



Coverdell Education Savings Account Application

IMPORTANT INFORMATION:

- You may not contribute to a Coverdell Education Savings Account (Coverdell ESA) if (i) you are single and have a modified adjusted gross income (AGI) greater than \$110,000 or (ii) you are married filing jointly and have a modified AGI greater than \$220,000. Partial contributions can be made if your modified AGI is \$95,000 to \$110,000 (single) or \$190,000 to \$220,000 (married filing jointly). The AGI limits apply to the Contributor(s).
- **IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT.** To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. If you fail to provide all requested information, it may delay or prevent us from opening an account and making your requested investment(s), and if after your account is open we are unable to verify the information you provide, we may close your account.
- **PLEASE NOTE:** You must provide your US Taxpayer Identification Number (TIN); a TIN includes SSN or ITIN. If you have never been issued a US TIN and are not a US citizen, in place of a US TIN please send us a copy of one of the following items: a resident-alien ID card, a current passport, a current foreign government-issued ID card or other document evidencing nationality or residence that bears a photograph. If any document offered by non-US persons is unfamiliar and cannot be authenticated by reasonable means, the account will not be opened. Refer to Section 11 for additional certification requirements applicable to the registered owner.

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

If applicable, provide any Franklin Templeton REFERENCE ID(S) related to your request:

1 CONTRIBUTOR INFORMATION

First name M.I. Last name Suffix Primary phone number SSN/ITIN
()

2 BENEFICIARY DESIGNATION

PRIMARY EDUCATION SAVINGS ACCOUNT BENEFICIARY (must be under age 30 or a Special Needs Beneficiary)

First name M.I. Last name Suffix SSN/ITIN Date of birth (mm/dd/yyyy)
Street address of residence (no P.O. Box address) City State ZIP
Mailing address (if different from above) City State ZIP
Primary phone number Alternate phone number
() () US citizen or resident alien Nonresident alien

If a Special Needs Beneficiary,¹ check this box:

CONTINGENT EDUCATION SAVINGS ACCOUNT BENEFICIARY (should the Primary Beneficiary fail to reach age 30)

First name M.I. Last name Suffix SSN/ITIN Date of birth (mm/dd/yyyy)
Street address of residence (no P.O. Box address)* City State ZIP
Mailing address (if different from above)* City State ZIP
Primary phone number Alternate phone number
() () US citizen or resident alien Nonresident alien

*If same as Primary Beneficiary's address, write "same."

If a Special Needs Beneficiary,¹ check this box:

1. Special Needs Beneficiary is defined in section 1.05 of the Account Agreement.

3 RESPONSIBLE INDIVIDUAL (must be the beneficiary's parent or legal guardian)

First name	M.I.	Last name	Suffix	SSN/ITIN	Date of birth (mm/dd/yyyy)
Relationship to beneficiary		Email address ²			
Primary phone number vds ()		Alternate phone number ()			
Street address of residence (no P.O. Box address)		City	State	ZIP	
Mailing address (if different from above)		City	State	ZIP	

US citizen or resident alien Nonresident alien

4 ELECTRONIC DELIVERY (eDELIVERY)

To receive your statements, notifications,³ and tax documents by eDelivery, register for online account access. Check the box below to receive an email with instructions on how to register your account online and complete the eDelivery enrollment process. **IMPORTANT: Your email address is required in Section 1.**

Yes, send me instructions on how to register for online access on my account.

NOTE: If you do not register for online access you will receive statements, notifications³ and tax documents to your mailing address.

5 BANK INFORMATION FOR ELECTRONIC SERVICES

Please establish electronic transfers to or from my bank account. Only one bank account can be linked to my fund account(s) for purchases and redemptions. If my bank or credit union is not an Automated Clearing House (ACH) member, this service is not available.

- These bank instructions will be established for purchases, automatic investment plan transfers, redemptions and any pre-established systematic withdrawals or dividend/capital gain payments.
- Any bank account owner who is not the responsible individual of the fund account must sign in Section 11.
- No checks? Include a preprinted savings account deposit slip or letter from your bank, on its letterhead and signed by an officer. The deposit slip or letter must include the bank account registration, account number, account type and bank routing number. Do not staple to the application. Handwritten information on the savings deposit slip or bank letterhead is not acceptable.

Select ONE of the following options:

- Use my enclosed letter from my bank.
- Use my enclosed preprinted voided check.
- Use my enclosed preprinted checking deposit slip.
- Use my enclosed preprinted savings deposit slip.
- Use my enclosed personal investment check. (If more than one investment check is enclosed, please provide the appropriate bank information below).

Bank routing number (9 digits)	Bank account number

6 METHOD OF INVESTMENT

- The total minimum investment amount is \$250 per fund unless the account(s) will be funded by Automatic Investment Plan. Refer to "Buying Shares" in the prospectus for more information.
- The maximum annual contribution per child is \$2,000 (the child must be under age 18 or a Special Needs Beneficiary⁴).

Please indicate how your account will be funded.

NEW CONTRIBUTION

Check is enclosed: \$ _____

Contribution for tax year | 2 | 0 | | |

 \$ _____

Please make check(s) payable to "FTIOS."

TRANSFER OR ROLLOVER

Rollover from another Coverdell ESA

 \$ _____

Pending a transfer of funds. (Transfer Request is attached.)

2. 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.

3. Notifications may include transaction confirmations, prospectuses, shareholder reports, proxy materials and other notifications.

4. Special Needs Beneficiary is defined in section 1.05 of the Account Agreement.

7 FUND DESIGNATION

Review our current list of mutual funds by visiting franklintempleton.com and clicking "Investments" and then choosing "Mutual Funds."

- The total dollar amount or percentage must equal 100% of your investment.
- If no fund is provided or we are unable to determine the name of the fund requested, any money received will be invested in the Franklin U.S. Government Money Fund and we will follow up with you for clarification.
- If no share class is provided or the share class is unclear, Class A shares will be purchased.
- You may be eligible for a lower sales charge on Class A share purchases, refer to Section 9 for more information.
- **You must have a broker-dealer to purchase Class C shares. To designate a broker-dealer, complete Section 10.**
- If no dollar amount or percentage is provided, your investment will be apportioned equally among the funds indicated below.

Complete the fields below with your fund selection(s):

FUND NUMBER	FUND NAME (List the full name of the fund)	SHARE CLASS	DOLLAR AMOUNT	OR	PERCENTAGE
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	OR	<input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	OR	<input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	OR	<input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	OR	<input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	OR	<input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	OR	<input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	OR	<input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	OR	<input type="text"/> %

IF YOU WOULD LIKE TO INVEST IN ADDITIONAL FUNDS, PROVIDE THE INFORMATION ON A SEPARATE SHEET.

8 AUTOMATIC INVESTMENT PLAN

Complete this section to establish an Automatic Investment Plan directly FROM a bank account TO your fund account(s). Please remember to monitor your Coverdell ESA contributions to ensure they do not exceed your annual contribution limit.

- Franklin Templeton may take up to 15 days to establish your automatic investment. \$25 investment minimum per fund.
- If frequency and investment date are not selected, we will default to monthly on the 20th.
- If the investment date falls on a non-business day, the transaction will be made on the following business day.
- Select only one investment date, unless you select twice a month as the frequency.
- If you select twice a month as the frequency, the selected dates must be at least 10 days apart. If you do not select two dates or select dates that are not 10 days apart, we will default to the 1st and the 15th.

Select ONE of the following:

Apply to all funds selected in Section 7. \$ per fund. Specify your start month, frequency and investment date below:

START MONTH	FREQUENCY (select one)	INVESTMENT DATE
<input type="text"/>	<input type="checkbox"/> monthly <input type="checkbox"/> quarterly	<input type="checkbox"/> 1st <input type="checkbox"/> 10th <input type="checkbox"/> 20th
	<input type="checkbox"/> twice a month <input type="checkbox"/> annually	<input type="checkbox"/> 5th <input type="checkbox"/> 15th <input type="checkbox"/> 25th

OR

Specify a different start month, frequency and investment date(s) for only the funds or accounts listed below.

SHARE CLASS	FUND NAME	AMOUNT	START MONTH	FREQUENCY (select one)	INVESTMENT DATE
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="checkbox"/> monthly <input type="checkbox"/> quarterly	<input type="checkbox"/> 1st <input type="checkbox"/> 10th <input type="checkbox"/> 20th
				<input type="checkbox"/> twice a month <input type="checkbox"/> annually	<input type="checkbox"/> 5th <input type="checkbox"/> 15th <input type="checkbox"/> 25th
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="checkbox"/> monthly <input type="checkbox"/> quarterly	<input type="checkbox"/> 1st <input type="checkbox"/> 10th <input type="checkbox"/> 20th
				<input type="checkbox"/> twice a month <input type="checkbox"/> annually	<input type="checkbox"/> 5th <input type="checkbox"/> 15th <input type="checkbox"/> 25th
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="checkbox"/> monthly <input type="checkbox"/> quarterly	<input type="checkbox"/> 1st <input type="checkbox"/> 10th <input type="checkbox"/> 20th
				<input type="checkbox"/> twice a month <input type="checkbox"/> annually	<input type="checkbox"/> 5th <input type="checkbox"/> 15th <input type="checkbox"/> 25th
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="checkbox"/> monthly <input type="checkbox"/> quarterly	<input type="checkbox"/> 1st <input type="checkbox"/> 10th <input type="checkbox"/> 20th
				<input type="checkbox"/> twice a month <input type="checkbox"/> annually	<input type="checkbox"/> 5th <input type="checkbox"/> 15th <input type="checkbox"/> 25th

9 SALES CHARGE REDUCTIONS FOR CLASS A SHARES

Franklin Templeton offers two ways for you to combine your current purchase of Class A shares with other existing Franklin Templeton and Legg Mason fund share holdings that might enable you to qualify for a lower sales charge with your current purchase. You can qualify for a lower sales charge when you reach certain "sales charge breakpoints."

CUMULATIVE QUANTITY DISCOUNT FOR CLASS A SHARES (Please provide statement copies for any holdings that are not held directly with Franklin Templeton)

I have reviewed the cumulative quantity discount provision of the Fund's prospectus and understand that I can combine the amount of my current purchase of Class A shares with any existing holdings that the prospectus describes as "cumulative quantity discount eligible shares" to determine if I can qualify for a reduced sales charge breakpoint. I also understand that if there are any existing cumulative quantity discount eligible shares that I want combined with my current purchase, I must identify the account(s) in which they are held below or they will not be considered in determining if my current purchase qualifies for a reduced sales charge breakpoint.

I have reviewed the prospectus and believe that cumulative quantity discount eligible shares are held in the following account(s):

Fund-account number(s)	Cumulative value of eligible shares
	\$

LETTER OF INTENT (LOI) FOR CLASS A SHARES

I intend to purchase additional shares issued by one or more Franklin Templeton and Legg Mason funds over a 13-month period following my initial purchase in order to be eligible for a sales charge discount on my purchase of Class A shares. I agree to the terms of the Letter of Intent described in the applicable prospectus(es) and grant Franklin Distributors, LLC, a security interest in the shares to be reserved. Although I am not obligated to do so, the aggregate amount of Franklin Templeton and Legg Mason funds' shares I intend to purchase over the 13-month period will be in an aggregate amount at least equal to:

- \$25,000⁵ \$50,000⁵ \$100,000 \$250,000 \$500,000⁵ \$750,000⁵ \$1,000,000⁵

Please list the fund-account numbers that should be included in your Letter of Intent.

Fund-account number(s)

10 BROKER-DEALER USE ONLY

This application for the purchase of shares complies with the terms of our selling agreement with Franklin Distributors, LLC ("Distributors") and with the current prospectus(es) for the fund(s) identified in Section 7. We agree to notify Distributors of any purchases of shares which may be eligible for reduced or eliminated charges.

This section must be signed by a FINRA registered principal of the firm for the listed securities dealer.

SECURITIES DEALER

Dealer name	Broker identification number
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FINANCIAL PROFESSIONAL

First name, middle initial, last name	Suffix	Telephone number ()	
Email address	Dealer number	Branch number	Representative number
Branch address	City	State	ZIP
X _____			Title

Authorized signature (Registered Principal for the Securities Dealer listed above)

5. Not applicable for all funds.

BY SIGNING BELOW I CERTIFY AND AGREE THAT:

- The information provided on this application is true, correct and complete. You may verify this information with others, including third-party credit reporting agencies and databases and US and/or foreign government agencies, and if you are unable to verify my information, you are authorized to close my account by redeeming shares at the then applicable net asset value.
 - I have full authority and am of legal age (or an emancipated minor) to buy and sell shares.
 - I hereby appoint Fiduciary Trust International of the South ("FTIOS") as Custodian of this Education Savings Account for benefit of the above-named Beneficiary under the terms of the Education Savings Account Agreement, which I have received. I have also received, read and understand the Education Savings Account Disclosure Statement and prospectus(es) for each Franklin Templeton fund in which the account will be invested and agree to the terms therein.
 - I represent that my designation as Responsible Individual was made in the sole direction of the Contributor.
 - I consent to the \$15 maintenance fee for the type of custodial account opened by this application.⁶
 - When I call you regarding my shares and account(s) the telephone conversation may be recorded.
 - If I request transfers to or from my bank account in this application or at any time, including by telephone, electronically or otherwise, you are authorized to make those requested transfers (and to make, if necessary, adjusting transfers if any amounts are transferred in error). If my bank is not an ACH member bank, you are authorized to make those transfers by presenting drafts drawn against my bank checking account that you may sign for me on my behalf. I agree that Franklin Templeton may make additional attempts to debit/credit the account if the initial attempt fails, and if a transfer is denied by my bank for any reason, Franklin Templeton will discontinue this authorization. I understand that I can end this authorization at any time by notifying you in writing or by telephone. If I am an owner of the bank account identified in Section 5 of this application, I certify that my signature alone is sufficient to authorize debits from my bank account.
 - You are authorized to provide any information about my account(s) to my broker-dealer or financial professional, and my broker-dealer or financial professional is authorized to provide any information about my account(s) to you.
 - I will review all account statements and written notifications after each transaction affecting my account upon receipt and will notify you immediately if there is a discrepancy.
 - My property may be transferred to the appropriate state if no activity/communication occurs in the account within the time period specified under my state's unclaimed property laws.
 - I understand that digital communication channels are not necessarily secure. If I do choose to send confidential or sensitive information to you via digital communication channels (e.g. email, chat, text messaging, fax), I am accepting the associated risks related to potential lack of security, such as the possibility that my confidential or sensitive information may be intercepted/accessed by a third party and subsequently used or sold.
- I understand that mutual fund shares are not deposits or obligations of, or guaranteed or endorsed by, any bank, and are not federally insured by the Federal Deposit Insurance Corporation, the Federal Reserve Board, or any other agency of the US Government, and that an investment in mutual fund shares involves risks, including the possible loss of principal.

RESPONSIBLE INDIVIDUAL SIGNATURE ONLY (parent or legal guardian)**X**

Responsible Individual

Date

BANK ACCOUNT OWNER(S) SIGNATURE(S) ONLY**Any bank account owner who is not an owner of the fund account must sign below.****X**

Bank Account Owner Signature

Date

X

Bank Account Owner Signature

Date

6. The maintenance fee will be \$10 if the aggregate balance of all the participant's accounts linked under the Cumulative Quantity Discount is \$50,000 or more at the time the fee is assessed.

Householding of Prospectuses and Fund Reports Notice:

- To help reduce fund expenses, we identify shareholders of a fund who are part of the same family (same last name and share same address) so that the household receives only one copy of these documents. This process is called “householding” and automatically takes effect 60 days after an account is opened.
- You can opt-out of householding at any time by calling Shareholder Services at (800) 632-2301. We will stop householding within 30 days of your opt-out request and begin sending individual copies of these documents to each investor.

Privacy Policy: You may view our policy on our website at franklintempleton.com/help/privacy-policy

Business Continuity Policy: You may view our policy on our website at franklintempleton.com/help/business-continuity

BEFORE YOU SUBMIT...

TO OPEN ACCOUNT – DID YOU PROVIDE?

- A typed application or application handwritten in capital letters using blue or black ink.
- A Franklin Templeton reference ID related to your request on page 1 (if you were provided with one).

SECTION 1

Information for the Contributor:

- Full first and last name
- Social Security Number/ITIN

SECTION 2

Information for the Beneficiary(s) on the account:

- Full first and last name
- Street address (include any APT, BLDG, STE number)
- Social Security Number/ITIN
- Date of Birth

SECTION 3

Information for the Responsible Individual authorized to transact business on the account:

- Full first and last name
- Street address (include any APT, BLDG, STE number)
- Social Security Number/ITIN
- Date of Birth
- Email address
- Relationship to the beneficiary

SECTION 4

- eDelivery option

SECTION 5

- Pre-printed voided check, savings deposit slip or letter from your bank on the bank’s letterhead

SECTION 6

- Method of investment

SECTION 7

- Fund name(s) and share class (if Class C selected, Broker-Dealer in Section 10 is required)
- Dollar amount(s) or percentage(s) equal to 100%

SECTION 8

- Fund name(s)
- Amount, start month, frequency and investment date for each

SECTION 10

- The signature of the Responsible Individual and date signed
- The signature of the bank account owner(s) and date signed (if applicable)

PLEASE 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">• Emails MUST include an attachment (PDF preferred) of your request.• Sender’s email address MUST match the email address on file, or the email MUST include a related reference ID(s) to be accepted.• If you have not been registered on franklintempleton.com for at least 15 calendar days, call (800) 527-2020 to request a reference ID to include in your email. <p>Financial Professionals: ftrequests.us.franklintempleton@fisglobal.com Shareholders: shrequests.us.franklintempleton@fisglobal.com</p>	(855) 891-8377	You may use any of the below mailing addresses: Regular Mail <ul style="list-style-type: none">• Franklin Templeton P.O. Box 33033 St. Petersburg, FL 33733-8033 Overnight <ul style="list-style-type: none">• Franklin Templeton 100 Fountain Parkway N. St. Petersburg, FL 33716-1205

Not FDIC Insured | No Bank Guarante | May Lose Value

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