FRANKLIN TEMPLETON

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CUSTOMER IDENTIFICATION FORM

CUST FORM 01/19

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions obtain, verify, and record information that identifies each person who opens, is a registered owner of, or is authorized to act on an account. If you fail to provide all requested information, it may delay or prevent us from processing your request. Please print or type the following information:

1 ACCOUNT(S)

Fund Account Number(s)

2 REQUIRED INFORMATION

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

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

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3 SIGNATURE(S) (For each person listed in Section 2)

X
Signature | Date | Print Name

X
Signature | Date | Print Name

X
Signature | Date | Print Name

PLEASE MAKE A PHOTOCOPY OF THE COMPLETED FORM FOR YOUR RECORDS

Please mail to	WEST COAST	EAST COAST
	Franklin Templeton P.O. Box 997152 Sacramento, CA 95899-7152	Franklin Templeton P.O. Box 33030 St. Petersburg, FL 33733-8030
Overnight	3344 Quality Drive Rancho Cordova, CA 95670-7313	100 Fountain Parkway N. St. Petersburg, FL 33716-1205

franklintempleton.com

Questions? Please contact your financial advisor or call Franklin Templeton at **(800) 632-2301.**

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