

Franklin Templeton Change of Dealer Form

| | | P.O. Box 997151 Sacramento, CA 95899-7151 | P.O. Box 33030 St. Petersburg, FL 33733-8030 |
|---|-----------------------------|---|---|
| | | Franklin Templeton Investments | Franklin Templeton Investments |
| | Please mail to | WEST COAST | EAST COAST |
| | | | |
| Authorized signature | _ | | |
| x | | | |
| | Date | | |
| Timesa name | | THE | |
| If this request is being submitted by an existing broker Printed name | - | accounts, the signature of an author. Title | ized signer for the firm is required. |
| BROKER-DEALER USE ONLY | 1.1 | | |
| Authorized signature | | Authorized signature | |
| X | | X Authorized circosture | |
| | Date | | Date |
| | | ca namo | |
| the name(s) registered on the account. Printed name | | Printed name | |
| The signature(s) of each person(s) authorized to transa | act business on the | account(s) referenced above is requir | ed and must correspond exactly with |
| SHAREHOLDER | | | |
| 3 REQUIRED SIGNATURE(S) | _ | | |
| * For a broker-dealer to be added to a 529 plan account, they must have | e an effective 529 plan sel | lling addendum or other 529 plan selling agreem | ent with Franklin Templeton Distributors, Inc. |
| | | | |
| Branch address | City | | State ZIP |
| Financial advisor email | Dealer nun | nber Branch number | Financial advisor number |
| | 5 . | |) |
| Financial advisor first name M.I. Last | name | Suffix Telep | phone number |
| | | | |
| New securities dealer name | | | |
| 2 BROKER-DEALER INFORMATION* | | | |
| C. ONLY the account number(s) listed: | | | |
| OR | | J | |
| B. ALL accounts identically registered as this account: | Fund-account number | =i | |
| OR | Fund account number | | |
| SSN/TIN Br | oker identification nui | mber Asset sum | mary number |
| $\boldsymbol{A.}$ ALL accounts registered under the following SSN/T | | • | |
| I/WE AUTHORIZE THE CHANGE OF BROKER-DEALER ON: | | | |
| 1 ACCOUNT INFORMATION (complete only one type | e) | | |
| | | | <u>'</u> |
| | | |) |
| If completing by hand, please print clearly in CAPITA Broker-dealer contact name (if this form is being submitted | _ | | me phone number |