FRANKLIN TEMPLETON BANK & TRUST, F.S.B.

Franklin Templeton Business Retirement Plan Forfeiture Allocation Form

I. PARTICIPANT INFORMATION

Name of Former Plan Participant _____ Account Number(s) _____

This is (check one):

☐ a non-vested Benefit Suspense Account

☐ the Former Participant's Original Account (which now contains only non-vested benefits)

II. ALLOCATION INSTRUCTIONS

[You may wish to refer to Section X (Disposition of Forfeitures) of the Plan's Adoption Agreement for reference.]

Amount of the non-vested benefit to be forfeited and reallocated to existing Participants (check one):

☐ Balance of Account

☐ Partial Allocation of: $_____ _____% or _____ Shares

Allocate the forfeiture to Franklin Templeton Plan accounts of the below-listed Participants:

Name of Participant	Account No. (or write "new"*)	Amount or Percentage
1.		$ %
2.		$ %
3.		$ %
4.		$ %
5.		$ %
6.		$ %
7.		$ %
8.		$ %
		100 %

**If allocating to "new" Plan Participant account(s), please be sure that a Business Retirement Plan Participant Application has been completed and is attached to this request.*

III. PLAN EMPLOYER'S AUTHORIZATION

As Plan Employer, I hereby (1) authorize the forfeiture and reallocation of non-vested benefits of the above-named Former Participant, and (2) take responsibility for restoring the amount of this forfeiture should this individual become re-employed by me before five consecutive one-year breaks in service have elapsed and he/she repays to the Plan, within five years of re-employment, the full amount that was distributed to him/her.

Plan Employer's Signature: _____ Date: _____

Employer's Name: _____ Daytime Phone: (_____) _____

Mail to:

Franklin Templeton Bank & Trust, F.S.B.
c/o Retirement Services
1-800/527-2020

P. O. Box 997153
Sacramento, CA 95899-9974

or

P.O. Box 33033
St. Petersburg, FL 33733-8033