FRANKLIN TEMPLETON INVESTMENTS

eContributions Services
Employer Application

1 COMPANY INFORMATION

_____ ("Employer") requests the ability to deliver Plan Contribution Instructions (defined below), which accompany monetary contributions relating to the retirement plan identified below, to Franklin Templeton Bank & Trust ("FTB&T"), the trustee/custodian of the identified retirement plan, via the Internet or other electronic means.

Total number of employees currently eligible to participate in retirement plan: _____

Company name (please print) | Group number (if available)

2 TYPE OF RETIREMENT PLAN MAINTAINED BY THE EMPLOYER

- ☐ FTB&T SIMPLE IRA
- ☐ FTB&T SEP IRA
- ☐ FTB&T 403(b) Plan
- ☐ FTB&T Texas Optional Retirement Plan (ORP)

3 SIGNATURES

IN CONSIDERATION OF FTB&T's agreement to accept Plan Contribution Instructions by electronic means without original or underlying documentation, Employer agrees as follows:

The term "Plan Contribution Instructions" shall mean instructions from Employer to FTB&T to invest specified monetary amounts in pre-established accounts of participants of the above-identified plan with such instructions being transmitted by Employer either 1) by the completion of a pre-populated online form on the password protected website ("eContributions"), or 2) by electronic transmission of payroll files from exports of existing software packages.

Employer shall designate individuals as authorized users of eContributions who will then have the ability to access the website to submit Plan Contribution Instructions, update employer address and other contact information (such as phone number and email address) for the retirement plan and to print a contribution summary to accompany the contribution check. Employers submitting monetary contributions by ACH (Automated Clearing House) or Fed Wire will also be able to use eContributions to transmit the Plan Contribution Instructions. Employer shall submit a separate application (eContributions New User Request Form) for each individual to whom it wishes to grant access to eContributions. Unique user names and personal identification numbers ("PIN(s)") will be established for each of these individuals and will be sent to Employer's address of record via the United States Postal Service upon receipt of this Application and submission of at least one completed eContributions New User Request Form. It is the sole responsibility of Employer to control the security and confidentiality of the user name(s) and PIN(s), and Employer acknowledges and agrees that FTB&T may rely upon any Plan Contribution Instructions being transmitted under a user name and PIN issued to Employer.

The undersigned Employer directs FTB&T to use electronic transmissions of Plan Contribution Instructions, remitted by individuals designated by Employer to use eContributions, to invest monetary contributions to accounts of participants in the above identified retirement plan. Employer is solely responsible for transmitting accurate Plan Contribution Instructions to FTB&T, and for bearing the cost of adjusting a participant's account should any errors occur as a result of Employer's Plan Contribution Instructions. If Employer is transmitting Plan Contribution Instructions for a 403(b) salary deferral only plan, Employer further represents that it has entered into salary deferral agreements with its employees for whom it is transmitting Plan Contribution Instructions.

Employer agrees that participant's receipt of a statement detailing contributions to the retirement plan will constitute Employer's and participant's ratification of such contributions.

Employer shall indemnify and hold harmless FTB&T and its service provider, Franklin Templeton Investor Services, LLC, and their officers, employees, agents and successors (each an "Indemnitee" and collectively the "Indemnitees") from and against any and all liability, loss, suits, claims, costs, damages and expenses of whatever amount and whatever nature, including without limitation, reasonable attorneys' fees, whether for consultation and advice, or representation in arbitration or litigation (an "Indemnifiable Loss") any Indemnitee may sustain or incur by reason of, in consequence of, or arising from, or in connection with, or in relation to an Indemnitee acting or forbearing from taking action in good-faith reliance on Plan Contribution Instructions from Employer or its designee made pursuant to this Application, including, but not limited to, sums paid or liability incurred in settlement of, and expenses paid or incurred in connection with such claims, or judgments as may arise out of the allegations that the Employer's Plan Contribution Instruction on which an Indemnitee acted or forbore from taking action was not in accordance with the participant's specified retirement account investment instructions and/or was not transmitted by an authorized agent of Employer, excepting, however, an Indemnifiable Loss to the extent such loss can be attributed to the gross negligence or willful misconduct of FTB&T.

Employer acknowledges and agrees that FTB&T may for any reason, at any time, upon notice to Employer discontinue accepting Plan Contribution Instructions by electronic means.

EMPLOYER SIGNATURE

X _____ Date _____

Authorized Officer signature

Name (please print) _____ Title _____

(continued)

4 ELECTRONIC FUNDS TRANSFER AUTHORIZATION

If you would like to facilitate the delivery of Plan contributions by authorizing FTB&T, or its service provider Franklin Templeton Investor Services, LLC, to initiate debits against your company's designated bank account in accordance with your Plan Contribution Instructions, please provide the requested information below. Please note that your bank must be a member of the Automated Clearing House (ACH). Allow up to 15 business days for FTB&T to set up your bank account instructions.

By completing this section, your company will be able to authorize plan contributions directly through eContributions and will not need to provide separate payment via check or Federal wire.

Group number (if available)

ACCOUNT INFORMATION

Bank account owner/employer name

Bank account number

☐ Checking account
☐ Savings account

Bank name

Bank routing number (9 digits)

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

Employer's name and address cannot be blank or handwritten.

Do not staple.

J. A. Sample
123 Street
Anywhere, USA 00000

XXXXX

VOID

DATE

PAY TO THE ORDER OF:

DOLLARS

FOR

XXXX XXX XXXX XXXX XXXXX XXXXXX XXXXX

By signing below, Employer authorizes FTB&T, or its service provider Franklin Templeton Investor Services, LLC, to initiate electronic debits to the deposit account identified above ("Bank Account") when instructed to do so by Employer on eContributions (and to make, if necessary, adjusting transfers if any amounts are transferred in error). FTB&T, or its service provider Franklin Templeton Investor Services, LLC, will debit Bank Account within three days of receipt of each set of completed Plan Contribution Instructions through eContributions for the amount designated in the "Target" field on eContributions.

Employer understands and agrees that this authorization will remain in full force and effect until FTB&T has received notification from Employer's authorized officer that the authorization is terminated and FTB&T and the Employer's bank noted above ("Bank") have had a reasonable opportunity to act on the notification. Employer also agrees that FTB&T, or its service provider, may make additional attempts to debit the Bank Account noted above if an initial attempt fails, and if a transfer is denied by the Bank for any reason, FTB&T will discontinue this authorization.

X

Date

Authorized signer of Bank Account

Name and title (please print)

X

Date

Authorized signer of Bank Account

Name and title (please print)

Please mail to	WEST COAST	EAST COAST
Regular	Franklin Templeton Investments P.O. Box 997153 Sacramento, CA 95899-7153	Franklin Templeton Investments P.O. Box 33033 St. Petersburg, FL 33733-8033
Overnight	3344 Quality Drive Rancho Cordova, CA 95670-7313	100 Fountain Parkway St. Petersburg, FL 33716-1205

FRANKLIN TEMPLETON INVESTMENTS

eContributions New User Request Form

Complete this form to create a new eContributions user profile. Once established, Franklin Templeton will mail a temporary Login ID and password to the address provided below.

Company name (please print)

Group number (if available)

NEW USER INFORMATION

A unique Login ID and password are requested for the following individual:

New user first name | M.I. | Last name | Title

Street address | Phone number

City | State | ZIP | Email address

EMPLOYER AUTHORIZATION

The Employer Authorized Officer is responsible for notifying Franklin Templeton Investments of any modifications to the status of the authorized representative herein assigned. The Employer Authorized Officer affirms that the individual listed above is authorized to access eContributions as a representative of the Employer. This access can be revoked at any time with written or verbal notice to Franklin Templeton Investments from the Employer Authorized Officer.

X

Signature: Employer Authorized Officer

Date

Authorized Officer name (please print)

Title

Email address

Phone number

Please send to	WEST COAST	EAST COAST
Regular Mail	Franklin Templeton Investments P.O. Box 997153 Sacramento, CA 95899-7153	Franklin Templeton Investments P.O. Box 33033 St. Petersburg, FL 33733-8033
Overnight	3344 Quality Drive Rancho Cordova, CA 95670-7313	100 Fountain Parkway St. Petersburg, FL 33716-1205
Fax	(916) 463-4521	(727) 299-8706

ftecontributions.com

Franklin Templeton eContributions
How to Fund Your Plan

In order for us to identify and process your contributions in a timely manner, you may submit your contributions to us in one of the three ways listed.

If submitting your funds through Electronic Funds Transfer, Automated Clearing House or Federal Wire, please submit your contribution instructions electronically at ftecontributions.com. If you are unable to submit your contribution instructions online, fax your contribution instructions or send via overnight mail to expedite processing.

1. By Check

To make contributions by check, please include contribution instructions with your check and mail to one of the addresses below.

2. By Electronic Funds Transfer (EFT)

You may authorize us to debit your bank account by EFT by going to ftecontributions.com and completing the **eContributions Services Employer Application** or, at a later time, completing the **Electronic Funds Transfer Authorization Request Form**.

3. By Automated Clearing House (ACH) or Federal Wire

You may send your contributions to us electronically by ACH or Federal Wire.

ACH Instructions

Chase Manhattan Bank

ABA #: 021000021

Account #: 910-2-771996

Reference: **Name of Employer and Group Number**

OR

Federal Wire Instructions

Chase Manhattan Bank

ABA #: 021000021

Account #: 323117694

Reference: **Name of Employer and Group Number**

Please mail to	WEST COAST	EAST COAST
	Franklin Templeton Investments P.O. Box 997153 Sacramento, CA 95899-7153	Franklin Templeton Investments P.O. Box 33033 St. Petersburg, FL 33733-8033
Overnight	3344 Quality Drive Rancho Cordova, CA 95670-7313	100 Fountain Parkway St. Petersburg, FL 33716-1205
Fax	(916) 463-4521	(727) 299-8706

Questions? Please call your financial advisor or Franklin Templeton Retirement Services at **(800) 527-2020.**