Franklin Templeton **Coverdell Education Savings Account Transfer of Assets** and/or **Change of Beneficiary Request Form**

FRANKLIN TEMPLETON INVESTMENTS

Franklin · Templeton · Mutual Series

Please use this form when transferring your existing Coverdell Education Savings Account (Coverdell ESA) to Franklin Templeton Bank & Trust as Custodian. **You will also need to complete a Coverdell Education Savings Account Application if you have not already done so.** This form may also be used to change the beneficiary on your Coverdell ESA (the beneficiary must be under age 30). Please contact your current Coverdell ESA Custodian to verify whether any other form is necessary to complete this transfer and/or redesignation of beneficiary.

1 ACCOUNT INFORMATION

NAME OF BENEFICIARY

First name | M.I. | Last name | Date of birth (mm/dd/yyyy) | SSN/TIN

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

NAME OF RESPONSIBLE INDIVIDUAL

First name | M.I. | Last name | Daytime phone number ( ) | SSN/TIN

2 CURRENT COVERDELL ESA CUSTODIAN/TRUSTEE

Current Custodian/Trustee name | Phone number ( )

Street address | City | State | ZIP

3 TRANSFER INSTRUCTIONS

NAME OF MUTUAL FUND OR INVESTMENT TRANSFERRING FROM	ACCOUNT NUMBER		AMOUNT	or	PERCENTAGE
		☐ Balance ☐ Partial	$		%
		☐ Balance ☐ Partial	$		%
		☐ Balance ☐ Partial	$		%
		☐ Balance ☐ Partial	$		%

NOTE: All amounts to be transferred should be redeemed (liquidated) except for Franklin Templeton fund shares, which shall be transferred-in-kind.

4 INVESTMENT INSTRUCTIONS

Please specify the exact fund name. The minimum initial investment for each fund is $250 ($50 subsequent investments). I hereby instruct Franklin Templeton Bank & Trust (FTB&T) to invest the proceeds described in Section 3 (above) as follows:

FRANKLIN TEMPLETON FUND NAME	ACCOUNT NUMBER[1]	ALLOCATION AMOUNT[2]	or	PERCENTAGE[2]
		$		%
		$		%
		$		%
		$		%
	TOTAL:	$		100%

1. If account does not currently exist, a new application must accompany this request form.
2. The minimum initial investment for each fund is $250 (and $50 for subsequent investments). If allocation is not specified, investment will be divided equally among funds listed.

Questions? Please call your financial advisor or Franklin Templeton Retirement Services at **1-800/527-2020**.

5 BENEFICIARY REDESIGNATION (if applicable)

THE PRIMARY BENEFICIARY SHALL BE REDESIGNATED TO (must be under age 30 or a Special Needs Beneficiary)**:**

First name | M.I. | Last name | Date of birth (mm/dd/yyyy) | SSN/TIN

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

Mailing address (if different from above) | City | State | ZIP

Daytime phone number ( ) | Evening phone number ( ) | ☐ U.S. citizen or resident alien ☐ Nonresident alien

If a Special Needs Beneficiary,[3] check this box: ☐

THE CONTINGENT BENEFICIARY SHALL BE REDESIGNATED TO (should the Primary Beneficiary fail to reach age 30)**:**

First name | M.I. | Last name | Date of birth (mm/dd/yyyy) | SSN/TIN

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

Mailing address (if different from above) | City | State | ZIP

Daytime phone number ( ) | Evening phone number ( ) | ☐ U.S. citizen or resident alien ☐ Nonresident alien

6 RESPONSIBLE INDIVIDUAL'S SIGNATURE

I am (check one) ☐ **A PARENT** ☐ **THE LEGAL GUARDIAN** of the above-named Beneficiary ("Beneficiaries" if redesignated). Please accept this as your authorization to: (1) transfer the amount indicated above from the referenced Coverdell ESA, (2) if applicable, make check(s) payable to "FTB&T Coverdell ESA FBO (Named Beneficiary) - TRANSFER," and (3) send check to Franklin Templeton Bank & Trust as provided in Section 7, and/or (4) change the beneficiary of the referenced Education Savings Account to the individual designated in Section 5.

SIGNATURE

X _____ Date

SIGNATURE GUARANTEE: (if required by the current custodian, not required by FTB&T)

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT: ☐ Me ☐ My Financial Advisor

Financial Advisor name | Daytime phone number of Financial Advisor ( )

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

Franklin Templeton Coverdell Education Savings Account Transfer of Assets and/or Change of Beneficiary Request Form (cont'd.)

FRANKLIN TEMPLETON INVESTMENTS

7 FRANKLIN TEMPLETON BANK & TRUST'S ACCEPTANCE

Franklin Templeton Bank & Trust (FTB&T) hereby accepts the transfer of assets as requested herein as Custodian of a Coverdell ESA for benefit of the Beneficiary corresponding to the instructions provided in Section 4. This acceptance extends only to cash and to Franklin Templeton Fund shares. Please mail the check with a copy of this request to one of the addresses listed below.

Authorized Signature—Franklin Templeton Bank & Trust: X _____

Wendy L. Harrington, President & CEO

Please mail to	WEST COAST	EAST COAST	OVERNIGHT ADDRESS
	Franklin Templeton Bank & Trust, F.S.B. c/o Retirement Services P.O. Box 997153 Sacramento, CA 95899-7153	Franklin Templeton Bank & Trust, F.S.B. c/o Retirement Services P.O. Box 33033 St. Petersburg, FL 33733-8033	Franklin Templeton Bank & Trust, F.S.B. c/o Retirement Services 3344 Quality Drive Rancho Cordova, CA 95670-7313

Not FDIC Insured | May Lose Value | No Bank Guarantee

Questions? Please call your financial advisor or Franklin Templeton Retirement Services at **1-800/527-2020**.