



529 College Savings Plan Automatic Investment Plan Form

If completing by hand, please print clearly in CAPITAL LETTERS using blue or black ink.

If applicable, provide any Franklin Templeton case number(s) related to your request:

1 ACCOUNT INFORMATION

Account Owner first name	M.I.	Last name	Suffix
Email address ¹	Account Owner SSN/TIN		
Primary phone number	Alternate phone number		
()	()		

2 AUTOMATIC INVESTMENT PLAN

Complete this section to establish an automatic investment plan directly FROM a bank account TO your Franklin Templeton 529 College Savings Plan portfolio(s).

- Franklin Templeton may take up to 15 days to establish your automatic investment. \$25 investment minimum per portfolio.
- If Frequency and Investment Date are not selected, we will default to monthly on the 20th.
- If the Investment Date falls on a non-business day, the transaction will be made on the following business day.
- Select only one investment date, unless you select twice a month as the frequency.
- If you select twice a month as the frequency, the selected dates must be at least 10 days apart. If you do not select two dates or select dates that are not 10 days apart, we will default to the 1st and the 15th.

Select ONE of the following:

- ☐ Apply to all portfolio(s) listed under the SSN/TIN provided in Section 1. \$ per portfolio.
Specify your start month, frequency and investment date below.

START MONTH

FREQUENCY (select one)

INVESTMENT DATE

☐ monthly ☐ quarterly ☐ 1st ☐ 10th ☐ 20th
☐ twice a month ☐ annually ☐ 5th ☐ 15th ☐ 25th

OR

- ☐ Specify a different start month, frequency and investment date(s) for only the portfolio(s) listed below.

PORTFOLIO NAME/NUMBER/ACCOUNT NUMBER

AMOUNT

START MONTH

FREQUENCY (select one)

INVESTMENT DATE

	\$		<input type="checkbox"/> monthly <input type="checkbox"/> twice a month	<input type="checkbox"/> quarterly <input type="checkbox"/> annually	<input type="checkbox"/> 1st <input type="checkbox"/> 5th	<input type="checkbox"/> 10th <input type="checkbox"/> 15th	<input type="checkbox"/> 20th <input type="checkbox"/> 25th
	\$		<input type="checkbox"/> monthly <input type="checkbox"/> twice a month	<input type="checkbox"/> quarterly <input type="checkbox"/> annually	<input type="checkbox"/> 1st <input type="checkbox"/> 5th	<input type="checkbox"/> 10th <input type="checkbox"/> 15th	<input type="checkbox"/> 20th <input type="checkbox"/> 25th
	\$		<input type="checkbox"/> monthly <input type="checkbox"/> twice a month	<input type="checkbox"/> quarterly <input type="checkbox"/> annually	<input type="checkbox"/> 1st <input type="checkbox"/> 5th	<input type="checkbox"/> 10th <input type="checkbox"/> 15th	<input type="checkbox"/> 20th <input type="checkbox"/> 25th
	\$		<input type="checkbox"/> monthly <input type="checkbox"/> twice a month	<input type="checkbox"/> quarterly <input type="checkbox"/> annually	<input type="checkbox"/> 1st <input type="checkbox"/> 5th	<input type="checkbox"/> 10th <input type="checkbox"/> 15th	<input type="checkbox"/> 20th <input type="checkbox"/> 25th
	\$		<input type="checkbox"/> monthly <input type="checkbox"/> twice a month	<input type="checkbox"/> quarterly <input type="checkbox"/> annually	<input type="checkbox"/> 1st <input type="checkbox"/> 5th	<input type="checkbox"/> 10th <input type="checkbox"/> 15th	<input type="checkbox"/> 20th <input type="checkbox"/> 25th

1. If you currently receive any electronic communications/documents from Franklin Templeton, future communications/documents will be sent to the email address provided on this form, replacing any prior email address on file.

FRANKLIN TEMPLETON 529 COLLEGE SAVINGS PLAN ACCOUNT OWNER'S SIGNATURE ONLY

The Account Owner named in Section 1 must sign this form. See previous page for signature requirements.

X _____ Date _____
Signature of Franklin Templeton 529 College Savings Plan Account Owner

IF REQUIRED, PLACE NOTARY STAMP/SEAL HERE.

BANK ACCOUNT OWNER(S) SIGNATURE(S) ONLY

Any bank account owner who is not an owner of the Franklin Templeton 529 College Savings Plan Account must sign below. See previous page for signature requirements.

X _____ Date _____ X _____ Date _____
Signature of Bank Account Owner Signature of Bank Account Owner

IF REQUIRED, PLACE NOTARY STAMP/SEAL HERE.

IF REQUIRED, PLACE NOTARY STAMP/SEAL HERE.

(For use by Notary Public Only)

On _____ before me, _____ personally appeared
Date Name of Notary Public

Names(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of _____ that the foregoing paragraph is true and correct.
Name of state in which Notary is licensed

WITNESS my hand and official seal. X _____
(Signature of Notary Public)

BEFORE YOU SUBMIT...

TO ESTABLISH OR CHANGE AN AUTOMATIC INVESTMENT PLAN – DID YOU PROVIDE?

- ☐ A typed form or form handwritten in capital letters using blue or black ink.
- ☐ A Franklin Templeton case number related to your request on page 1 (if you were provided with one).

SECTION 1

- ☐ Full first and last name
- ☐ Social Security number/TIN
- ☐ Email address

SECTION 2

- ☐ Portfolio name(s)
- ☐ Amount, start month, frequency and investment date(s) for each

SECTION 3

- ☐ Pre-printed voided check, savings deposit slip or letter from your bank on the bank's letterhead included with your completed form

SECTION 4

- ☐ The signature of the Franklin Templeton 529 College Savings Plan Account Owner and date signed
- ☐ The signature of the Bank Account Owner(s) and date signed (if applicable)
- ☐ Notary stamp (if applicable)

MAKE A PHOTOCOPY OF THE COMPLETED FORM FOR YOUR RECORDS

IMPORTANT: If an original signature guarantee or notary is required you may NOT email or fax your documents.

EMAIL	FAX	MAIL
<ul style="list-style-type: none">• Emails MUST include an attachment (PDF preferred) of your request and related case number(s) to be accepted.• If you have not been registered on franklintempleton.com for at least 15 calendar days, call (866) 362-1597 to request a case number to reference in your email. <p>Financial professionals: ftrequests@franklintempleton.com</p> <p>Shareholders: shrequests@franklintempleton.com</p>	(855) 891-8377	<p>You may use any of the below mailing addresses:</p> <p>Regular Mail</p> <ul style="list-style-type: none">• Franklin Templeton 529 College Savings Plan P.O. Box 33090 St. Petersburg, FL 33733-8090• Franklin Templeton 529 College Savings Plan P.O. Box 997153 Sacramento, CA 95899-7153 <p>Overnight</p> <ul style="list-style-type: none">• Franklin Templeton 529 College Savings Plan 100 Fountain Parkway N. St. Petersburg, FL 33716-1205• Franklin Templeton 529 College Savings Plan 3344 Quality Drive Rancho Cordova, CA 95670-7313



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