



FRANKLIN TEMPLETON INVESTMENTS

# FRANKLIN TEMPLETON ACCOUNT OPTIONS FORM

Please complete appropriate section(s) and have ALL applicable owners sign in Section 7.

This form is to be used ONLY if you are revising an existing Franklin Templeton account. Use this form to:

- Establish or change **Bank Information** for any options for transfers to or from your bank account
- Establish, change or discontinue an **Automatic Investment Plan**
- Establish, change or discontinue a **Systematic Withdrawal Plan**
- Change **Dividend and/or Capital Gains Distribution and Payment Options**
- Change your **Contact Information**
- Establish **Check Writing**

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

ACCOUNT OWNER NAMES  Primary phone number  Alternate phone number

## 1 BANK INFORMATION/ELECTRONIC SERVICES AUTHORIZATION<sup>1</sup>

Please establish/change electronic transfers to or from my bank account. Only one bank account can be linked to my Franklin Templeton 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.

If I previously declined the Telephone Redemption Privilege but would like Telephone Purchases, I understand that Telephone Purchases and Telephone Redemptions via electronic funds transfers between my Franklin Templeton account(s) and my linked bank account are operationally connected. If I complete this form, I authorize all electronic services on my account(s).

**NOTE:** These bank instructions will be established for purchases, redemptions and any pre-established systematic withdrawals or dividend/capital gain payments. If there is a difference between the Franklin Templeton fund account owner(s) and the bank account owner(s), all bank account owners must sign in Section 7. Additionally, if the registration of the Franklin Templeton fund account(s) and the bank account identified below DO NOT include at least one common owner, all bank account owners must have their signatures notarized and the account owner(s) signing in Section 7 must also have his or her signature notarized.

FRANKLIN TEMPLETON FUND-ACCOUNT NUMBER(S)

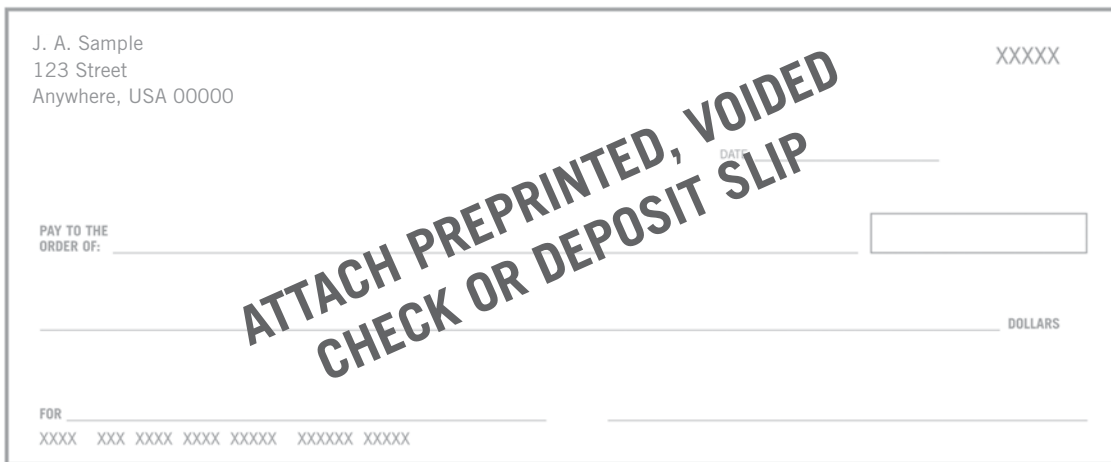
Checking account  Savings account Bank name  Bank account number

BANK ROUTING NUMBER  NAME(S) (PRINT AS SHOWN ON BANK ACCOUNT REGISTRATION)

Tape a preprinted, voided check or preprinted savings account deposit slip here.

Bank account registration information (your name and address) cannot be blank or handwritten.

Do not staple.



1. If you will require redemption proceeds to be sent to a newly established or changed bank within 15 days, all bank account owners and Franklin Templeton account owners must have their signatures guaranteed in Section 7, which will waive the 15-day hold period. You may also submit a signature guaranteed Shareholder Request form. If your signature is not guaranteed, your proceeds will be sent by check to your address of record until the 15-day period has expired.

**2 AUTOMATIC INVESTMENT PLAN – ESTABLISH, CHANGE OR DISCONTINUE**

Please check the appropriate box(es) below to establish, change or discontinue an automatic investment plan.

Please discontinue my automatic investment plan from the following fund account number(s).

\_\_\_\_\_

\_\_\_\_\_

Please establish or change my automatic investment transfers directly from my bank account (complete Section 1) according to the options selected below. If **Frequency** and **Investment Date** are not selected, we will default to monthly on the 20th. Please allow up to 15 days from receipt by Franklin Templeton Investments for initial processing.

FUND-ACCOUNT NUMBER	AMOUNT (\$50 minimum for each)	START MONTH	FREQUENCY (select one)	INVESTMENT DATE <sup>2</sup> (select one)
_____	\$ _____	_____	<input type="checkbox"/> monthly <input type="checkbox"/> quarterly <input type="checkbox"/> annually	<input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 25th
_____	\$ _____	_____	<input type="checkbox"/> monthly <input type="checkbox"/> quarterly <input type="checkbox"/> annually	<input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 25th
_____	\$ _____	_____	<input type="checkbox"/> monthly <input type="checkbox"/> quarterly <input type="checkbox"/> annually	<input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 25th
_____	\$ _____	_____	<input type="checkbox"/> monthly <input type="checkbox"/> quarterly <input type="checkbox"/> annually	<input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 25th

**3 SYSTEMATIC WITHDRAWAL PLAN – ESTABLISH, CHANGE OR DISCONTINUE (Not available for Franklin Mutual Recovery Fund)**

Do NOT complete for Retirement Plan accounts with Fiduciary Trust International of the South (“FTIOS”) as custodian or trustee. Please refer to the plan specific Distribution Request Forms on franklintempleton.com or call Retirement Services at (800) 527-2020 for assistance pertaining to retirement account distributions.

Please check the appropriate box(es) below to establish, change or discontinue a systematic withdrawal plan.

Please discontinue my systematic withdrawal plan from the following fund account number(s).

\_\_\_\_\_

\_\_\_\_\_

Please establish or change my systematic withdrawals on my fund account(s)<sup>3</sup> according to the options selected below. If **Frequency** and **Withdrawal Date** are not selected, we will default to monthly on the 20th. Please allow at least 15 days from receipt by Franklin Templeton Investments for initial processing.

FUND-ACCOUNT NUMBER <sup>3</sup>	AMOUNT (\$50 minimum for each)	START MONTH	FREQUENCY (select one)	WITHDRAWAL DATE <sup>4</sup> (select one)
_____	\$ _____	_____	<input type="checkbox"/> monthly <input type="checkbox"/> quarterly <input type="checkbox"/> semiannually <input type="checkbox"/> annually	<input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 25th
_____	\$ _____	_____	<input type="checkbox"/> monthly <input type="checkbox"/> quarterly <input type="checkbox"/> semiannually <input type="checkbox"/> annually	<input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 25th
_____	\$ _____	_____	<input type="checkbox"/> monthly <input type="checkbox"/> quarterly <input type="checkbox"/> semiannually <input type="checkbox"/> annually	<input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 25th
_____	\$ _____	_____	<input type="checkbox"/> monthly <input type="checkbox"/> quarterly <input type="checkbox"/> semiannually <input type="checkbox"/> annually	<input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 25th

Direct payments to my existing Franklin Templeton account number \_\_\_\_\_ (must be the same class as paying account).<sup>5</sup>

We will send the proceeds electronically to the bank account you provide in Section 1 or, if a new bank account is not provided, 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 choose to direct payments to your existing Franklin Templeton account, we will send the proceeds to you by check, to your mailing address. Please allow up to 3 business days if the proceeds are being sent electronically or up to 10 calendar days to receive a check. For electronic transfers, your first distribution may be sent by check **to your address of record** while bank information is established for your account.

2. If the Investment Date falls on a weekend or holiday, the transaction will be made on the following business day.

3. Minimum balance of \$5,000 per account is required.

4. If the Withdrawal Date falls on a weekend or holiday, the transaction will be made on the following business day.

5. Please attach instructions if directing payments to multiple Franklin Templeton accounts and/or new funds.

**4 CHANGE DIVIDEND AND/OR CAPITAL GAINS DISTRIBUTION AND PAYMENT OPTIONS**

Do NOT complete for Retirement Plan accounts with FTIOS as custodian or trustee. Please refer to the plan specific Distribution Request Forms on franklintempleton.com or call Retirement Services at (800) 527-2020 for assistance pertaining to retirement account distributions.

Please change my dividend and/or capital gains distribution and payment options as identified below.

**FUND-ACCOUNT NUMBER(S)**

\_\_\_\_\_  
\_\_\_\_\_

**CHECK ONLY ONE OPTION FOR EACH.**

Dividends:  Reinvest,  Pay out,<sup>6</sup> or  Direct to my Franklin Templeton account number<sup>7</sup> \_\_\_\_\_

Capital gains:  Reinvest,  Pay out,<sup>6</sup> or  Direct to my Franklin Templeton account number<sup>7</sup> \_\_\_\_\_

**5 CHANGE CONTACT INFORMATION**

Please change my contact information as identified below.

**FUND-ACCOUNT NUMBER(S)**

\_\_\_\_\_  
\_\_\_\_\_

**CURRENT ADDRESS**

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

Mailing address (if different from street address) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**NEW ADDRESS**

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

Mailing address (if different from street address) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

New primary phone number (if applicable) ( ) \_\_\_\_\_ New alternate phone number (if applicable) ( ) \_\_\_\_\_ Email address<sup>8</sup> \_\_\_\_\_

**6 ESTABLISH CHECK WRITING – MONEY FUND ONLY**

**CHECK WRITING AGREEMENT**

Please complete for check writing access to Money Fund account(s) listed below. Minimum check writing amount is \$500.

**FUND-ACCOUNT NUMBER(S)**

\_\_\_\_\_

A free book of checks will be provided if your account balance is \$500 or more.<sup>9</sup> Please allow two weeks for delivery.

- Yes, I would like to apply for the convenience of free unlimited check writing and certify and agree that: (1) 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; (2) 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; (3) I understand that the bank will reject and return as unpaid any check that my payee has converted to an electronic debit; (4) I will take care to protect my checks from unauthorized use and will notify you immediately if any check has been lost or stolen; (5) 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; (6) I will notify you immediately of the death or incapacity of any person who is authorized to sign my Money Fund checks; and (7) 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.
- 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.

6. **IMPORTANT:** If you choose to have dividends or capital gains paid in cash, we will send the proceeds electronically to the bank account you provide in Section 1 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 choose to direct payments to your existing Franklin Templeton account, we will send the proceeds to you by check, to your current mailing address. Please allow up to 3 business days if the proceeds are being sent electronically or up to 10 calendar days to receive a check. For electronic transfers, your first distribution may be sent by check to your address of record while bank information is established on your account.

7. 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.

8. If you currently receive any electronic documents from Franklin Templeton Investments, future documents will be sent to the email address provided on this form, replacing any prior email address on file.

9. If your opening account balance is less than \$500, when your balance reaches \$500, please call us or, if you're registered on our website, visit franklintempleton.com to order a free book of checks.

