CGF FCHGE 08/13

FRANKLIN TEMPLETON INVESTMENTS

Franklin Templeton **Charitable Giving Fund Account Information Change Request Form**

Please use this form to make account information changes to your existing Franklin Templeton Charitable Giving Fund account. Complete Section 1 in its entirety. It is not necessary to enter information in all of the fields below. Please enter only the information you would like added, updated or deleted.

1 EXISTING ACCOUNT AND DONOR INFORMATION

Please complete this section to identify your existing account.

NAME OF ACCOUNT

NAME OF DONOR

First name | M.I. | Last name

Phone number ( ) | Email

2 UPDATED ACCOUNT AND/OR DONOR NAME

CHOOSE TO: ☐ ADD ☐ UPDATE ☐ DELETE

NAME OF ACCOUNT

NAME OF DONOR

First name | M.I. | Last name

Address | City | State | ZIP

Phone number ( ) | Email *(Updating the Donor's email will update online access)*

3 UPDATED ACCOUNT ADVISOR INFORMATION

Please complete this section to add or change account advisors. Account advisors have the authority to recommend grants. These individuals will not succeed the donors unless they are named as account successors.

CHOOSE TO: ☐ ADD ☐ UPDATE ☐ DELETE

ADVISOR 1

First name | M.I. | Last name | SSN | Date of birth (mm/dd/yyyy)

Address | City | State | ZIP

Phone number ( ) | Email

CHOOSE TO: ☐ ADD ☐ UPDATE ☐ DELETE

ADVISOR 2

First name | M.I. | Last name | SSN | Date of birth (mm/dd/yyyy)

Address | City | State | ZIP

Phone number ( ) | Email

(continued)

Questions? Please call your financial advisor or Franklin Templeton at **(800) 632-2350 ext. 1134243.**

4 UPDATED ACCOUNT SUCCESSOR(S) OR CHARITABLE BENEFICIARY(IES) INFORMATION

ACCOUNT SUCCESSOR(S)

CHOOSE TO: ☐ ADD ☐ UPDATE ☐ DELETE

Upon the death or incapacity of all the original donors of the account, please select one of the following options:

☐ Successors will succeed the account and share equal responsibility.

☐ Successors will split the account.*

SUCCESSOR 1*

First name | M.I. | Last name | SSN | Date of birth (mm/dd/yyyy)

Address | City | State | ZIP

Phone number ( ) | Email

SUCCESSOR 2*

First name | M.I. | Last name | SSN | Date of birth (mm/dd/yyyy)

Address | City | State | ZIP

Phone number ( ) | Email

OR

CHARITABLE BENEFICIARY(IES)**

CHOOSE TO: ☐ ADD ☐ UPDATE ☐ DELETE

RECOMMEND: ☐ THE BALANCE OF THE ACCOUNT ASSETS ☐ 5% ANNUALLY OF THE ACCOUNT BALANCE

In the event the recommended charity no longer exists, Renaissance Charitable Foundation, Inc. will award grants to a charity similar to the original charity. Grants are mailed directly to the charitable organization.

CHARITABLE ORGANIZATION 1

Official name

Address | City | State | ZIP

Tax ID number (if known) | Organization's website (if known) | Email (if known)

Contact person at organization | Contact phone number ( )

This grant is intended for: *(Special purpose, if any, such as a particular project, annual fund, etc.)*

CHARITABLE ORGANIZATION 2

Official name

Address | City | State | ZIP

Tax ID number (if known) | Organization's website (if known) | Email (if known)

Contact person at organization | Contact phone number ( )

This grant is intended for: *(Special purpose, if any, such as a particular project, annual fund, etc.)*

*The account will be divided equally among successors. Your Financial Advisor will contact the successors to rename their account, and, if necessary, to reallocate the investments of the funds, and to name advisor(s) and successor(s) to the newly created donor-advised fund.

**Two Charitable Beneficiaries allowed per account.

(continued)

5 UPDATED AREA OF INTEREST

In the event that the account ceases to make grant recommendations for three consecutive years, Renaissance Charitable Foundation, Inc. will make reasonable attempts to contact the donor or named successors of record. If Renaissance Charitable Foundation, Inc. cannot contact those parties, its Trustees will direct grants from the account.

To honor your charitable intent, please indicate a charitable organization, area of interest or geographical area below to guide the Board, if necessary, in making grants from the account.

Area of interest: *(e.g., cancer research, education, historic preservation)*

6 DONOR SIGNATURE

DONOR SIGNATURE

X _____ Date _____

Donor Signature

Return this completed, signed form to your Financial Advisor, who will fax this form to Renaissance Charitable Foundation, Inc. at (866) 728-9335. Do not return this form to Franklin Templeton Investments.

FOR FINANCIAL ADVISOR USE ONLY

If required by your broker dealer, a branch manager must provide a signature before this request can be processed.

X _____ Date _____

Branch manager

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