FRANKLIN TEMPLETON

Business Account Application

IMPORTANT INFORMATION:

- Complete this application to open a mutual fund account for a business. If you would like to open an IRA or other retirement account for which Fiduciary Trust International of the South will be custodian, please visit franklintempleton.com for the correct application.
- **IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT.** To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means for you: When you open an account for a business (legal entity customer), for all individuals authorized to act on the account, we will ask for their names, addresses, dates of birth and other information that will allow us to identify them. You must also provide, and certify the correctness and completeness of, this same information for (1) each individual, if any, who owns, directly or indirectly, 25% or more of the equity interests of the legal entity customer (beneficial owners), **and** (2) an individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President or Treasurer). **If you fail to provide all requested information, it may delay or prevent us from opening an account and making the requested investment(s). If after the account is open we are unable to verify the information provided, we may remove the affected authorized signer(s) or we may close the account(s).**
- **NOTE:** You must provide your US Taxpayer Identification Number (TIN); a TIN includes the SSN, ITIN, ATIN and EIN. If you have never been issued a US TIN and are not a US citizen, in place of a US TIN please send us a copy of one of the following items: a resident alien ID card, a current passport, a current foreign government-issued ID card or other document evidencing nationality or residence that bears a photograph. If any document offered by non-US persons is unfamiliar and cannot be authenticated by reasonable means, the account will not be opened. Refer to Section 13 for additional certification requirements applicable to each registered owner.

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

If applicable, provide any Franklin Templeton REFERENCE ID(S) related to your request:

1 ACCOUNT REGISTRATION

Please complete this section to provide customer identification information about the business (legal entity customer) and the individual(s) who are authorized to transact business on the account. Please use a separate application for each business (legal entity customer). Please complete section(s) 1A, 1B and/or 1C that pertain to either a US or foreign business entity, as applicable, and the portion that pertains to the individuals who are authorized to transact business on the account.

In addition to the information provided below in sections 1A, 1B and/or 1C, you will also need to provide information regarding each individual, if any, who owns, directly or indirectly, 25% or more of the equity interests of a legal entity customer (beneficial owners) **in section 1D**, and information regarding an individual who has significant responsibility for managing the legal entity **in section 1E**. A legal entity includes a corporation, limited liability company or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country. A legal entity does not include sole proprietorships or unincorporated associations.

Full legal name of business entity

Nature of business

1A ACCOUNT OWNER – US ENTITY

Please check the box that describes your business:

☐ Corporation
☐ S Corporation
☐ Partnership
☐ Sole proprietorship
☐ Foundation
☐ Endowment
☐ Bank or financial institution
☐ International organization
☐ Trust company
☐ Statutory Trust
☐ Investment company
☐ Securities/Commodities broker or dealer
☐ Government organization
☐ Tax-exempt organization
☐ Other (If you checked this box, please indicate the type of business.)

☐ Limited Liability Company (If you checked this box, please indicate the US federal income tax classification of the LLC below.)

☐ Corporation ☐ S Corporation ☐ Partnership ☐ Other:

EIN | | | | | | | | | |

or

SSN | | | | | | | | | |

Permanent address (no P.O. boxes) | City | State | ZIP

Mailing address (if different) | City | State | ZIP

Primary phone number ( )

Alternate phone number ( )

State of incorporation or organization | Principal place of business

SEE NEXT PAGE FOR ADDITIONAL ACCOUNT REGISTRATION FIELDS.

1 ACCOUNT REGISTRATION (cont'd.)

1B ACCOUNT OWNER – FOREIGN (or non-US) ENTITY

FOREIGN ENTITIES and FATCA: Under new US tax law, commonly known as the Foreign Account Tax Compliance Act ("FATCA"), the United States imposes a new regime of investor due diligence, tax information reporting and withholding on foreign financial institutions and certain other non-financial foreign entities with the goal of identifying US taxpayers who are investing through offshore accounts or foreign entities. Failure to comply with these new rules may result in a new 30% US withholding tax on distributions and redemptions made to your account. As a result of this new law, all non-US business entity account holders will be required to provide a valid US withholding certificate on Form W-8 to document their US withholding tax status, including their status under FATCA.

In order to comply with FATCA and other US tax laws governing the taxation of foreign entities, you must complete and submit Form W-8BEN-E, W-8IMY, W-8EXP or W-8ECI, as applicable, along with any additional information required per the form instructions. If you fail to provide the requested documentation indicating your FATCA status, your account may be subject to the new 30% US withholding tax, and it may prevent us from opening the account and making your requested investment(s).

EIN | or | SSN/ITIN

Permanent address (no P.O. boxes) | City | State/Province | Country | ZIP/Postal code

Mailing address (if different) | City | State/Province | Country | ZIP/Postal code

Primary phone number ( ) | Alternate phone number ( )

Country of incorporation or organization | Country of tax residence

GOVERNMENT ID (Foreign entities only).

Please attach a photocopy of a government-issued document that evidences the existence of the entity and has a reference number.

Government-issued identification number

Type of document

Country of issuance or registration

1C IMPORTANT INFORMATION – US AND FOREIGN (or non-US) ENTITIES

Please list all individuals who will have authority to open and/or transact business for this account on behalf of the legal entity in whose name this account will be registered and supply each individual's full name, date of birth, street address and Taxpayer Identification Number (TIN). **Please enclose documents supporting:** (A) the existence of the legal entity (e.g., articles of incorporation or organization, government-issued business license, certificate of existence or formation, member operating agreement or partnership agreement); and (B) the authority of each individual to transact business for this account (e.g., corporate resolution, certificate of authority or partnership certificate). Please return the appropriate documentation with this application. If your business entity is a limited liability company, please submit the documentation that most closely reflects the US federal income tax classification of your company. Please attach copies of the pages from your operating agreement that include the official name of the business and the signatures of all persons listed below that are authorized on this account.

PRIMARY AUTHORIZED PERSON ON ACCOUNT

If there are other authorized persons, please submit identical information on separate sheets for each individual.

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

Permanent address (no P.O. boxes) | City | State/Province | Country | ZIP/Postal code

Mailing address (if different) | City | State/Province | Country | ZIP/Postal code

Email[1] | Primary phone number ( ) | Alternate phone number ( )

Title

Country of citizenship ☐ US ☐ Other(s) | Country of tax residence ☐ US ☐ Other(s)

GOVERNMENT ID: Complete only if authorized person is a foreign person. Identification document must have a reference number and photo. **Please attach a photocopy.**

Place of birth: City | State/Province | Country

Immigration status: ☐ Permanent resident ☐ Non-permanent resident ☐ Nonresident alien

SSN/ITIN

Check the type of document you are providing:

☐ US driver's license ☐ INS permanent resident alien card ☐ Passport with US visa

☐ Passport without US visa ☐ Foreign national identity document ☐ Employment authorization document

SEE NEXT PAGE FOR ADDITIONAL ACCOUNT REGISTRATION FIELDS.

1. 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.

1 ACCOUNT REGISTRATION (cont'd.)

1D BENEFICIAL OWNERS

Please complete this section to identify each individual, if any, who owns, directly or indirectly, 25% or more of the equity interests of a legal entity customer (beneficial owners). The number of individuals that satisfy this definition of "beneficial owner" may vary. Depending on the factual circumstances, up to four individuals (but as few as zero) may need to be identified. Regardless of the number of individuals identified here in section 1D, you **must** provide the identifying information of one individual who has significant responsibility for managing the legal entity **in section 1E**. It is possible that in some circumstances the same individual might be identified under both sections (e.g., the President of Acme, Inc. who also holds a 30% equity interest). Thus, a completed application will contain the identifying information of at least one individual (**under section 1E**), and up to five individuals (i.e., one individual under section 1E and four 25 percent equity holders under this section).

BENEFICIAL OWNER 1

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

Permanent address (no P.O. boxes) | City | State/Province | Country | ZIP/Postal code

Mailing address (if different) | City | State/Province | Country | ZIP/Postal code

Primary phone number ( ) | Alternate phone number ( ) | Title

Country of citizenship ☐ US ☐ Other(s) | Country of tax residence ☐ US ☐ Other(s)

GOVERNMENT ID: Complete only if beneficial owner is a foreign person. Identification document must have a reference number and photo. **Please attach a photocopy.**

Place of birth: City | State/Province | Country

Immigration status: ☐ Permanent resident ☐ Non-permanent resident ☐ Nonresident alien SSN/ITIN

Check the type of document you are providing:

☐ US driver's license ☐ INS permanent resident alien card ☐ Passport with US visa
☐ Passport without US visa ☐ Foreign national identity document ☐ Employment authorization document

BENEFICIAL OWNER 2

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

Permanent address (no P.O. boxes) | City | State/Province | Country | ZIP/Postal code

Mailing address (if different) | City | State/Province | Country | ZIP/Postal code

Primary phone number ( ) | Alternate phone number ( ) | Title

Country of citizenship ☐ US ☐ Other(s) | Country of tax residence ☐ US ☐ Other(s)

GOVERNMENT ID: Complete only if beneficial owner is a foreign person. Identification document must have a reference number and photo. **Please attach a photocopy.**

Place of birth: City | State/Province | Country

Immigration status: ☐ Permanent resident ☐ Non-permanent resident ☐ Nonresident alien SSN/ITIN

Check the type of document you are providing:

☐ US driver's license ☐ INS permanent resident alien card ☐ Passport with US visa
☐ Passport without US visa ☐ Foreign national identity document ☐ Employment authorization document

SEE NEXT PAGE FOR ADDITIONAL ACCOUNT REGISTRATION FIELDS.

1 ACCOUNT REGISTRATION (cont'd.)

BENEFICIAL OWNER 3

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

Permanent address (no P.O. boxes) | City | State/Province | Country | ZIP/Postal code

Mailing address (if different) | City | State/Province | Country | ZIP/Postal code

Primary phone number ( ) | Alternate phone number ( ) | Title

Country of citizenship ☐ US ☐ Other(s) | Country of tax residence ☐ US ☐ Other(s)

GOVERNMENT ID: Complete only if beneficial owner is a foreign person. Identification document must have a reference number and photo. **Please attach a photocopy.**

Place of birth: City | State/Province | Country

Immigration status: ☐ Permanent resident ☐ Non-permanent resident ☐ Nonresident alien

SSN/ITIN

Check the type of document you are providing:

☐ US driver's license ☐ INS permanent resident alien card ☐ Passport with US visa
☐ Passport without US visa ☐ Foreign national identity document ☐ Employment authorization document

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BENEFICIAL OWNER 4

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

Permanent address (no P.O. boxes) | City | State/Province | Country | ZIP/Postal code

Mailing address (if different) | City | State/Province | Country | ZIP/Postal code

Primary phone number ( ) | Alternate phone number ( ) | Title

Country of citizenship ☐ US ☐ Other(s) | Country of tax residence ☐ US ☐ Other(s)

GOVERNMENT ID: Complete only if beneficial owner is a foreign person. Identification document must have a reference number and photo. **Please attach a photocopy.**

Place of birth: City | State/Province | Country

Immigration status: ☐ Permanent resident ☐ Non-permanent resident ☐ Nonresident alien

SSN/ITIN

Check the type of document you are providing:

☐ US driver's license ☐ INS permanent resident alien card ☐ Passport with US visa
☐ Passport without US visa ☐ Foreign national identity document ☐ Employment authorization document

SEE NEXT PAGE FOR ADDITIONAL ACCOUNT REGISTRATION FIELDS.

1 ACCOUNT REGISTRATION (cont'd.)

1E INDIVIDUAL WITH SIGNIFICANT RESPONSIBILITY (This information is always required.)

Please complete this section to identify one individual with significant responsibility for managing the legal entity customer (e.g., Chief Executive Officer, Chief Financial Officer, General Partner, President, Vice President or Treasurer).

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

Permanent address (no P.O. boxes) | City | State/Province | Country | ZIP/Postal code

Mailing address (if different) | City | State/Province | Country | ZIP/Postal code

Primary phone number ( ) | Alternate phone number ( ) | Title

Country of citizenship ☐ US ☐ Other(s) | Country of tax residence ☐ US ☐ Other(s)

GOVERNMENT ID: Complete only if individual with significant responsibility is a foreign person. Identification document must have a reference number and photo. **Please attach a photocopy.**

Place of birth: City | State/Province | Country

Immigration status: ☐ Permanent resident ☐ Non-permanent resident ☐ Nonresident alien

SSN/ITIN

Check the type of document you are providing:

☐ US driver's license
☐ Passport without US visa
☐ INS permanent resident alien card
☐ Foreign national identity document
☐ Passport with US visa
☐ Employment authorization document

2 BANK INFORMATION FOR ELECTRONIC SERVICES

Please establish electronic transfers to or from my business bank account. Only one bank account can be linked to my fund account(s) for purchases and redemptions. If my bank or credit union is not an Automated Clearing House (ACH) member, this service is not available.

- These bank instructions will be established for purchases, automatic investment plan transfers, redemptions and any pre-established systematic withdrawals or dividend/capital gain payments.
- The business bank account must be registered in the same manner as the fund account.
- For sole proprietorships, if the bank account is not registered solely in the name of the sole proprietor, all bank account owners must sign in Section 13.
- No checks? Include a preprinted savings account deposit slip or letter from your bank, on its letterhead and signed by an officer. The deposit slip or letter must include the bank account registration, account number, account type and bank routing number. Do not staple to the application. Handwritten information on the savings deposit slip or bank letterhead is not acceptable.

Select ONE of the following options:

☐ Use my enclosed letter from my bank.
☐ Use my enclosed preprinted voided check.
☐ Use my enclosed preprinted checking deposit slip.
☐ Use my enclosed preprinted savings deposit slip.
☐ Use my enclosed personal investment check. (If more than one investment check is enclosed, please provide the appropriate bank information below.)

Bank routing number (9 digits) | Bank account number

3 METHOD OF INVESTMENT

- **The total minimum investment amount is $1,000 per fund unless the account(s) will be funded by Automatic Investment Plan. Refer to "Buying Shares" in the prospectus for more information.**
- You may be eligible for a lower sales charge on Class A share purchases, refer to Section 6 for more information.
- **You must have a broker-dealer to purchase Class C shares. To designate a broker-dealer, complete Section 12.**
- Advisor Class and Class Z shares are available only to certain, eligible investors. Refer to "Qualified Investors" in the prospectus for more information. To purchase Class Z shares, complete Section 7.

Select ONE of the following options:

☐ Electronically from the bank account provided in Section 2.
☐ Automatic Investment Plan (Complete Section 2 and Section 5).
☐ By Check – Make check(s) payable to "Franklin Templeton" or the name of the fund.

4 FUND DESIGNATION

Review our current list of mutual funds by visiting franklintempleton.com and clicking "Investments" and then choosing "Mutual Funds."

- The total dollar amount or percentage must equal 100% of your investment.
- If no fund is provided or we are unable to determine the name of the fund requested, any money received will be invested in the Franklin U.S. Government Money Fund and we will follow up with you for clarification.
- If no share class is provided or the share class is unclear, Class A shares will be purchased.
- **If no dollar amount or percentage is provided, your investment will be apportioned equally among the funds indicated below.**

Complete the fields below with your fund selection(s):

FUND NUMBER	FUND NAME (List the full name of the fund)	SHARE CLASS	DOLLAR AMOUNT		PERCENTAGE
			$	OR	%
			$	OR	%
			$	OR	%
			$	OR	%
			$	OR	%
			$	OR	%
			$	OR	%
			$	OR	%

IF YOU WOULD LIKE TO INVEST IN ADDITIONAL FUNDS, PROVIDE THE INFORMATION ON A SEPARATE SHEET.

5 AUTOMATIC INVESTMENT PLAN

Complete this section to establish an automatic investment plan directly FROM the business entity bank account TO your fund account(s).

- Franklin Templeton may take up to 15 days to establish your automatic investment. $25 investment minimum per fund.
- Please substitute Account Number in the Fund Name field if you wish to direct this to an existing account.
- If Frequency and Investment Date are not selected, we will default to monthly on the 20th.
- If the Investment Date falls on a non-business day, the transaction will be made on the following business day.
- Select only one investment date, unless you select twice a month as the frequency.
- If you select twice a month as the frequency, the selected dates must be at least 10 days apart. If you do not select two dates or select dates that are not 10 days apart, we will default to the 1st and the 15th.

Select ONE of the following:

☐ Apply to all funds selected in Section 4. $ _____ per fund. Specify your start month, frequency and investment date below:

START MONTH _____

FREQUENCY (select one): ☐ monthly ☐ quarterly ☐ twice a month ☐ annually

INVESTMENT DATE: ☐ 1st ☐ 10th ☐ 20th ☐ 5th ☐ 15th ☐ 25th

OR

☐ Specify a different start month, frequency and investment date(s) for only the funds or accounts listed below.

SHARE CLASS	FUND NAME	AMOUNT	START MONTH	FREQUENCY (select one)	INVESTMENT DATE
		$		☐ monthly ☐ quarterly ☐ twice a month ☐ annually	☐ 1st ☐ 10th ☐ 20th ☐ 5th ☐ 15th ☐ 25th
		$		☐ monthly ☐ quarterly ☐ twice a month ☐ annually	☐ 1st ☐ 10th ☐ 20th ☐ 5th ☐ 15th ☐ 25th
		$		☐ monthly ☐ quarterly ☐ twice a month ☐ annually	☐ 1st ☐ 10th ☐ 20th ☐ 5th ☐ 15th ☐ 25th
		$		☐ monthly ☐ quarterly ☐ twice a month ☐ annually	☐ 1st ☐ 10th ☐ 20th ☐ 5th ☐ 15th ☐ 25th
		$		☐ monthly ☐ quarterly ☐ twice a month ☐ annually	☐ 1st ☐ 10th ☐ 20th ☐ 5th ☐ 15th ☐ 25th

(continued)

6 SALES CHARGE REDUCTIONS FOR CLASS A SHARES

Franklin Templeton offers two ways for you to combine your current purchase of Class A shares with other existing Franklin Templeton and Legg Mason fund share holdings that might enable you to qualify for a lower sales charge with your current purchase. You can qualify for a lower sales charge when you reach certain "sales charge breakpoints."

CUMULATIVE QUANTITY DISCOUNT FOR CLASS A SHARES (Please provide statement copies for any mutual fund holdings that are not held directly with Franklin Templeton.)

I have reviewed the cumulative quantity discount provision of the Fund's prospectus and understand that I can combine the amount of my current purchase of Class A shares with any existing holdings that the prospectus describes as "cumulative quantity discount eligible shares" to determine if I can qualify for a reduced sales charge breakpoint. I also understand that if there are any existing cumulative quantity discount eligible shares that I want combined with my current purchase, I must identify the account(s) in which they are held below or they will not be considered in determining if my current purchase qualifies for a reduced sales charge breakpoint.

I have reviewed the prospectus and believe that cumulative quantity discount eligible shares are held in the following account(s):

Fund-account number(s)

Cumulative value of eligible shares

$

LETTER OF INTENT FOR CLASS A SHARES

I intend to purchase additional shares issued by one or more Franklin Templeton and Legg Mason funds over a 13-month period following my initial purchase in order to be eligible for a sales charge discount on my purchase of Class A shares. I agree to the terms of the Letter of Intent described in the applicable prospectus(es) and grant Franklin Distributors, LLC a security interest in the shares to be reserved. Although I am not obligated to do so, the aggregate amount of Franklin Templeton and Legg Mason funds' shares I intend to purchase over the 13-month period will be in an aggregate amount at least equal to:

☐ $25,000[2] ☐ $50,000[2] ☐ $100,000 ☐ $250,000 ☐ $500,000[2] ☐ $750,000[2] ☐ $1,000,000[2]

Please list the fund-account numbers that should be included in your Letter of Intent.

Fund-account number(s)

7 ELIGIBILITY FOR CLASS Z SHARES

Franklin Mutual Series fund investors who were shareholders of record on October 31, 1996, and other entities subject to the terms and conditions as set forth in the prospectus are able to establish additional accounts in any Franklin Mutual Series fund. If you hold shares in a Franklin Mutual Series fund through a broker-dealer, servicing agent, employer-sponsored retirement plan, IRA, bank trust department or registered investment advisor, you must attach an account statement from a broker-dealer, servicing agent, etc., specifically indicating your ownership of those shares as of October 31, 1996. If you hold shares directly with Franklin Templeton, complete the following.

I qualify to purchase Class Z shares because:

☐ I am a beneficial owner of the account identified below.
☐ An immediate family member residing within the same household is a beneficial owner of the account identified below.
☐ I am a custodian, trustee, guardian or conservator listed on the account identified below.
☐ Other (See the "Buying Shares" section in the Funds' prospectus).

If applicable, provide the account number for Franklin Mutual Series fund holdings that qualify your purchase of Class Z shares.

Fund-account number(s)

8 SELECTION OF COST BASIS METHOD – U.S. INVESTORS ONLY

Mutual fund companies, such as Franklin Templeton, are required to provide cost basis information to certain shareholders (excluding certain exempt recipients) and the Internal Revenue Service (IRS) when mutual fund shares are exchanged or redeemed. Please indicate your cost basis method choice below:

COST BASIS METHOD (select one)

☐ Average Cost Method (ACM): The calculation of an average cost for all shares in the account. Any shares exchanged or redeemed using ACM will be in First In, First Out (FIFO) order.

☐ Specific Share Identification (SSI): Specific shares are identified to be exchanged or redeemed at the time of the transaction. With SSI, you may also provide standing instructions regarding the order in which shares will be exchanged or redeemed:

Standing Lot Relief Order (select one)

☐ First In, First Out (FIFO) ☐ Last In, First Out (LIFO) ☐ Highest In, First Out (HIFO) ☐ Lowest In, First Out (LOFO)

If you do not select a method by the time of the first exchange or redemption, the transaction will be processed using Franklin Templeton's default method of Average Cost, with FIFO as the lot relief order. For additional information on cost basis, please visit franklintempleton.com/costbasis. You may want to consult your tax advisor to determine which cost basis method is best for you.

2. Not applicable for all funds.

9 DIVIDEND AND/OR CAPITAL GAINS DISTRIBUTION OPTIONS

All dividends and/or capital gains will be reinvested in additional shares of the same fund unless you provide other instructions below.

- You may only reinvest distributions in the same class of shares, except that Class C distributions may be reinvested in Class A shares of any Franklin money fund, and Advisor Class and Class Z distributions may be reinvested in Class A shares. You may reinvest Class Z distributions in Advisor Class shares of another fund if you qualify to buy that fund's Advisor Class shares.
- Allow up to 3 business days if the proceeds are being sent electronically. Your first distribution may be sent by check to your address of record or an alternate address (if one exists on your account) while bank information is established on your account.
- If you would like to direct payments from one fund-account to multiple accounts, attach separate instructions.

CHECK ONLY ONE OPTION FOR EACH:

Dividends ☐ Reinvest ☐ Pay in cash ☐ Direct to my Franklin Templeton account number _____

Capital Gains ☐ Reinvest ☐ Pay in cash ☐ Direct to my Franklin Templeton account number _____

☐ Send dividends and/or capital gains to an alternate payee and/or alternate mailing address (provide instructions below).

_____

_____

IMPORTANT: If you choose to have dividends or capital gains paid in cash, we will send the proceeds electronically to the bank account identified in Section 2 of this form or to a pre-established bank account if one exists. If you do not provide bank information, already have a pre-established bank account on file or select an alternate option above, we will send the proceeds to you by check, to your mailing address.

10 TELEPHONE TRANSACTION PRIVILEGES

You and your financial professional automatically have the convenience of Telephone Exchange and Redemption Privileges unless you check below. If bank information is provided in Section 2, you and your financial professional have the convenience of Telephone Purchases and Redemptions via electronic funds transfer, UNLESS you check below. Review your prospectus for a discussion of these privileges.

☐ I do **NOT** want Online and Telephone Exchange Privileges.

☐ I do **NOT** want Online and Telephone Redemption Privileges (if you decline this privilege, the Online and Telephone Purchase Privileges will not be available).

☐ I do **NOT** want Online and Telephone Purchase Privileges (if you decline this privilege and accept the Online and Telephone Redemption Privileges, redemptions will only be available by check).

11 MONEY FUND – CHECK WRITING AGREEMENT – OPTIONAL PRIVILEGE

- Check writing privileges are only offered on the Franklin U.S. Government Money Fund.
- You must have a minimum balance of $500 to establish check writing privileges. Allow two weeks for delivery of a free book of checks.
- You may make checks payable for amounts of $500 or more.

☐ Yes, I would like to apply for the convenience of unlimited check writing on my Franklin U.S. Government Money Fund. **Please review the important information in Section 13 of this application and in the Money Fund's current prospectus.**

☐ **JOINTLY OWNED/CO-TRUSTEE ACCOUNT:** Check here only if ALL authorized persons' signatures will be required on all checks. If this box is not checked, only ONE SIGNATURE will be required.

12 BROKER-DEALER USE ONLY

This application for the purchase of shares complies with the terms of our selling agreement with Franklin Distributors, LLC ("Distributors") and with the current prospectus(es) for the fund(s) identified in Section 4. We agree to notify Distributors of any purchases of shares which may be eligible for reduced or eliminated charges.

This section must be signed by a FINRA registered principal of the firm for the listed securities dealer.

WIRE ORDERS ONLY:

The attached check for $ _____ should be applied against wire order control number _____

dated _____ for _____ shares.

SECURITIES DEALER

Dealer name _____ Broker identification number _____

FINANCIAL PROFESSIONAL

First name, middle initial, last name _____ Suffix _____ Telephone number ( )

Email address _____ Dealer number _____ Branch number _____ Representative number _____

Branch address _____ City _____ State _____ ZIP _____

X _____ Title _____

Authorized signature (Registered Principal for the Securities Dealer listed above)

(continued)

13 SIGNATURE AND CERTIFICATION

BY SIGNING BELOW I CERTIFY AND AGREE THAT:

- The information provided on this application is true, correct and complete. You may verify this information with others, including third-party credit reporting agencies and databases and U.S. and/or foreign government agencies, and if you are unable to verify my information, you are authorized to close my account by redeeming shares at the then applicable net asset value.
- **The information provided on this application concerning beneficial owners and an individual with significant responsibility for managing the legal entity customer is, to the best of my knowledge, correct and complete.**
- I have received and read the prospectus for each fund identified in Section 4.
- I have full authority and am of legal age (or an emancipated minor) to buy and sell shares.
- The information in this application pertaining to account ownership and account options, as well as the Broker Dealer information, applies to any new fund into which my shares may be exchanged.
- When I call you regarding my shares and account(s) the telephone conversation may be recorded.
- If I request transfers to or from my bank account in this application or at any time, including by telephone, electronically or otherwise, you are authorized to make those requested transfers (and to make, if necessary, adjusting transfers if any amounts are transferred in error). I agree that Franklin Templeton may make additional attempts to debit/credit the account if the initial attempt fails, and if a transfer is denied by the Bank for any reason, Franklin Templeton will discontinue this authorization. I understand that I can end this authorization at any time by notifying you in writing or by telephone. I certify that my signature alone is sufficient to authorize debits from the bank account.
- You are authorized to provide any information about my account(s) to my broker-dealer or financial professional, and my broker-dealer or financial professional is authorized to provide any information about my account(s) to you.
- I will review all account statements and written notifications after each transaction affecting my account upon receipt, and will notify you immediately if there is a discrepancy.
- My property may be transferred to the appropriate state if no activity/communication occurs in the account within the time period specified under my state's unclaimed property laws.
- I understand that digital communication channels are not necessarily secure. If I do choose to send confidential or sensitive information to you via digital communication channels (e.g., email, chat, text messaging, fax), I am accepting the associated risks related to potential lack of security, such as the possibility that my confidential or sensitive information may be intercepted/accessed by a third party and subsequently used or sold.

I understand that mutual fund shares are not deposits or obligations of, or guaranteed or endorsed by, any bank, and are not federally insured by the Federal Deposit Insurance Corporation, the Federal Reserve Board, or any other agency of the US Government, and that an investment in mutual fund shares involves risks, including the possible loss of principal.

For U.S. Entities

I CERTIFY UNDER PENALTIES OF PERJURY THAT:

1. The TIN provided in this application is my correct TIN, and
2. I am NOT subject to backup withholding because I am exempt from backup withholding, I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding (*cross out this item 2 if you are subject to backup withholding*), and
3. I am a US citizen or other US person (including US resident aliens, business entities such as corporations, partnerships and sole proprietorships organized in the United States, and certain domestic trusts), and
4. I am exempt from FATCA reporting.

Check if appropriate: ☐ I am an exempt recipient as defined under US federal income tax regulations (e.g., corporation, financial institution, registered broker-dealer or tax-exempt organization).

The IRS does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

For Foreign (or non-US) Entities

Foreign (or non-US) entities will need to complete and submit Form W-8BEN-E, W-8IMY, W-8EXP or W-8ECI, as applicable, to certify their FATCA and Chapter 3 status and claim tax treaty benefits, if applicable. Failure to provide Form W-8 may result in a 30% US withholding tax on payments made to your account. You may obtain Form W-8 on the IRS website at IRS.gov or call Franklin Templeton Shareholder Services at (800) 632-2301 or call COLLECT from outside the US at (916) 463-6488 with any questions. We encourage you to seek the assistance of a US tax advisor in completing these forms.

AUTHORIZED PERSONS SIGNATURE(S) ONLY

All authorized persons named in Section 1C must sign this application.

SIGNATURE	Date	**SIGNATURE**	Date
X		**X**	
SIGNATURE	Date	**SIGNATURE**	Date
X		**X**	

BANK ACCOUNT OWNER(S) SIGNATURE(S) ONLY

Any bank account owner who is not an owner of the fund account must sign below.

	Date		Date
X		**X**	
Bank Account Owner Signature		Bank Account Owner Signature	

Important Information

Householding of Prospectuses and Fund Reports Notice:

- To help reduce fund expenses; we identify shareholders of a fund who are part of the same family (same last name and share same address) so that the household receives only one copy of these documents. This process is called "householding" and automatically takes effect 60 days after an account is opened.
- You can opt-out of householding at any time by calling Shareholder Services at (800) 632-2301. We will stop householding within 30 days of your opt-out request and begin sending individual copies of these documents to each investor.

Privacy Policy: You may view our policy on our website at http://franklintempleton.com/help/privacy-policy.

Business Continuity Policy: You may view our policy on our website at http://franklintempleton.com/help/business-continuity.

BEFORE YOU SUBMIT...

TO OPEN AN ACCOUNT – DID YOU PROVIDE?

- A typed application or application handwritten in capital letters using blue or black ink.
- A Franklin Templeton reference ID related to your request on page 1 (if you were provided with one).

SECTION 1

Information for the Account Owner(s) authorized to transact business on the account:

- Full first and last name
- Street address (include any APT, BLDG, STE number)
- Social Security Number/ITIN
- Date of Birth

SECTION 2

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

SECTION 3

- Method of investment is listed

SECTION 4

- Fund name(s) and share class (if Class C selected, Broker-Dealer in Section 12 is required)
- Dollar amount(s) or percentage(s) equal to 100%

SECTION 5

- Fund name(s)
- Amount, start month, frequency and investment date for each

SECTION 13

- The signature of the Account Owner(s) and date signed
- The signature of the Bank Account Owner(s) and date signed (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
• 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 reference ID(s) to be accepted. • If you have not been registered on franklintempleton.com for at least 15 calendar days, call (800) 632-2301 to request a reference ID to include in your email. **Financial Professionals:** ftrequests.us.franklintempleton@fisglobal.com **Shareholders:** shrequests.us.franklintempleton@fisglobal.com	(855) 891-8377	You may use any of the below mailing addresses: **Regular Mail** • Franklin Templeton P.O. Box 33030 St. Petersburg, FL 33733–8030 **Overnight** • Franklin Templeton 100 Fountain Parkway N. St. Petersburg, FL 33716–1205

Questions? Contact your financial professional, visit franklintempleton.com or call us at **(800) 632-2301**.

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