FRANKLIN TEMPLETON

Account Application for Transfer on Death Registration

IMPORTANT INFORMATION:

- **You or your financial professional can now open certain new accounts online. Visit franklintempleton.com for more details.**
- Complete this application to open an Individual or Joint Tenant mutual fund account in a Transfer on Death (TOD) registration.
- Please review the important information in Sections 2 and 15 of this application regarding TOD registrations. You should consult with your attorney and financial professional prior to completing this application to ensure a TOD registration meets your specific estate planning requirements. To open any other type of mutual fund account, including an IRA or other retirement account for which Fiduciary Trust International of the South ("FTIOS") 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, we will ask for your name, address, date of birth and other information that will allow us to identify you. **If you fail to provide all requested information, it may delay or prevent us from opening an account and making your requested investment(s), and if after your account is open we are unable to verify the information you provide, we may close your account.**

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

- **Required for each account owner: Full name, Social Security number (or ITIN),[1] date of birth and street address (please include any APT., BLDG., STE. number).**
- If more than one owner, "joint tenants with rights of survivorship" is assumed unless otherwise specified.

OWNER

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

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

Email address[2] | Primary phone number ( ) | Alternate phone number ( )

☐ U.S. citizen ☐ Resident alien ☐ Nonresident alien

If you are a *Nonresident alien*, please indicate your country of citizenship and country of tax residence. | Country of citizenship | Country of tax residence

JOINT OWNER (optional)

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

☐ U.S. citizen ☐ Resident alien ☐ Nonresident alien

If you are a *Nonresident alien*, please indicate your country of citizenship and country of tax residence. | Country of citizenship | Country of tax residence

Street address of residence (if different from above – no P.O. Box address) | City | State | ZIP

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

Primary phone number ( ) | Alternate phone number ( )

ATTACH SEPARATE SHEETS IF MORE THAN TWO JOINT OWNERS

(SEE NEXT PAGE FOR BENEFICIARY DESIGNATION)

1. You must provide your U.S. Taxpayer Identification Number (TIN); a TIN includes the SSN, ITIN, ATIN and EIN. If you have never been issued a U.S. TIN and are not a U.S. citizen, in place of a U.S. 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-U.S. persons is unfamiliar and cannot be authenticated by reasonable means, the account will not be opened. Refer to Section 15 for additional certification requirements applicable to each registered owner.
2. 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.

(continued)

2 BENEFICIARY DESIGNATION

Complete sections 2A and 2B with your primary and contingent beneficiary designation.

- **The account owner(s) may NOT be listed as a beneficiary.**
- The total primary and contingent beneficiary allocation should EACH equal 100%.
- Benefits shall be divided equally among primary beneficiaries (or contingent beneficiaries), unless otherwise specified.
- This designation supersedes any prior beneficiary designations that you have made.
- No beneficiary (primary or contingent) will receive any shares prior to your death or the death of the last surviving joint tenant (if applicable).
- If a primary beneficiary does not survive you or the last surviving joint tenant (if applicable), their interest passes proportionately to the surviving primary beneficiaries, unless your state law 1) dictates a different application, or 2) expressly permits you to designate otherwise and you do so.
- Contingent beneficiaries will inherit as indicated ONLY IF all primary beneficiaries do not survive you or the last surviving joint tenant (if applicable).
- If no beneficiary survives you or the last surviving joint tenant (if applicable), the shares pass to your estate or the estate of the last surviving joint tenant (if applicable).
- Please note, upon your death, we have no obligation to contact your beneficiary(ies). Additionally, upon your death, if there is any question regarding your beneficiary designation, we reserve the right (but have no obligation) to request non-conflicting instructions from all designated beneficiaries regarding the disposition of the shares.
- If you are married and designate a primary beneficiary other than your spouse, you may need to obtain your spouse's consent. You should consult with a legal advisor regarding your beneficiary designation and whether your spouse's consent is necessary. *Franklin Templeton is not responsible for determining whether your spouse's consent is necessary.*
- **Note:** The name(s) of the TOD beneficiary(ies) will **not** appear on your account registration.

2A DESIGNATE YOUR PRIMARY BENEFICIARY(IES)

Name OR Name of Trust (trust date **required** mm/dd/yyyy) | Percentage %

Social Security number | Date of birth (mm/dd/yyyy) | ☐ Spouse | ☐ Non-Spouse (Relationship to you)

Street address | City | State | ZIP

Name OR Name of Trust (trust date **required** mm/dd/yyyy) | Percentage %

Social Security number | Date of birth (mm/dd/yyyy) | ☐ Spouse | ☐ Non-Spouse (Relationship to you)

Street address | City | State | ZIP

Name OR Name of Trust (trust date **required** mm/dd/yyyy) | Percentage %

Social Security number | Date of birth (mm/dd/yyyy) | ☐ Spouse | ☐ Non-Spouse (Relationship to you)

Street address | City | State | ZIP

Name OR Name of Trust (trust date **required** mm/dd/yyyy) | Percentage %

Social Security number | Date of birth (mm/dd/yyyy) | ☐ Spouse | ☐ Non-Spouse (Relationship to you)

Street address | City | State | ZIP

IF NAMING MORE THAN FOUR BENEFICIARIES, PROVIDE INFORMATION ON A SEPARATE SHEET. **TOTAL: 100%**

(continued)

2 BENEFICIARY DESIGNATION (cont'd.)

2B DESIGNATE YOUR CONTINGENT BENEFICIARY(IES) (IF ANY)

Name OR Name of Trust (trust date **required** mm/dd/yyyy) | Percentage %

Social Security number | Date of birth (mm/dd/yyyy) | ☐ Spouse | ☐ Non-Spouse (Relationship to you)

Street address | City | State | ZIP

Name OR Name of Trust (trust date **required** mm/dd/yyyy) | Percentage %

Social Security number | Date of birth (mm/dd/yyyy) | ☐ Spouse | ☐ Non-Spouse (Relationship to you)

Street address | City | State | ZIP

Name OR Name of Trust (trust date **required** mm/dd/yyyy) | Percentage %

Social Security number | Date of birth (mm/dd/yyyy) | ☐ Spouse | ☐ Non-Spouse (Relationship to you)

Street address | City | State | ZIP

Name OR Name of Trust (trust date **required** mm/dd/yyyy) | Percentage %

Social Security number | Date of birth (mm/dd/yyyy) | ☐ Spouse | ☐ Non-Spouse (Relationship to you)

Street address | City | State | ZIP

IF NAMING MORE THAN FOUR BENEFICIARIES, PROVIDE INFORMATION ON A SEPARATE SHEET. **TOTAL: 100%**

3 ELECTRONIC DELIVERY (eDELIVERY)

To receive your statements, notifications,[3] and tax documents by eDelivery, register for online account access. Check the box below to receive an email with instructions on how to register your account online and complete the eDelivery enrollment process. **IMPORTANT: Your email address is required in Section 1.**

☐ Yes, send me instructions on how to register for online access on my account.

Note: If you do not register for online access you will receive statements, notifications[3] and tax documents to your mailing address.

3. Notifications may include transaction confirmations, prospectuses, shareholder reports, proxy materials and other notifications.

4 BANK INFORMATION FOR ELECTRONIC SERVICES

Please establish electronic transfers to or from my 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.
- Any bank account owner who is not an owner of the fund account must sign in Section 15.
- 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

5 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 8 for more information.
- **You must have a broker-dealer to purchase Class C shares. To designate a broker-dealer, complete Section 14.**
- 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 9.

Select ONE of the following options:

☐ Electronically from the bank account provided in Section 4.
☐ Automatic Investment Plan (Complete Section 4 and Section 7).
☐ By Check – Make check(s) payable to "Franklin Templeton" or the name of the fund.

6 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.

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

(continued)

7 AUTOMATIC INVESTMENT PLAN

Complete this section to establish an automatic investment plan directly FROM a 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.
- 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 identified in Section 6. $ _____ per fund. Specify your start month, frequency and investment date below:

START MONTH _____

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

INVESTMENT DATE: ☐ 1st ☐ 5th ☐ 10th ☐ 15th ☐ 20th ☐ 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 ☐ twice a month ☐ quarterly ☐ annually	☐ 1st ☐ 5th ☐ 10th ☐ 15th ☐ 20th ☐ 25th
		$		☐ monthly ☐ twice a month ☐ quarterly ☐ annually	☐ 1st ☐ 5th ☐ 10th ☐ 15th ☐ 20th ☐ 25th
		$		☐ monthly ☐ twice a month ☐ quarterly ☐ annually	☐ 1st ☐ 5th ☐ 10th ☐ 15th ☐ 20th ☐ 25th
		$		☐ monthly ☐ twice a month ☐ quarterly ☐ annually	☐ 1st ☐ 5th ☐ 10th ☐ 15th ☐ 20th ☐ 25th
		$		☐ monthly ☐ twice a month ☐ quarterly ☐ annually	☐ 1st ☐ 5th ☐ 10th ☐ 15th ☐ 20th ☐ 25th

8 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[4] ☐ $50,000[4] ☐ $100,000 ☐ $250,000 ☐ $500,000[4] ☐ $750,000[4] ☐ $1,000,000[4]

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

Fund-account number(s) _____

4. Not applicable for all funds.

9 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)

10 SELECTION OF COST BASIS METHOD

Mutual fund companies, such as Franklin Templeton, are required to provide cost basis information to both shareholders 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.

11 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 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 4 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.

12 ONLINE AND TELEPHONE PRIVILEGES

You and your financial professional automatically have the convenience of Online and Telephone Exchange and Redemption Privileges unless you check below. If bank information is provided in Section 4, you and your financial professional have the convenience of Online and Telephone Purchases and Redemptions via electronic funds transfer, UNLESS you check below. You cannot opt out of telephone privileges and opt in for online privileges, or vice versa. 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).

13 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 15 of this application and in the Money Fund's current prospectus.**

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

14 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 6. 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)

15 SIGNATURE AND TAX CERTIFICATION

BY SIGNING I CERTIFY AND AGREE THAT:

- I understand that designating a TOD beneficiary on my Franklin Templeton mutual fund account(s) may have certain tax and/or legal consequences. I hereby agree that neither the Franklin Templeton mutual funds nor their transfer agent, Franklin Templeton Investor Services, LLC ("FTIS"), is responsible for determining any tax and/or legal consequences concerning my decision to designate a TOD beneficiary on my mutual fund account(s). I also understand I should consult with my attorney and financial professional prior to completing this form to ensure a TOD registration meets my specific estate planning requirements.
- I also understand that I may change this TOD beneficiary designation at any time by submitting a new *Transfer on Death Registration Form*, or remove the designation by submitting new registration instructions, in proper form, to FTIS. To be effective, a beneficiary change must be received by FTIS prior to your death.
- Each of the undersigned hereby agrees to indemnify, defend and hold harmless FTIS, each investment company (mutual fund) serviced by FTIS, and their respective directors, trustees, officers and employees (each an "Indemnitee" and collectively "Indemnitees") from and against any and all liability, loss, suits, claims, costs, damages and expenses of whatever amount and whatever nature, including without limitation reasonable attorneys' fees, any Indemnitee may sustain or incur as a result of the Indemnitee acting upon this Transfer on Death registration instruction, and maintaining, and ultimately distributing the assets in accordance with this instruction.
- If I am married and elect to designate a beneficiary other than my spouse, I should consult with my legal advisor as to any interest (community property, marital property, or otherwise) my spouse has or may have with respect to this mutual fund account and the effect of any such interest on this beneficiary designation.
- If I am married and elect to designate a primary beneficiary other than my spouse, my spouse consents to the beneficiary designation, if my spouse's consent is necessary.
- 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.
- I have received and read the prospectus for each fund identified in Section 6.
- 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. If I am an owner of the bank account identified in Section 4 of this application, 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.
- If I have applied for the convenience of check writing, I am familiar with the prospectus provision discussing "Selling Shares by Check" and agree that my check writing privileges are subject to the terms of the current prospectus, as it may be amended from time to time. I also agree that any bank appointed by you is authorized to accept each check signed by me and to present the check to my Money Fund as my instruction to redeem an equivalent number of my shares to cover the amount of the check. I understand that the bank will reject and return as unpaid any check that my payee has converted to an electronic debit. I will take care to protect my checks from unauthorized use and will notify you immediately if any check has been lost or stolen. I will be responsible for any check signed in my name by someone with my approval (whether given before or after the check is issued) or for my benefit. I will notify you immediately of the death or incapacity of any person who is authorized to sign my Money Fund checks. I also agree you may require that any check be signed by all owners of my account if you believe in good faith that there is or that there may be a dispute among those of us with signing authority.

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 U.S. Government, and that an investment in mutual fund shares involves risks, including the possible loss of principal.

For U.S. Citizens and Resident Aliens

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 U.S. citizen or other U.S. person (including a U.S. resident alien), and
4. I am exempt from FATCA reporting.

Note: In general, resident aliens are lawful permanent residents ("green card" holders), or those persons that meet the requirements of the substantial presence test.

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

Non-U.S. Persons: Please submit IRS Form W-8 with this application to certify your status as a foreign person and claim applicable tax treaty benefits if you are not a U.S. person (e.g., a nonresident alien individual, foreign trust or foreign estate). For joint accounts, a Form W-8 BEN is required for each non-U.S. person. You may obtain Form W-8 BEN on the IRS website at IRS.gov or call Franklin Templeton at (800) 632-2301 [or call collect from outside the U.S. to (916) 463-6488] with any questions.

FRANKLIN TEMPLETON ACCOUNT OWNER(S) SIGNATURE(S) ONLY

All registered owners named in Section 1 must sign this application.

X	Date	X	Date
Franklin Templeton Account Owner		Franklin Templeton Account Owner	

BANK ACCOUNT OWNER(S) SIGNATURE(S) ONLY

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

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

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

(continued)

This page intentionally left blank.

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 franklintempleton.com/help/privacy-policy.

Business Continuity Policy: You may view our policy on our website at 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) on the account:

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

SECTION 2

Information for the Beneficiary(ies) on the account:

- The name, relationship and identifying information for the Beneficiary(ies)
- Percentages of Primary and Contingent Beneficiaries that equal to 100%

SECTION 3

- eDelivery option

SECTION 4

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

SECTION 5

- Method of investment is listed

SECTION 6

- Fund name(s) and share class (if Class C selected, Broker-Dealer in Section 14 is required)
- Dollar amount(s) or percentage(s) equal to 100%

SECTION 7

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

SECTION 15

- 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.**

© 2026 Franklin Templeton. All rights reserved.

US-GSS-729504-7107308
GOF-APPTD-0826