



**FRANKLIN
TEMPLETON**

529 College Savings Plan¹ Distribution Form

529 FWD 01/24

Use this form to request a distribution or rollover from a Franklin Templeton 529 College Savings Plan¹ Account.

Note: Only the Plan Account Owner may request a distribution.

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	Account Owner SSN/TIN
_____	_____	_____	_____	_____ _____ _____ _____ _____ _____
Email address ²	Primary phone number		Alternate phone number	
_____	() _____		() _____	
Beneficiary first name	M.I.	Last name	Suffix	Beneficiary SSN/TIN
_____	_____	_____	_____	_____ _____ _____ _____ _____ _____

2 DISTRIBUTION AMOUNT³

Portfolio-Account number

_____	\$	OR	%
_____	\$	OR	%
_____	\$	OR	%
_____	\$	OR	%

Franklin Distributors, LLC or its designee is required to file a Form 1099-Q with the IRS for all distributions. This form requires us to report your Gross Distribution, the amount of earnings included in the Gross Distribution, whether the distribution is a trustee-to-trustee transfer, information about the distribution recipient (including name, address and Social Security number), and whether the recipient is the Beneficiary of the Plan Account.⁴ Unless otherwise required under applicable law and regulations: (1) if a check or other distribution is made payable to the Beneficiary or an eligible educational institution, loan provider or registered apprenticeship program on behalf of the Beneficiary, we will report the distribution under the Beneficiary's Social Security number, and (2) if a check or other distribution is made payable to the Plan Account Owner or any other party that is not the Beneficiary, we will report the distribution under the Plan Account Owner's Social Security number.

As discussed in more detail in the *Program Description*, the Plan Account Owner must maintain records and documentation substantiating the nature of any distribution that they intend to treat, for tax purposes, as a Qualified Distribution, a distribution on account of the death or permanent disability of the Beneficiary, or the receipt of a scholarship or tuition waiver by the Beneficiary, or a Rollover Distribution. The information requested in Section 3 is intended only to assist you in meeting this record-keeping obligation.

3 TYPE OF DISTRIBUTION

Select the type of distribution below:

- ☐ Distribution payable to the Franklin Templeton 529 College Savings Plan Account Owner or Beneficiary (Complete Section 5A)
- ☐ Distribution payable to an eligible higher education institution, loan provider or registered apprenticeship program (Complete Section 5B)
- ☐ Rollover distribution to a Qualified Tuition Program or Qualified ABLE Program (Complete Section 5C)
- ☐ Distribution to a Roth IRA in the name of the beneficiary (Complete Section 5D)
- ☐ Distribution due to a scholarship (Complete Section 5A)
- ☐ Distribution due to the death or disability of the Beneficiary (Complete Section 5A)

1. 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.

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.

3. Please note that if your distribution is made through the redemption of Class C Trust Shares, a contingent deferred sales charge (CDSC) may be applicable to the distribution under the circumstances described in the *Program Description* for contributors investing through a financial professional. If any CDSC is applicable in connection with your distribution, the program administrator will redeem the number of Trust Shares in the Investment Options you have indicated to be redeemed, taking into account the amount of the applicable CDSC, to provide the cash amount you have specified; if a lesser number of Trust Shares is available in your Plan Account, the amount the payee (you have designated) receives may be less than the distribution amount you have specified.

4. We expressly reserve the right to report any additional information that the IRS may require in future versions of this form.

NOTE: Requests to send proceeds electronically within 15 days of establishing or changing bank instructions for the Franklin Templeton Account owner or for the beneficiary, may need to be signature guaranteed, otherwise your proceeds will be sent by check to the address of record.

- Note:** If you previously declined the Telephone Redemption Privilege but would like Telephone Purchases, you understand that Telephone Purchases and Telephone Redemptions via electronic funds transfers between your Franklin Templeton 529 College Savings Plan Account(s) and your linked bank account are operationally connected. If you select this option, you authorize all electronic services on your account(s) and these bank instructions will be established for purchases, automatic investment plan transfers, and distributions.

- If you've selected either option 2 or 3 above, please review and provide the information below:

- Select one of the following options:

- Bank routing number (9 digits) Bank account number

[illegible]

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☐ Send electronically to the Account Owner's bank account. (Complete Section 4)

☐ Send electronically to the Beneficiary's bank account. (Complete Section 4)

☐ Make a check payable to the Account Owner and mail to the Account Owner's address on file.

☐ Make a check payable to the Beneficiary and mail to the Account Owner's address on file.

☐ Make a check payable to the Beneficiary and mail to the Beneficiary's address on file.

☐ Mail a check to an alternate address. **(If not already on file, a signature guarantee is required).**

☐ Send check(s) to a new mailing address and update the address on the account(s). **(A signature guarantee is required).**

Name

Address	City	State	ZIP

Note: The beneficiary must be the same as on the account(s).

☐ Check here if the check should be made payable to the institution but mailed to your address of record.

Name of Institution	
---------------------	--

c/o or Attn	
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Name of Beneficiary	
---------------------	--

Student ID or Ref # _____

Address	City	State	ZIP

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(continued)

5C ROLLOVER DISTRIBUTION TO QUALIFIED TUITION PROGRAM OR QUALIFIED ABLE⁵ PROGRAM

I will be transferring the payment to another Qualified Tuition Program, to another Plan Account in the Franklin Templeton 529 College Savings Plan, or to a Qualified ABLE⁵ Program in accordance with applicable requirements for Rollover Distributions. I acknowledge that I have read the *Program Description* and am familiar with and responsible for compliance with the various requirements applicable to Rollover Distributions described therein.

- If the Rollover Distribution is to another Qualified Tuition Program, the beneficiary of the recipient Qualified Tuition Program account must be the same as, or a Member of the Family (as defined in the *Program Description*) of, the Beneficiary of the Plan Account.
- If the Rollover Distribution is to another Plan Account in the Franklin Templeton 529 College Savings Plan, the beneficiary of the recipient Plan Account must be a Member of the Family of the Beneficiary of the Plan Account from which the rollover is made.
- If the Rollover Distribution is to a Qualified ABLE⁵ Program, the owner and beneficiary of the recipient Qualified ABLE⁵ Program account must be the same as, or a Member of the Family of, the Beneficiary of the Plan Account, and the distribution amount may not cause the IRS annual contribution limit for ABLE⁵ accounts to be exceeded.

Note: See Section 6 for signature requirements.

"Rollover Distributions" are not subject to federal income taxation. A "Rollover Distribution" includes any of the following:

- (1) Within 60 days of your distribution of funds from a Plan Account in the Program you transfer such funds to an account established in another Qualified Tuition Program established under Section 529 with a different beneficiary who is a "Member of the Family" of the Beneficiary of your Plan Account.
- (2) Within 60 days of your distribution of funds from a Plan Account in the Program you transfer such funds to another Plan Account in the Program for a different Beneficiary who is a "Member of the Family" of the Beneficiary of the Plan Account from which the transfer is made.
- (3) Within 60 days of your distribution of funds from a Plan Account in the Program you transfer such funds to an account established in another Qualified Tuition Program established under Section 529 with the same beneficiary as the Beneficiary of your Plan Account, provided such transfer does not occur within 12 months from the date of a previous transfer to any Qualified Tuition Program for the benefit of the same beneficiary.
- (4) Within 60 days of your distribution of funds from a Plan Account in the Program you transfer such funds to an account established in a Qualified ABLE⁵ Program with the same beneficiary as, or a different beneficiary who is a "Member of the Family" of, the Beneficiary of your Plan Account.

See the *Program Description* for the definition of "Member of the Family" and for more details on Rollover Distributions.

Name of recipient Qualified Tuition Program/Qualified ABLE ⁵ Program account	Reference # or Account #		
Name of Account Owner of recipient Qualified Tuition Program/Qualified ABLE ⁵ Program account	Name of Beneficiary of recipient Qualified Tuition Program/Qualified ABLE ⁵ Program account		
Address	City	State	ZIP

☐ Check here if the recipient Qualified Tuition Program Account is an UGMA/UTMA.

5D DISTRIBUTION TO ROTH IRA

- The distribution must be made in a "trustee-to-trustee" transfer from the Plan Account to the Roth IRA custodian.
- The Plan Account from which the transfer is made must have been established at least 15 years prior to the distribution date.
- The owner of the Roth IRA must be the same as the Beneficiary of the Plan Account.
- Contributions (and earnings on those contributions) within the last 5 years do not qualify for the distribution.
- The annual Roth IRA contribution limit for the beneficiary (including the earned income limit) applies to the amounts transferred and all other contributions to a traditional or Roth IRA for such beneficiary.
- The maximum lifetime amount for all rollovers from any Qualified Tuition Program account to any Roth IRA owned by the applicable beneficiary is \$35,000.

See the *Program Description* for more details and contact a tax advisor regarding possible tax implications.

☐ **Distribution to existing Franklin Templeton Roth IRA.**

Fund Account Number

☐ **Distribution to a new Franklin Templeton Roth IRA. Attach a completed *Franklin Templeton IRA Application*.**

☐ **Distribution to a non-Franklin Templeton Roth IRA.**

Custodian/Trustee	Phone number ()		
Name of Beneficiary	Reference # or Account #		
Address	City	State	ZIP

5. The Achieving a Better Life Experience (ABLE) Act of 2014 allows states to create tax-advantaged savings programs for eligible people with disabilities (designated beneficiaries). Funds from these 529A ABLE accounts can help designated beneficiaries pay for qualified disability expenses. Distributions are tax-free if used for qualified disability expenses.

- Signature of the Franklin Templeton 529 College Savings Plan Account Owner is always required.
- If establishing new bank information, refer to the chart below for signature requirements.

Scenario	Signature Requirement
Requesting a service that involves activity between your Plan Account and your bank account, and the two accounts are registered in different names	A signature guarantee is required
Requesting wire transfers after your Plan Account has been established	A signature guarantee is required
Scenario	Signature Requirement
Directing payments to a third party other than the beneficiary's educational institution, loan provider or registered apprenticeship program	A signature guarantee is required
The distribution is for more than \$250,000	A signature guarantee is required
Distribution will be sent to a new address	A signature guarantee is required
Rollover Distribution to another Qualified Tuition Program account	A signature guarantee is required, unless a letter of acceptance is provided from the new Program Manager. If the request is over \$100,000, a signature guarantee is always required.
Rollover Distribution to a Qualified ABLE ⁶ Program account	A signature guarantee is required, unless a letter of acceptance is provided from the new Program Manager. Note: If a letter of acceptance is provided, a notarized signature is required if the Franklin Templeton 529 College Savings Plan Account Owner and the ABLE ⁶ Plan Account Owner are different.
Distribution to a Franklin Templeton Roth IRA	A signature guarantee is NOT required.
Distribution to Roth IRA with a new custodian/trustee	A signature guarantee is required

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 ⁷ of name change is included)

6. The Achieving a Better Life Experience (ABLE) Act of 2014 allows states to create tax-advantaged savings programs for eligible people with disabilities (designated beneficiaries). Funds from these 529A ABLE accounts can help designated beneficiaries pay for qualified disability expenses. Distributions are tax-free if used for qualified disability expenses.

7. 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.

I hereby request payment from the Franklin Templeton 529 College Savings Plan designated on this form in the manner indicated. I expressly assume full responsibility for all tax implications of this distribution, and I certify under penalty of perjury that all information contained herein, including my Social Security number, is true and correct.

Forfeit of Entire Matching Grant: I have read the *Program Description* and acknowledge that if I am a New Jersey resident that opened a new Franklin Templeton 529 College Savings Plan Account on or after June 29, 2021, and received a one-time grant from the New Jersey Higher Education Student Assistance Authority (HESAA) of a dollar-for-dollar match of up to \$750 for my first account contribution, withdrawing any portion of the units purchased with the initial contribution for which a matching grant was provided during the initial three-year period will cause the entire matching grant to be forfeited.

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, SIGNATURE GUARANTEE OR MEDALLION GUARANTEE STAMP® 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)

8. 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 REQUEST A DISTRIBUTION – 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
- ☐ Beneficiary name
- ☐ Beneficiary Social Security number/TIN

SECTION 2

- ☐ Portfolio-Account number(s)
- ☐ Distribution amount or %

SECTION 3

- ☐ Type of distribution

SECTION 4

- ☐ Pre-printed voided check or savings deposit slip or letter from your bank on the bank's letterhead

SECTION 5

- ☐ Payment option

SECTION 6

- ☐ 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.• Sender's email address MUST match the email address on file, or the email MUST include a 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.• Digital communication channels are not necessarily secure. If you do choose to send confidential or sensitive information to us via digital communication channels (e.g., email, chat, text messaging, fax), you are accepting the associated risks related to potential lack of security, such as the possibility that your confidential or sensitive information may be intercepted/accessed by a third party and subsequently used or sold. <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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