



# Investment Advisor Representative (IAR / RIA) Form

Use this form to authorize an Investment Advisor Representative (IAR) to have access to your account and to act on your behalf.

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

This request is related to Franklin Templeton REFERENCE ID(S): \_\_\_\_\_

## 1 ACCOUNT INFORMATION

### ACCOUNT OWNER NAME(S)

First name \_\_\_\_\_ M.I. \_\_\_\_\_ Last name \_\_\_\_\_ Suffix \_\_\_\_\_

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

Email address<sup>1</sup> \_\_\_\_\_ Primary phone number (\_\_\_\_) \_\_\_\_\_ Alternate phone number (\_\_\_\_) \_\_\_\_\_

First name \_\_\_\_\_ M.I. \_\_\_\_\_ Last name \_\_\_\_\_ Suffix \_\_\_\_\_

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

Primary phone number (\_\_\_\_) \_\_\_\_\_ Alternate phone number (\_\_\_\_) \_\_\_\_\_

### FUND-ACCOUNT NUMBERS

Provide your fund-account number(s):

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

### DUPLICATE STATEMENTS

I authorize duplicate statements to be sent to the Investment Advisor Representative (IAR) designated within this form.

## 2 DUALY REGISTERED INVESTMENT ADVISOR REGISTRATION

Complete the below fields with the dually registered Investment Advisor Representative (IAR) information.

Representative firm name \_\_\_\_\_ Representative IARD/CRD number \_\_\_\_\_

Representative first name \_\_\_\_\_ M.I. \_\_\_\_\_ Last name \_\_\_\_\_ Suffix \_\_\_\_\_

Representative email address \_\_\_\_\_ Telephone number (\_\_\_\_) \_\_\_\_\_

Dealer number<sup>2</sup> \_\_\_\_\_ Branch number<sup>2</sup> \_\_\_\_\_ Representative number<sup>2</sup> \_\_\_\_\_

Branch address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

By signing below, I certify that the investment advisor firm listed in this Section 2: (i) is an appointed registered investment advisor with a current Form ADV filed with the US Securities and Exchange Commission or a state regulatory agency (as applicable); (ii) is providing investment advisory services to the account owner(s) listed in Section 1; and (iii) assumes all responsibility for, and hereby indemnifies and holds harmless Franklin Templeton and each Franklin Templeton Fund from any responsibility or liability for any action taken in reliance on an instruction issued by the investment Advisor Firm and/or Investment Advisor Representative listed in this Section 2.

X \_\_\_\_\_ Title \_\_\_\_\_  
Authorized Signature, Investment Advisor Representative

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.

2. For dually registered advisors applying an existing Franklin Templeton representative profile to the account.

**3 INDEPENDENT REGISTERED INVESTMENT ADVISOR REGISTRATION**

Complete the below fields with the independent registered Investment Advisor Representative (IAR) information.

Representative firm name

\_\_\_\_\_

Representative first name

M.I.

Last name

Suffix

\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_

Representative email address

Telephone number

\_\_\_\_\_ | ( \_\_\_\_\_ ) \_\_\_\_\_

Address

City

State

ZIP

\_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_

By signing below, I certify that the advisor listed in this Section 3: (i) is an independent advisor filed with the US Securities and Exchange Commission or a state regulatory agency (as applicable); (ii) is providing investment advisory services to the account owner(s) listed in Section 1; and (iii) assumes all responsibility for, and hereby indemnifies and holds harmless Franklin Templeton and each Franklin Templeton Fund from any responsibility or liability for any action taken in reliance on an instruction issued by the Investment Advisor Representative listed in this Section 3.

Title

**X**

Authorized Signature, Investment Advisor Representative

\_\_\_\_\_

**4 SIGNATURE(S)**

The Investment Advisor Firm and Investment Advisor Representative (collectively, "RIA") listed in Section 2 or 3 are authorized to act as agent on my behalf with respect to the account(s) listed in Section 1, to have access to such account(s), and to act on my behalf with respect to such account(s). Franklin Templeton is hereby authorized and directed to follow the instructions of RIA with respect to such account(s), including but not limited to, instructions to make fund purchases and redemptions for such account(s) and to deduct from such account(s) fees RIA represents to Franklin Templeton to be due and payable to RIA, without any obligation by Franklin Templeton to further verify that such fees are in fact due and payable. I hereby indemnify and hold harmless Franklin Templeton and each Franklin Templeton Fund from any responsibility or any liability for any action taken in reliance on an instruction issued by RIA with respect to the accounts listed in Section 1.

**FRANKLIN TEMPLETON ACCOUNT OWNER(S) OR AUTHORIZED SIGNATURE(S):**

**X** \_\_\_\_\_ Date \_\_\_\_\_ **X** \_\_\_\_\_ Date \_\_\_\_\_  
Signature Signature

\_\_\_\_\_ Print Name \_\_\_\_\_ Print Name

**IF REQUIRED, PLACE NOTARY STAMP/SEAL HERE**

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(For use by Notary Public Only)

On \_\_\_\_\_ before me, \_\_\_\_\_ personally appeared  
Date Name of Notary Public

\_\_\_\_\_ Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of \_\_\_\_\_ that the foregoing paragraph is true and correct.  
Name of state in which Notary is licensed

WITNESS my hand and official seal. **X**  
\_\_\_\_\_  
(Signature of Notary Public)

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**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   |
|---|-----------------------|--|
| <ul style="list-style-type: none"> <li>• Emails <b>MUST</b> include an attachment (PDF preferred) of your request.</li> <li>• Sender's email address <b>MUST</b> match the email address on file, or the email <b>MUST</b> include a related reference ID(s) to be accepted.</li> <li>• 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.</li> <li>• If you have not been registered on franklintempleton.com for at least 15 calendar days, call (866) 821-7514 to request a reference ID to include in your email.</li> </ul> <p><b>Financial Professionals:</b> ftrequests.us.franklintempleton@fisglobal.com</p> <p><b>Shareholders:</b> shrequests.us.franklintempleton@fisglobal.com</p> | <p>(855) 891-8377</p> | <p>You may use any of the below mailing addresses:</p> <p><b>Regular Mail</b></p> <ul style="list-style-type: none"> <li>• Franklin Templeton<br/>P.O. Box 33033<br/>St. Petersburg, FL 33733-8033</li> </ul> <p><b>Overnight</b></p> <ul style="list-style-type: none"> <li>• Franklin Templeton<br/>100 Fountain Parkway N.<br/>St. Petersburg, FL 33716-1205</li> </ul> |