

the Program Description for more complete information.

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

529 College Savings Plan

Workplace 529 Program Broker-Dealer Revision Form

Use this form if you are converting an existing Franklin Templeton 529 College Savings Plan Account portfolio to a Workplace 529 Program account with a new broker-dealer **OR** the broker-dealer is waiving the initial sales charge for Class A Trust shares on a Workplace 529 Program account. To change the broker-dealer on other Franklin Templeton accounts, use the *Change of Broker-Dealer Form*.

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

1 CURRENT ACCOUNT INFORMATION						
CHECK HERE IF THIS IS A NEW ADDRESS.						
Account Owner first name	M.I. Last name	Suffix OF	1	ianship/Trust/Other		
Street address of residence (no P.O. Box address)		City		State ZIP		
Mailing address (if different from above)		City		State ZIP		
Primary phone number	Alternate phone number			account Owner SSN/TIN		
Email address2						
I AUTHORIZE THE CHANGE OF BROKER-DEALER ON:						
ALL 529 College Savings Plan portfolios registered under the			sset summary numb	er:		
SSN/TIN	Br	oker identification number	Asset su	mmary number		
2 EMPLOYER INFORMATION						
Employer name			E	mployer Tax ID		
Employer street address		City		State ZIP		
H.R. department contact name			Daytime phone	number		
3 BROKER-DEALER INFORMATION						
For a broker-dealer to be added to a 529 Plan Account, the Franklin Distributors, LLC.	broker-dealer must have	an effective 529 Plan selling add	dendum or other 52	9 Plan selling agreemen	t with	
NOTE: A change in broker-dealer on an account with an established broker-dealer net asset value (NAV) purchase privilege will result in the immediate termination of those privileges. It is the responsibility of the new broker-dealer and the financial professional to establish and retain this privilege. The financial professional must complete Section 5 of this form to retain the privilege.						
New securities dealer name						
Main office address		City		State ZIP		
Financial professional first name	M.I. Last name	Suffix	Telephone numl	per		
Financial professional email	Dealer number	Branch numbe	er	Financial professional n	umber	
Branch address		City		State ZIP		

1. Offered and administered by the New Jersey Higher Education Student Assistance Authority (HESAA); 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

REQUIRED SIGNATURES

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

The Account Owner named in Section 1 must sign this form.

x		
Franklin Templeton 529 College Savings Plan Account Owne	ər	Date
AUTHORIZED SIGNER OF BROKER-DEALER ONLY The FINRA registered principal of the firm for the securities o	dealer listed in Section 3 must sign belo	v.
Name (please print)	Title	Phone number
X Authorized signature (Registered Principal for the Securities	Dealer)	Date
BROKER-DEALER USE ONLY - OPTIONAL SALES CHARGE This application for the purchase of Trust shares complies with the		r 529 addendum with Franklin Distributors, LLC ("Distributors")
and with the current 529 Plan <i>Program Description</i> and account a We authorize the named applicant to purchase Class A Trust s We further certify that the applicant qualifies for such purchas	shares of the 529 Plans distributed by Distrib	, ,
Securities dealer name		
Name (please print)	Title	Phone number
X Authorized signature (Registered Principal for the Securities	: Dealer listed above)	Date
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 • Emails MUST include an attachment (PDF preferred) of your request and related (855) 891-8377 You may use any of the below mailing addresses: case number(s) to be accepted. • If you have not been registered on franklintempleton.com for at least 15 calendar Regular Mail days, call (866) 362-1597 to request a case number to reference in your email. • Franklin Templeton 529 College Savings Plan P.O. Box 33090 • Digital communication channels are not necessarily secure. If you do choose St. Petersburg, FL 33733-8090 to send confidential or sensitive information to us via digital communication • Franklin Templeton 529 College Savings Plan 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 P.O. Box 997153 confidential or sensitive information may be intercepted/accessed by a third party Sacramento, CA 95899-7153 and subsequently used or sold. Overnight • Franklin Templeton 529 College Savings Plan Financial Professionals: ftrequests@franklintempleton.com 100 Fountain Parkway N. Shareholders: shrequests@franklintempleton.com St. Petersburg, FL 33716-1205 • Franklin Templeton 529 College Savings Plan 3344 Quality Drive Rancho Cordova, CA 95670-7313



