐ 15th ☐ 25th

If the portfolio account(s) and the bank account identified below DO NOT include at least one common owner, all bank account owners must sign in Section 2 and have their signatures guaranteed; and all registered owners signing in Section 2 must also have their signatures guaranteed.

NAME(S) (PRINT AS SHOWN ON FRANKLIN TEMPLETON 529 ACCOUNT REGISTRATION)

☐ Checking account
☐ Savings account

Bank name

Bank routing number

Bank account number

NAME(S) (PRINT AS SHOWN ON BANK ACCOUNT REGISTRATION)

TAPE A PREPRINTED VOIDED CHECK OR PREPRINTED SAVINGS ACCOUNT DEPOSIT SLIP HERE. PLEASE DO NOT STAPLE.

XXX XXXX
XXX XXXXXXX XXXXX
XXXXXXXXXXX, XX XXXXXX

XXXXX

DATE

VOID

PAY TO THE ORDER OF:

DOLLARS

FOR

XXXX XXX XXXX XXXX XXXXX XXXXXX XXXXX

1. Offered and administered by the New Jersey Higher Education Student Assistance Authority (HESAA); managed and distributed by Franklin Templeton Distributors, Inc., an affiliate of Franklin Resources, Inc., which operates as Franklin Templeton Investments. No federal or state guarantee. Principal value may be lost, and investing in the plan does not guarantee admission to college or sufficient funds for college. Please refer to the *Investor Handbook* for more complete information.
2. If the Investment Date falls on a weekend or holiday, the transaction will be made on the following business day.

2 AUTHORIZED SIGNATURES

Certain capitalized terms herein are used as defined for purposes of the current *Investor Handbook*, which contains a description of the Franklin Templeton 529 College Savings Plan, including information about actions taken by this form.

By signing below, I authorize Franklin Templeton Distributors, Inc., or its designee ("Distributors"), its agents, and their affiliates, to act on instructions believed to be genuine and from me for the service authorized on this form. The Automatic Investment Plan is subject to conditions set forth in the *Investor Handbook*. By completing Section 1 on this form, I authorize Distributors to initiate debit entries to my Account at the financial institution indicated and for the financial institution to debit the same to such Account through the Automated Clearing House (ACH) System, subject to the rules of the financial institution, ACH, and Distributors. I certify that I am an owner of the bank account identified on this form and that my signature alone is sufficient to authorize. Distributors may correct any transaction error with a debit or credit to my financial institution account and/or Franklin Templeton 529 Account. This authorization, including any credit or debit entries initiated thereunder, is in full force and effect until I notify Distributors of its revocation by telephone or in writing and they have had sufficient time to act on it.

SIGNATURE X _____ Date _____

SIGNATURE GUARANTEE STAMP (if required)

SIGNATURE X _____ Date _____

SIGNATURE GUARANTEE STAMP (if required)

SIGNATURE X _____ Date _____

SIGNATURE GUARANTEE STAMP (if required)

SIGNATURE X _____ Date _____

SIGNATURE GUARANTEE STAMP (if required)

PLEASE MAKE A PHOTOCOPY OF THE COMPLETED FORM FOR YOUR RECORDS

Please mail to	WEST COAST	EAST COAST
	Franklin Templeton 529 College Savings Plan P.O. Box 997153 Sacramento, CA 95899-7153	Franklin Templeton 529 College Savings Plan P.O. Box 33090 St. Petersburg, FL 33733-8090
Overnight	3344 Quality Drive Rancho Cordova, CA 95670-7313	100 Fountain Parkway St. Petersburg, FL 33716-1205

FRANKLIN TEMPLETON INVESTMENTS

HESAA HIGHER EDUCATION STUDENT ASSISTANCE AUTHORITY

© 2013 Franklin Templeton Investments. All rights reserved.