Information Sharing Agreement
Between 403(b) Plan Employer and Franklin Templeton

FRANKLIN TEMPLETON BANK & TRUST

Employer Name ("Employer") _____ Tax ID# _____

Address _____ City _____ State ____ ZIP _____

Phone number ( ) _____ School district (if applicable) _____

On this _____ day of _____, 200_____, Employer and **Franklin Templeton Bank & Trust, a Federal Savings Bank** (**"Franklin Templeton"**) agree as follows:

1. Employer has adopted a written plan document as required by the IRS' 403(b) regulations.
2. Franklin Templeton may accept appointment as custodian for 403(b) accounts (each an "Account") opened by employees of Employer (each an "Employee"), including Accounts opened with 403(b) assets transferred to Franklin Templeton from another 403(b) account custodian.
3. Employer and Franklin Templeton further agree that each party shall, upon reasonable request, provide the other such information as either party may request in accordance with Treasury Regulation §1.403(b)-10(b)(2)(C), which information includes but is not limited to:
   - Information regarding the Employee 403(b) account owner's employment status, and information necessary to determine whether financial hardship withdrawal restrictions under Treasury Regulation §1.403(b)-6(d)(2) are satisfied. [Franklin Templeton shall have no obligation to calculate or obtain information not maintained by it in the normal scope of its business.]
   - Information necessary to satisfy other tax requirements [such as, if plan loans are offered by a 403(b) account custodian, whether an outstanding loan continues to fulfill the conditions under IRC §72(p)(2)].
   - In the event a transfer or eligible rollover is received that includes after-tax employee contributions or designated Roth contributions, information regarding the Employee's basis under IRC §72 in the amount received. If basis cannot be determined, it will be treated as the most restrictive source of money for tax reporting purposes. [At this time, Franklin Templeton reserves the right to not accept any monies containing after-tax employee or Roth contributions.]
   - Other information necessary to ensure compliance with applicable laws and regulations.
4. The Parties agree that the Employer may authorize a Third Party Plan Administrator to provide and receive the information described above.

Please complete the following if a Third Party Plan Administrator is authorized to provide information or instruction to Franklin Templeton on your behalf with respect to your plan and any Employee Account:

Third Party Plan Administrator _____ Phone number ( ) _____

Address _____ City _____ State ____ ZIP _____

EMPLOYER:

X _____
Signature of Authorized Representative

Name (printed or typed) _____

FRANKLIN TEMPLETON BANK & TRUST, F.S.B.

Wendy Harrington, President & CEO

Please send to	WEST COAST	EAST COAST
Regular Mail	Franklin Templeton Investments P.O. Box 997152 Sacramento, CA 95899-7152	Franklin Templeton Investments P.O. Box 33033 St. Petersburg, FL 33733-8033
Overnight	Franklin Templeton Investments 3344 Quality Drive Rancho Cordova, CA 95670-7313	Franklin Templeton Investments 100 Fountain Parkway St. Petersburg, FL 33716-1205
Fax	916/463-4574	727/299-8719