



**FRANKLIN
TEMPLETON**

529 College Savings Plan Account Revision Form

529 FREV 11/22

Use this form to add, change or discontinue account options on an existing Franklin Templeton 529 College Savings Plan Account.

- **IMPORTANT: Section 1 and Section 11 are required for ALL requests.**
- To change your contact information, complete Section 2.
- To change the Account Owner or terminate custodianship on an UGMA/UTMA 529 Plan, complete Section 3.
- To designate or change the Successor Account Owner, complete Section 4.
- To change the Beneficiary, complete Section 5.
- To add or change bank information, complete Section 7.
- To add or change an automatic investment plan, complete Section 8.
- To reallocate the investment option(s), complete Section 9.
- A signature guarantee or notary may be required in Section 11.

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 CURRENT ACCOUNT INFORMATION

Portfolio-Account number(s)

Account Owner/Trustee first name M.I. Last name Suffix OR Name of Trust/Other Entity

Account Owner
Date of birth (mm/dd/yyyy) Account Owner SSN/TIN

Beneficiary first name M.I. Last name Suffix Beneficiary
Date of birth (mm/dd/yyyy) Beneficiary SSN/TIN

2 CHANGE CONTACT INFORMATION

Complete the fields below to update your existing contact information for all Portfolio-Account numbers provided in Section 1.

Email address¹ Primary phone number Alternate phone number
() ()
Mailing address (include any APT, BLDG, STE number) City State ZIP

If you are updating the address, select ONE of the following:

- ☐ New address for the Account Owner and Beneficiary
- ☐ New address for the Account Owner only
- ☐ New address for the Beneficiary only

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.

Complete this section to change the Account Owner of the Franklin Templeton 529 College Savings Plan Account(s) provided in Section 1.

• **IMPORTANT INFORMATION ABOUT PROCEDURES FOR CHANGING THE ACCOUNT OWNER.** Federal law requires all financial institutions to obtain, verify and record information that identifies each person who gains ownership of an account. What this means for you: if you become the Account Owner, we will ask for your name, address, date of birth and other information that will allow us to identify you. If you fail to provide all requested information, it may delay or prevent us from changing the Account Owner, and if we are unable to verify the information you provide, we will revert to the prior Account Owner.

- If the current account registration is in an UGMA/UTMA or other Custodianship/Trust and the Custodian/Trustee has changed, provide the name, Social Security number and date of birth of the new Custodian/Trustee below.
- If a new portfolio is established, the broker-dealer of record on the current portfolio will be carried over to the new portfolio(s). If the new Account Owner wishes to remove or change the broker-dealer of record, complete the *Change of Broker-Dealer Form*.

NEW ACCOUNT OWNER INFORMATION

Account Owner/Trustee first name	M.I.	Last name	Suffix	OR	Name of Trust/Other Entity
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
Street address of residence (no P.O. Box address)		City	State	ZIP	
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	
Mailing address (if different from street address)		City	State	ZIP	
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	

☐ **CHECK HERE IF THE ADDRESS FOR THE BENEFICIARY SHOULD BE CHANGED TO THE NEW ACCOUNT OWNER'S ADDRESS.** If the box is not selected, the Beneficiary's address will remain the same as currently on file.

SSN/ITIN	Date of birth (mm/dd/yyyy)	Primary phone number	Alternate phone number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address ²			
<input type="text"/>			

Select your employment status: ☐ Employed ☐ Self-Employed ☐ Retired ☐ Not Employed

Occupation Title	Employer name
<input type="text"/>	<input type="text"/>
Employer address	City
<input type="text"/>	<input type="text"/>
	State
	ZIP
	<input type="text"/>

DESIGNATION OR CHANGE OF SUCCESSOR ACCOUNT OWNER

You may name a Successor Account Owner, unless your Plan Account is funded with proceeds from an UGMA/UTMA account or a trust is named as the Account Owner. The Successor Account Owner must be age 18 or older and takes the place of the Account Owner only in the event of the Account Owner's death and has all the rights and responsibilities of the original Account Owner with regard to the Plan Account, including the ability to make deposits to the Plan Account, the right to make withdrawals from the Plan Account, the right to change the Beneficiary of the Plan Account, and the responsibility for the Account Owner's tax liability in the event of a withdrawal. See the *Program Description* for details.

Successor Account Owner first name	M.I.	Last name	Suffix	SSN/ITIN	Date of birth (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address				Primary phone number	
<input type="text"/>				<input type="text"/>	
Street address of residence (if different from Account Owner address – no P.O. Box address)		City	State	ZIP	
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	

OR

Trust Name	Trust date (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>

2. 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.

5 CHANGE OF BENEFICIARY

Complete this section to change the Beneficiary of the Franklin Templeton 529 College Savings Plan Account(s) provided in Section 1. The units specified below will be transferred to the designated portfolio for the new Beneficiary.

- If the new Beneficiary has an existing Plan Account, provide the Portfolio-Account number in the **To Portfolio-Account Number** field below.
- If a Portfolio-Account number is not specified in the **To Portfolio-Account Number** field below, the units will be transferred to an identical Plan portfolio in the new Beneficiary's Plan Account. Any age-based investment will be transferred to the appropriate age-based portfolio for the age of the new Beneficiary.
- If you wish to change the portfolio investment(s) for the new Beneficiary, complete Section 9.
- If a new portfolio is established, the broker-dealer of record on the current portfolio will be carried over to the new portfolio(s). If the Account Owner wishes to remove or change the broker-dealer of record, complete the *Change of Broker-Dealer Form*.
- **NOTE:** For an UGMA/UTMA, a change of Beneficiary is **NOT** permitted. For Custodianships or Trusts, the court or trust document must allow a change of Beneficiary.

5A TRANSFER INSTRUCTIONS

Please specify the amount to be transferred to the new Beneficiary.

NOTE: If a dollar amount or percentage is not specified below, 100% of the amounts invested in each applicable Portfolio-Account will be transferred to the designated Portfolio-Account for the new Beneficiary.

FROM PORTFOLIO-ACCOUNT NUMBER	TO PORTFOLIO-ACCOUNT NUMBER	DOLLAR AMOUNT OR PERCENTAGE TO BE TRANSFERRED TO THE NEW BENEFICIARY		
		\$	OR	%
		\$	OR	%
		\$	OR	%
		\$	OR	%
		\$	OR	%

5B NEW BENEFICIARY INFORMATION

Beneficiary first name	M.I.	Last name	Suffix
Street address of residence (if different from Account Owner address – no P.O. Box address)		City	State ZIP
SSN/ITIN	Date of birth (mm/dd/yyyy)	Relationship to former Beneficiary ³	

6 ELECTRONIC DELIVERY (eDELIVERY)

Complete this section to select your electronic delivery options. **IMPORTANT: Your email address is required in Section 2 or Section 3.**

- If you select an eDelivery option below, you will receive an email in order to complete the eDelivery enrollment process or update your current eDelivery elections.
- When you complete the eDelivery enrollment process, statements, notifications⁴ and/or tax documents will be sent to the email address provided in Section 2 or Section 3. If you do not complete the eDelivery enrollment process by accepting the Electronic Delivery Agreement, we will send statements, notifications⁴ and tax documents to your mailing address.
- If you do not select an eDelivery option, statements, notifications⁴ and tax documents will be sent based on your current eDelivery elections. If no eDelivery elections are on file for you, we will send statements, notifications⁴ and tax documents to your mailing address.

Select **ALL** that apply:

- ☐ I want eDelivery of my statements and notifications⁴
- ☐ I want eDelivery of my tax documents

3. New Beneficiary must be a "member of the Family" as defined in the *Program Description*.

4. Notifications may include transaction confirmations, prospectuses, shareholder reports, proxy materials, *Program Description* and other notifications.

Please establish/change electronic transfers to or from my bank account for all Portfolio-Account numbers provided in Section 1. Only one bank account can be linked to my Franklin Templeton account(s) for purchases and redemptions. If my bank or credit union is not an Automated Clearing House (ACH) member, this service is not available.

NOTE: If you previously declined the Telephone Redemption Privilege but would like Telephone Purchases, please review the important information regarding Telephone Purchases and Telephone Redemptions in Section 11 of this form.

- These bank instructions will be established for purchases, automatic investment plan transfers and redemptions.
- Any bank account owner who is not an owner of the Franklin Templeton 529 College Savings Plan Account must sign in Section 11.
- If the Franklin Templeton 529 College Savings Plan Account and the bank account DO NOT include at least one common owner, you and all of the bank account owners must have your signatures notarized in Section 11.
- No checks? Include a preprinted savings account deposit slip or letter from your bank, on its letterhead and signed by an officer. The deposit slip or letter must include the bank account registration, account number, account type and bank routing number. Do not staple to the form. Handwritten information on the savings deposit slip or bank letterhead is not acceptable.
- **IMPORTANT:** Requests to send proceeds electronically within 15 days of establishing or changing bank instructions may need to be signature guaranteed, otherwise your proceeds will be sent by check to your address of record.

Select ONE of the following options:

- ☐ Use my enclosed letter from my bank.
- ☐ Use my enclosed preprinted voided check.
- ☐ Use my enclosed preprinted checking deposit slip.
- ☐ Use my enclosed preprinted savings deposit slip.

Bank routing number (9 digits) Bank account number

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8 AUTOMATIC INVESTMENT PLAN – ESTABLISH, CHANGE OR DISCONTINUE

Complete the applicable sections below to establish, change or discontinue an automatic investment plan directly FROM a bank account TO your Franklin Templeton 529 College Savings Plan portfolio(s).

- ☐
- Establish or change an automatic investment plan. Complete the information below.

- Franklin Templeton may take up to 15 days to establish your automatic investment. \$25 investment minimum per portfolio.
- If the 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-Account numbers 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 OR PORTFOLIO 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

- ☐ Discontinue my automatic investment plan. **Select ONE of the following:**

- ☐ Apply to all Portfolio-Account numbers provided in Section 1.

- ☐ Apply only to Portfolio-Account number(s):

9 INVESTMENT CHANGES

Complete this section to reallocate the assets in your Plan Account. **Total allocation must equal 100%.**

- You may reallocate the assets in your Plan Account to one or more other investment options(s) twice every calendar year OR whenever you change the Plan Account's Beneficiary. All contributions will be invested in the same share class as selected when the Plan Account was established.
- The Franklin U.S. Government Money 529 Portfolio is not insured or guaranteed by the Federal Deposit Insurance Corporation or any other government agency and it is possible to lose money by investing in the portfolio.

Investment Option	Percentage
Age-Based Asset Allocations	
Franklin Conservative Allocation 529 Portfolio (age-based)	_____ %
Franklin Moderate Allocation 529 Portfolio (age-based)	_____ %
Franklin Growth Allocation 529 Portfolio (age-based)	_____ %
Objective-Based Asset Allocations	
Franklin Conservative Allocation 529 Portfolio	_____ %
Franklin Conservative Growth Allocation 529 Portfolio	_____ %
Franklin Growth Allocation 529 Portfolio	_____ %
Franklin Moderate Allocation 529 Portfolio	_____ %
Franklin Moderate Growth Allocation 529 Portfolio	_____ %
Franklin Aggressive Growth Allocation 529 Portfolio	_____ %
Individual Portfolios	
Ariel 529 Portfolio	_____ %
BrandywineGLOBAL Global Opportunities 529 Portfolio	_____ %

Investment Option	Percentage
Individual Portfolios (cont'd)	
ClearBridge Large Cap Value 529 Portfolio	_____ %
ClearBridge International Growth 529 Portfolio	_____ %
ClearBridge Sustainability Leaders 529 Portfolio	_____ %
Franklin DynaTech 529 Portfolio	_____ %
Franklin Growth 529 Portfolio	_____ %
Franklin Income 529 Portfolio	_____ %
Franklin Small-Mid Cap Growth 529 Portfolio	_____ %
Franklin U.S. Large Cap Index 529 Portfolio	_____ %
Franklin U.S. Government Money 529 Portfolio	_____ %
Martin Currie International Sustainable Equity 529 Portfolio	_____ %
Western Asset Short-Term Bond 529 Portfolio	_____ %
Western Asset Core Plus Bond 529 Portfolio	_____ %
TOTAL (must equal 100%)	100%

10 ONLINE AND TELEPHONE PRIVILEGES

You and your financial professional automatically have the convenience of Online and Telephone Exchange and Redemption privileges unless you check below. If bank information is identified in Section 7, you and your financial professional have the convenience of Online and Telephone Purchases and Redemptions via electronic funds transfer, UNLESS you check below. You cannot opt out of telephone privileges and opt in for online privileges, or vice versa. Review your *Program Description* for a discussion of these privileges.

- ☐ I do **NOT** want Online and Telephone Exchange Privileges.
- ☐ I do **NOT** want Online and Telephone Redemption Privileges (if you decline this privilege, the Online and Telephone Purchase Privileges will not be available).
- ☐ I do **NOT** want Online and Telephone Purchase Privileges (if you decline this privilege and accept the Online and Telephone Redemption Privileges, redemptions will only be available by check).

Certain capitalized terms used in this form herein are defined as provided in the current *Program Description*, which contains a description of the Franklin Templeton 529 College Savings Plan, including information about actions achieved through use of this form.

BY SIGNING IN SECTION 11, I CERTIFY AND AGREE THAT:

- I understand that this plan is offered and administered by the New Jersey Higher Education Student Assistance Authority (HESAA) and managed and distributed by Franklin Distributors, LLC, an affiliate of Franklin Resources, Inc., which operates as Franklin Templeton. 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 *Program Description* for more complete information.
- I authorize Franklin Distributors, LLC or its designee ("Distributors"), its agents, and their affiliates, to act on instructions believed to be genuine and from me for any service authorized on this form. All services are subject to conditions set forth in the *Program Description*.
- By completing Section 3 of this form, I transfer ownership of the Franklin Templeton 529 College Savings Plan Account to the new Account Owner identified in Section 3. The information provided on this form is true, correct and complete. You may verify this information with others, including third-party credit reporting agencies and databases and U.S. and/or foreign government agencies, and if you are unable to verify the new Account Owner's information, you are authorized to revert to the prior account registration.
- If I request transfers to or from my bank account identified in Section 7 of this form or at any time, including by telephone, electronically or otherwise, Distributors is authorized to make those requested transfers (and to make, if necessary, adjusting transfers if any amounts are transferred in error). I agree that Distributors may make additional attempts to debit/credit the account if the initial attempt fails, and if a transfer is denied by the Bank for any reason, Distributors will discontinue this authorization. I understand that I can end this authorization at any time by notifying Distributors in writing, by telephone or by terminating on franklintempleton.com. If I am an owner of the bank account identified in Section 7 of this form, I certify that my signature alone is sufficient to authorize debits from the bank account.
- If I previously declined the Telephone Redemption Privilege but would like Telephone Purchases, I understand that Telephone Purchases and Telephone Redemptions via electronic funds transfers between my Franklin Templeton account(s) and my linked bank account are operationally connected. If I complete Section 7, I authorize all electronic services on my account(s).
- I understand that digital communication channels are not necessarily secure. If I do choose to send confidential or sensitive information to you via digital communication channels (e.g., email, chat, text messaging, fax), I am accepting the associated risks related to potential lack of security, such as the possibility that my confidential or sensitive information may be intercepted/accessed by a third party and subsequently used or sold.

Signature Requirements:

- Signatures of the current and new Franklin Templeton 529 College Savings Plan Account Owners are ALWAYS required. Refer to the chart below for signature requirements.
- If establishing new bank information, refer to the chart below for signature requirements.

Scenario	Signature Requirement
Voluntary transfer of account ownership	Current Account Owner's signature must be notarized
Death or incapacity of the current Account Owner and no Successor Account Owner is named	New Account Owner's signature must be signature guaranteed
Death of the current Account Owner and a Successor Account Owner is named	New Account Owner's signature (If the account value is over \$100,000, a signature guarantee is required)
Death of a custodian on an UGMA/UTMA 529 Plan	New custodian's signature must be notarized
Terminating custodianship on an UGMA/UTMA 529 Plan	Current custodian's signature and Beneficiary's signature as the new Account Owner. Current custodian's signature must be notarized. (Notary would not be required if the total value of the accounts is under \$25,000)

Is there at least one common owner between the Franklin Templeton 529 College Savings Plan Account Owner and the bank account owner(s)?	
No common owner	Notarized signatures of the Franklin Templeton 529 College Savings Plan Account Owner and the bank account owner(s)
Yes, there is at least one common owner	Signature of the Franklin Templeton 529 College Savings Plan Account Owner
Yes, but the common owner name does not match identically	Notarized signatures of the Franklin Templeton 529 College Savings Plan Account Owner and the bank account owner(s) (Notary would not be required if proof ⁵ of name change is included)

NOTE: A signature guarantee is sufficient for all requests. If you obtain a signature guarantee, a notary stamp/seal is not required.

5. A photocopy of the court document that authorizes the name change. If the name change is due to marriage, a photocopy of the document evidencing marriage issued by the appropriate city, county, or state governmental body is acceptable. A document evidencing marriage issued by a church or other entity is not acceptable.

CURRENT FRANKLIN TEMPLETON 529 COLLEGE SAVINGS PLAN ACCOUNT OWNER SIGNATURE

(Always required)

X _____ Date _____

Signature of Current Account Owner

NEW FRANKLIN TEMPLETON 529 COLLEGE SAVINGS PLAN ACCOUNT OWNER SIGNATURE

(Required only if a new Account Owner is named in Section 3)

X _____ Date _____

Signature of New Account Owner (if applicable)

IF REQUIRED, PLACE NOTARY STAMP/SEAL, SIGNATURE GUARANTEE OR MEDALLION
GUARANTEE STAMP⁶ HERE.

IF REQUIRED, PLACE NOTARY STAMP/SEAL, SIGNATURE GUARANTEE OR MEDALLION
GUARANTEE STAMP⁶ 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 _____

Signature of Bank Account Owner

X _____ Date _____

Signature of Bank Account Owner

IF REQUIRED, PLACE NOTARY STAMP/SEAL, SIGNATURE GUARANTEE OR MEDALLION
GUARANTEE STAMP⁶ HERE.

IF REQUIRED, PLACE NOTARY STAMP/SEAL, SIGNATURE GUARANTEE OR MEDALLION
GUARANTEE STAMP⁶ 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)

6. If a signature guarantee is required, A NOTARY SEAL IS NOT ACCEPTABLE. Please have each signature separately guaranteed by a bank, savings and loan association, trust company, credit union, broker-dealer, or any other "eligible guarantor institution" as defined under the rules adopted by the Securities and Exchange Commission. These institutions often participate in signature guarantee medallion programs such as the Securities Transfer Agent Medallion Program (STAMP). A notary public cannot provide a signature guarantee.

BEFORE YOU SUBMIT...**TO OPEN A 529 ACCOUNT – DID YOU PROVIDE?**

- ☐ A typed application or application 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

- ☐ Portfolio-Account number(s)
- ☐ Full first and last name of Account Owner
- ☐ Social Security number/TIN of Account Owner
- ☐ Full first and last name of Beneficiary
- ☐ Social Security number/TIN of Beneficiary

SECTION 3 (if applicable)

- ☐ Full first and last name of new Account Owner
- ☐ Street address (include any APT, BLDG, STE number)
- ☐ Social Security number/ITIN
- ☐ Date of Birth
- ☐ Email address
- ☐ Employment information

SECTION 4 (if applicable)

- ☐ Full first and last name of Successor Account Owner
- ☐ Email address
- ☐ Social Security number/ITIN
- ☐ Date of Birth
- ☐ Street address (include any APT, BLDG, STE number)

SECTION 5 (if applicable)

- ☐ Portfolio-Account number(s)
- ☐ Full first and last name of new Beneficiary
- ☐ Street address (include any APT, BLDG, STE number)
- ☐ Social Security number/TIN
- ☐ Date of Birth

SECTION 6

- ☐ eDelivery options

SECTION 7

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

SECTION 8

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

SECTION 11

- ☐ 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)
- ☐ Signature guarantee or 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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