



CHANGE OF BROKER-DEALER FORM

GOF FCOD 07/21

This form is to be used **ONLY** if you are changing the broker-dealer on an existing Franklin Templeton account or Franklin Templeton 529 College Savings Plan account.

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

Broker-dealer contact name (if this form is being submitted by someone other than the listed financial professional)	Daytime phone number
<input type="text"/>	(<input type="text"/>) <input type="text"/>

If applicable, provide any Franklin Templeton case number(s) related to your request:

1 ACCOUNT INFORMATION (complete only one type)

I/WE AUTHORIZE THE CHANGE OF BROKER-DEALER ON:

A. ALL accounts registered under the following SSN/TIN, or broker identification number or asset summary number:

SSN/TIN	Broker identification number	Asset summary number
<input type="text"/>	<input type="text"/>	<input type="text"/>

OR

B. ALL accounts identically registered as this account:

OR

C. ONLY the account number(s) listed:

2 BROKER-DEALER INFORMATION

For a broker-dealer to be added to a 529 Plan Account, the broker-dealer must have an effective 529 Plan selling addendum or other 529 Plan selling agreement with Franklin Distributors, LLC.

SECURITIES DEALER

New securities broker-dealer name

Main office address	City	State	ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

FINANCIAL PROFESSIONAL

First name	M.I.	Last name	Suffix	Telephone number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	(<input type="text"/>) <input type="text"/>

Email address	Dealer number	Branch number	Representative number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Branch address	City	State	ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

FRANKLIN TEMPLETON ACCOUNT OWNER(S) SIGNATURE(S)

- Each person authorized to transact business on the account(s) identified in Section 1 must sign this form.
- The signature(s) must correspond exactly with the name(s) registered on the account(s).

Printed name

Printed name

Date

Date

Franklin Templeton Account Owner Signature

Franklin Templeton Account Owner Signature

AUTHORIZED SIGNER OF BROKER-DEALER

- If this request is being submitted by an existing broker-dealer to reassign accounts, the FINRA registered principal of the firm for the securities dealer listed in Section 2 must sign this form.

Printed name

Title

Date

Authorized signature (Registered Principal for the Securities Dealer)

MAKE A PHOTOCOPY OF THE COMPLETED FORM FOR YOUR RECORDS

EMAIL	FAX	MAIL
<ul style="list-style-type: none"> • Emails MUST include an attachment (PDF preferred) of your request and related case number(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 case number to reference in your email. • Digital communication channels are not necessarily secure. If you do choose to send confidential or sensitive information to us via digital communication channels (e.g. email, chat, text messaging, fax), you are accepting the associated risks related to potential lack of security, such as the possibility that your confidential or sensitive information may be intercepted/accessed by a third party and subsequently used or sold. <p>Financial Professionals: ftrequests@franklintempleton.com</p> <p>Shareholders: shrequests@franklintempleton.com</p>	(855) 891-8377	<p>You may use any of the below mailing addresses:</p> <p>Regular Mail</p> <ul style="list-style-type: none"> • Franklin Templeton P.O. Box 997152 Sacramento, CA 95899-7152 • Franklin Templeton P.O. Box 33030 St. Petersburg, FL 33733-8030 <p>Overnight</p> <ul style="list-style-type: none"> • Franklin Templeton 3344 Quality Drive Rancho Cordova, CA 95670-7313 • Franklin Templeton 100 Fountain Parkway N. St. Petersburg, FL 33716-1205