529 FREV 02/15

FRANKLIN TEMPLETON INVESTMENTS

Franklin Templeton 529 College Savings Plan[1]
Account Revision Form

Use this form to change the Account Owner, Successor Account Owner, Beneficiary, Investment Options or establish an Automatic Investment Plan for an existing Franklin Templeton 529 College Savings Plan Account.

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 registration, and if we are unable to verify the information you provide, we will revert to the prior account registration.

1 CURRENT ACCOUNT INFORMATION

☐ **CHECK HERE IF THIS IS A NEW ADDRESS.**

Account number

Account Owner first name | M.I. | Last name | Suffix | **OR** | Name of Custodianship/Trust/Other

Mailing address | City | State | ZIP

Primary phone number ( ) | Alternate phone number ( ) | Account Owner SSN/TIN[2]

Beneficiary first name | M.I. | Last name | Beneficiary SSN/TIN[2]

2 CHANGE OF ACCOUNT OWNER

NOTE: If the Account Owner is an UGMA/UTMA or other Custodianship/Trust and the Custodian/Trustee has changed, please provide the name, Social Security number and date of birth of the new Custodian/Trustee below.

New Account Owner first name | M.I. | Last name | Suffix | **OR** | Name of Custodianship/Trust/Other

Street address of residence (no P.O. Box address) | City | State | ZIP

Mailing address (if different from street address) | City | State | ZIP

New Account Owner SSN/TIN | New Account Owner Date of birth (mm/dd/yyyy) | Primary phone number ( ) | Alternate phone number ( )

Occupation | **OR** ☐ Check here if retired, self employed, or unemployed.

Employer | Employer address

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. You must provide your U.S. Taxpayer Identification Number (TIN); a TIN includes the SSN, ITIN, ATIN and EIN. If you have never been issued a U.S. TIN and are **not** a U.S. citizen, in place of a U.S. TIN please send us a copy of one of the following items: a resident-alien ID card, a current passport, a current foreign government-issued ID card, or other document evidencing nationality or residence that bears a photograph. If any document offered by non-U.S. persons is unfamiliar and cannot be authenticated by reasonable means, the requested changes will not be made.

3 DESIGNATION OR CHANGE OF SUCCESSOR ACCOUNT OWNER

NOTE: Successor account owner must be 18 years of age or older. For UGMA/UTMA, a successor account owner is not permitted. For Custodianships or Trusts, the court or trust document must allow a successor account owner to be named.

New Successor Account Owner first name | M.I. | Last name

SSN/TIN | Date of birth (mm/dd/yyyy)

4 CHANGE OF BENEFICIARY

NOTE: For UGMA/UTMA, a change of beneficiary is not permitted. For Custodianships or Trusts, the court or trust document must allow a change of beneficiary.

New Beneficiary first name | M.I. | Last name

Mailing address | City | State | ZIP

New Beneficiary SSN/TIN | New Beneficiary date of birth (mm/dd/yyyy) | Relationship to former beneficiary[3]

New Beneficiary's existing account number (if applicable)

☐ **COMPLETE TRANSFER TO THE NEW BENEFICIARY.** Beneficiary will be changed on the entire value of the Plan Account indicated in Section 1. Skip to Section 5.

OR

☐ **PARTIAL TRANSFER TO THE NEW BENEFICIARY.** Beneficiary will be changed on a portion of the Plan Account balance, as indicated below. If new Beneficiary does have a Plan Account, please provide the Plan Account number in the box below.

For Partial Transfers Only: Please specify the amount to be transferred.

INVESTMENT OPTION	ACCOUNT NUMBER	DOLLAR AMOUNT OR PERCENTAGE TO BE TRANSFERRED TO THE NEW BENEFICIARY		
		$	OR	%
		$	OR	%
		$	OR	%
		$	OR	%
		$	OR	%

5 INVESTMENT CHANGES[4]

COMPLETE THIS SECTION TO REQUEST A NEW INVESTMENT ALLOCATION. Total allocation must equal 100%.

	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 Corefolio® 529 Porftolio	_____%
Franklin Founding Funds 529 Portfolio	_____%
Franklin Growth Allocation 529 Portfolio	_____%
Franklin Growth & Income Allocation 529 Portfolio	_____%
Franklin Income Allocation 529 Portfolio	_____%

	Percentage
Individual Portfolios	
Franklin Growth 529 Portfolio	_____%
Franklin Income 529 Portfolio	_____%
Franklin Mutual Global Discovery 529 Portfolio	_____%
Franklin Mutual Shares 529 Portfolio	_____%
Franklin Small-Mid Cap Growth 529 Portfolio	_____%
Templeton Global Bond 529 Portfolio	_____%
Templeton Growth 529 Portfolio	_____%
S&P 500 Index 529 Portfolio	_____%
Franklin Money 529 Portfolio[5]	_____%
TOTAL (must equal 100%)	**100%**

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

4. You may reallocate the assets in your Plan Account to one or more other investment option(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.

5. The Franklin 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.

6 TRANSACTION PRIVILEGES, AUTOMATIC INVESTMENT PLAN AND BANK INFORMATION

6A TELEPHONE AND ONLINE TRANSACTION PRIVILEGES

You and your financial advisor automatically have the convenience of Telephone Exchange and Redemption Privileges unless you check below. If bank information is provided in Section 6C, you and your financial advisor have the convenience of Telephone and Online Purchase and Redemptions via electronic funds transfer, unless you check below. Review your *Investor Handbook* for a discussion of these privileges.

☐ I do NOT want Telephone or Online Exchange Privileges.

☐ I do NOT want Telephone or Online Redemption Privileges (if you decline this privilege, Telephone and Online Purchase Privileges will not be available).

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

6B AUTOMATIC INVESTMENT PLAN

Automatic investment transfers will be processed directly from your bank account (complete Section 6C) according to the options selected below. Please provide instructions at least 15 days prior to the requested start date. Instructions for monthly automatic investment transfers not received 15 days prior will begin on the requested day in the following month. If frequency and investment date are not selected, we will default to monthly on the 20th.

INVESTMENT OPTION NAME	AMOUNT ($50 min. each)	START MONTH	FREQUENCY (select one)	INVESTMENT DATE[6] (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

6C BANK INFORMATION

If you have requested any options for transfers directly to or from your account, please provide your bank account information.

NOTE: These bank instructions will be established for purchases, automatic investment plan transfers and redemptions.

☐ Checking account
☐ Savings account

Bank name _____ Bank routing number (9 digits) _____ Bank account number _____

If the Franklin Templeton portfolio account(s) and the bank account identified above DO NOT include at least one common owner, all bank account owners must sign here and have their signatures **individually** guaranteed; all the account owners signing in Section 7 must also have their signatures **individually** guaranteed.

BANK ACCOUNT OWNER SIGNATURE X _____ Date _____

BANK ACCOUNT OWNER SIGNATURE X _____ Date _____

SIGNATURE GUARANTEE STAMP (if required, see above)

SIGNATURE GUARANTEE STAMP (if required, see above)

Tape a preprinted voided check or preprinted savings account deposit slip here.

Bank account registration information (your name and address) cannot be blank or handwritten.

Do not staple.

J. A. Sample
123 Street
Anywhere, USA 00000

XXXXX

VOID

DATE

PAY TO THE ORDER OF:

DOLLARS

FOR

XXXX XXX XXXX XXXX XXXXX XXXXXX XXXXX

6. If the Investment Date falls on a weekend or holiday, the transaction will be made on the following business day.

Questions? Contact your financial advisor or call Franklin Templeton at **(866) 362-1597**.

7 AUTHORIZATION AND SIGNATURE

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

I attest that I have read the *Investor Handbook* and understand my responsibilities as Account Owner. 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 any service authorized on this form. All services are subject to conditions set forth in the *Investor Handbook*. By completing Section 2 of this form, I transfer ownership of the Franklin Templeton 529 Plan account to the new Account Owner identified in Section 2. By completing Section 6 of 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 access to that account. I authorize Distributors to correct any transaction error with a debit or credit to my financial institution account and/or 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 such notification.

CURRENT ACCOUNT OWNER SIGNATURE REQUIRED

X _____

Signature of current Account Owner

SIGNATURE GUARANTEE STAMP*

* **A SIGNATURE GUARANTEE IS REQUIRED IF:**

- a new Account Owner is named in Section 2, or
- the Account Owner is not a registered owner of a bank account provided in Section 6.

A signature guarantee can be obtained from a bank, savings and loan association, trust company, credit union, broker-dealer, or any other "eligible guarantor institution" 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.**

NEW ACCOUNT OWNER SIGNATURE REQUIRED IF:

- a new Account Owner is named in Section 2.

X _____

Signature of new Account Owner

SIGNATURE GUARANTEE STAMP**

** **A SIGNATURE GUARANTEE IS REQUIRED IF:**

- the new Account Owner is not a registered owner of a bank account provided in Section 6.

A signature guarantee can be obtained from a bank, savings and loan association, trust company, credit union, broker-dealer, or any other "eligible guarantor institution" 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.**

Return to:	
Regular	**Franklin Templeton 529 College Savings Plan** **P.O. Box 33090** **St. Petersburg, FL 33733-8090**
Overnight	**Franklin Templeton 529 College Savings Plan** **100 Fountain Parkway** **St. Petersburg, FL 33716-1205**