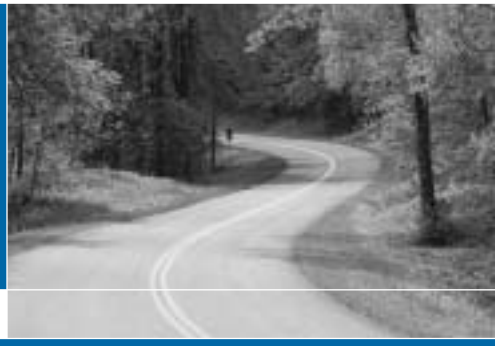
Franklin Templeton
Money Purchase Pension Plan



EMPLOYEE'S FORMS

FRANKLIN® TEMPLETON®
INVESTMENTS

Franklin · Templeton · Mutual Series

Franklin Templeton Money Purchase Pension Plan
How to Get Started

1. Work with your financial advisor to create an investment plan that best suits your retirement objectives.
2. Complete and return the **Franklin Templeton Money Purchase Pension Plan Participant Application** (page 1).
3. If you have a Money Purchase Pension Plan from a prior employer and would like to transfer the assets to your current plan, please also complete the **Qualified Plan Transfer Request Form** (page 7), and return it with the **Franklin Templeton Money Purchase Pension Plan Participant Application**.

Enclosed is a list of Franklin Templeton funds available to you. Before you invest, you should carefully consider a fund's investment goals, risks, charges and expenses. This, and other information, is contained in the fund's prospectus. To obtain a prospectus, talk to your financial advisor, call Franklin Templeton at ***1-800/527-2020*** *or visit* ***franklintempleton.com****. Please read the prospectus carefully before investing.*

Franklin Templeton **Money Purchase Pension Plan Participant Application**

FRANKLIN TEMPLETON INVESTMENTS

Franklin · Templeton · Mutual Series

Complete sections 1–7. Please print or type.

1 ACCOUNT REGISTRATION

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

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 ( )

☐ Please check here if you own more than 5% of the business.

2 TELEPHONE EXCHANGE PRIVILEGE

If you do not check the box below, you automatically have the convenience of Telephone Exchange Privileges. Review your prospectus for a discussion of this privilege. If you decline Telephone Exchange Privileges, that privilege will also not be available to you online.

☐ No, I do NOT want TELEPHONE EXCHANGE PRIVILEGES.

3 INVESTMENT INSTRUCTIONS

Please refer to the enclosed fund listing for a list of investment choices.

PLEASE CHECK APPLICABLE BOXES:

☐ **Check is enclosed:** [Make check payable to Franklin Templeton Bank and Trust (FTB&T).]

☐ Contribution for tax year: 2 0 0 | $

☐ Rollover from another retirement plan[1, 2] | $

☐ **Check is not enclosed:** (investment pending)

☐ Transfer (of same plan type from another Custodian or Trustee)[1]

☐ Direct Rollover (from another qualified retirement plan)[1]

FRANKLIN TEMPLETON FUND NAME[3]	SHARE CLASS[4] (check one)	ALLOCATION PERCENTAGE[5]
	☐ A ☐ C ☐ R	%
	☐ A ☐ C ☐ R	%
	☐ A ☐ C ☐ R	%
	☐ A ☐ C ☐ R	%
	TOTAL:	100%

1. Under current law, after-tax employee contributions may only be transferred between employer-sponsored Plans through Plan transfer or direct rollover. The full amount transferred or directly rolled over to your Plan account will be treated as containing no after-tax contributions, unless otherwise specified in writing by the prior Trustee, Custodian, or Administrator of your plan assets.
2. If you are rolling over assets from an IRA, current law prohibits the rollover of nondeductible (or after-tax) contributions to the Qualified Retirement Plan.
3. If you were a Class Z Mutual Series (MS) Fund shareholder as of 10/31/96 and wish to choose a Class Z MS Fund as one of your Plan investments, please write "Class Z" next to the fund name. Please also write in the name of your Class Z MS Fund account number and the words "for reference only" next to it.
4. If not specified or if you have not identified a broker dealer (financial advisor) for your Franklin Templeton fund account, your investments will be made into Class A shares.
5. If not specified, investment will be divided equally among funds listed.

4 PLAN EMPLOYER'S SIGNATURE

Name of business

Federal Tax ID No.

Employer's name

Phone number ( )

Principal business address (required)

City

State

ZIP

Mailing address (if different from above)

City

State

ZIP

Employer Type: ☐ Sole Proprietor ☐ Corporation ☐ Partnership ☐ Sub S Corporation

☐ Please check here if a vesting schedule or Social Security integration (permitted disparity) applies to contributions made to the Plan.

I hereby acknowledge my Plan fiduciary responsibilities, as set forth under federal law and which may include the filing of annual Plan reports to the federal government, and acknowledge that the most recent beneficiary designation received by the Trustee shall supersede any other beneficiary designation made by the Participant. Unless I specifically advise otherwise, I further certify that the appropriate Adoption Agreement has been completed and signed. You may verify this information with others, including third party credit reporting agencies and databases and U.S. and/or foreign government agencies.

X

Date

Employer's Signature

5 FINANCIAL ADVISOR INFORMATION (to be completed by the financial advisor, if any)

Financial advisor name

Name of firm

Main office address

City

State

ZIP

Branch address

City

State

ZIP

Financial advisor number

Dealer number

Branch number

Phone number ( )

X

Date

Authorized Signature, Securities Dealer

6 BENEFICIARY DESIGNATION

You must complete Sections 6(a) and 6(b) of this form. If you are married and age 35 or older, you should complete Section 6(c), but only if you wish to either waive the right to a Pre-Retirement Survivor Annuity (see below for details) or if you wish to designate a Primary Beneficiary other than your spouse.

Section 6(a): Notice of Pre-Retirement Survivor Annuity (to be completed by all Participants)

As a Money Purchase Pension Plan Participant, the law requires that you be informed as to the disposition of your accrued benefit upon your death before retirement.

In the case of your death before retirement, the Plan will use 100% of your accrued benefit to purchase a survivor annuity for your spouse, whom you must designate as your Beneficiary. This annuity form of payment will provide your spouse with a series of monthly payments over his or her life, and will contain other appropriate annuity options.

However, beginning with the first day of the Plan Year in which you attain age 35 (or upon your termination if you are under age 35), you may elect to waive either (a) the requirement that your death benefit be paid in the form of a survivor annuity, or (b) the requirement that your spouse be your Beneficiary. You may elect to waive both requirements.

However, your spouse must consent in writing before a notary public to any waiver that you elect. You may revoke any waiver any time before your death, and, if you desire, may make a new election.

If you elect to waive both the survivor annuity form of payment and your spouse as your Beneficiary, and your spouse has consented to both, then you may designate a Beneficiary of your choosing. Also, if you are not married at the time of your death, the death benefit will be paid to your Designated Beneficiary. In this case, the form of payment may be determined by the Designated Beneficiary upon your death.

It is important that you and your spouse understand your rights and obligations concerning your death benefit. You should direct any questions to the Plan Administrator. Also, because a spouse has certain rights to the death benefit, you should immediately inform the Plan Administrator of any change in your marital status.

X

Date

Participant's Signature

FRANKLIN TEMPLETON INVESTMENTS

6 BENEFICIARY DESIGNATION (cont'd.)

Section 6(b): Designation of Beneficiary

Regarding any interest of mine under the Plan which should become payable by reason of my death, I am marking the one section below which applies to my situation, completing that section appropriately, and signing my name at the end of the application.

☐ I am not married:

I designate as Beneficiary the person(s) named below. However, if I hereafter marry, this will revoke the designation. I will therefore inform the Plan Administrator immediately of any change in my marital status.

Primary Beneficiary

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

Relationship:

Address | City | State | ZIP

If such Designated Beneficiary does not survive me, then I designate the following as my **Contingent Beneficiary**:

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

Relationship:

Address | City | State | ZIP

Please be sure to sign your name at the end of the application.

☐ I am married and am under age 35:

I understand that in the event of my death, the death benefit, if any, must be paid to my surviving spouse. However, when I am age 35, I will have the right to designate a Beneficiary other than my spouse, provided my spouse consents. I will inform the Plan Administrator if there is any change in my marital status.

Name of Spouse

In the event that I die and my spouse does not survive me, then I designate the following as my **Contingent Beneficiary**:

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

Relationship:

Address | City | State | ZIP

Please be sure to sign your name at the end of the application.

6 BENEFICIARY DESIGNATION (cont'd.)

☐ I am married and am age 35 or older:

I have been given a written notice of explanation [see Section 6(a)], regarding the Beneficiary of my death benefits and survivor annuity requirements.

Name of Spouse

I will inform the Plan Administrator of any change in my marital status. I understand that my spouse will be the Beneficiary of any death benefit, in the event of my death, unless I make an election to the contrary, to which my spouse must consent [see Section 6(c), to elect a Beneficiary other than your spouse]. However, if my spouse does not survive me, then I designate the following as my **Contingent Beneficiary**:

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

Relationship:

Address | City | State | ZIP

Please be sure to sign your name at the end of the application.

Signature

If none of the above-named Primary and Contingent Beneficiaries survives me, distribute any and all benefits in accordance with Section 7.8 of the Franklin Templeton Business Retirement Plan and Trust Document. I have marked and completed the Section above which is applicable to my situation. I agree that the most recent beneficiary designation received by the Trustee shall supersede any other beneficiary designation made by me.

Executed this _____ day of _____ , _____ .

Participant's Name

X

Signature of Participant

Section 6(c): Election to Waive Pre-Retirement Survivor Annuity

To be completed if you are married, age 35 or older, and wish to either waive the right to have your death benefit paid in the form of a Pre-Retirement Survivor Annuity or to designate a Beneficiary other than your spouse as Primary Beneficiary.

As a Money Purchase Pension Plan Participant, I hereby acknowledge that I have been informed by the Employer (Plan Administrator) that if I should die prior to my retirement, my spouse has the right to have the death benefit under the Plan paid in the form of an annuity over the life of my spouse; that I have the right to waive that form of payment, provided my spouse consents to the waiver; that I also have the right to waive the designation of my spouse as the sole Beneficiary of my death benefit, but only if my spouse consents to such waiver; and that I have the right to revoke either of such waivers which may be made by me at any time without my spouse's consent.

a. ☐ I hereby waive the right to have my pre-retirement death benefit under the Plan paid to my spouse in the form of a Pre-Retirement Survivor Annuity.

b. ☐ I hereby waive the right to have my spouse be the sole Beneficiary of my pre-retirement death benefit. I designate the following Beneficiary(ies) in lieu of my spouse and, if they do not survive me, then to my spouse.

Primary Beneficiary

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

Relationship:

Address | City | State | ZIP

FRANKLIN TEMPLETON INVESTMENTS

6 BENEFICIARY DESIGNATION (cont'd.)

Contingent Beneficiary

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

Relationship:

Address | City | State | ZIP

Executed this _____ day of _____ , _____ .

Participant's Name

X _____

Signature of Participant

Spouse's consent to waiver (must be notarized)

a. ☐ I hereby consent to the foregoing election by my spouse to waive the Pre-Retirement Survivor Annuity form of death benefit that is payable to me under the Plan.

b. ☐ I hereby consent to the designation made by my spouse to have the pre-retirement death benefit paid to the named Beneficiary specified in the foregoing election. The Pre-Retirement Survivor Annuity death benefit has been explained to me, and I hereby acknowledge that I understand:

(1) that the effect of such designation is to cause my spouse's death benefit to be paid to a Beneficiary other than me; (2) that each Beneficiary designation is not valid unless I consent to it; and (3) that my consent is irrevocable unless my spouse revokes the Beneficiary Designation.

I have consulted with legal and/or tax counsel in regard to the effect of this consent.

I agree to release and discharge the Trustee, Plan Administrator and Employer from all liability for acting pursuant to this consent.

Name of Participant's Spouse

X _____ Date

Signature of Participant's Spouse

X _____ Date

Signature of Notary Public

NOTARY'S SEAL

7 PARTICIPANT'S SIGNATURE

I acknowledge receipt of current prospectus(es) of the Franklin Templeton fund(s) selected, and consent to a maintenance fee per participant [subject to change upon thirty (30) days prior written notice]. For accounts with balances of less than $50,000, a $15 maintenance fee is assessed. Accounts with balances of $50,000 or more are assessed a $10 maintenance fee. The fee is deducted from participant accounts each year in December.[6] 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 U.S. and/or foreign government agencies.

X _____ Date _____

Signature

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

Not FDIC Insured | May Lose Value | No Bank Guarantee

6. The maintenance fee will be $10 if the aggregate balance of all your accounts linked under the Cumulative Quantity Discount is $50,000 or more at the time the fee is assessed. Please note that the fee is assessed upon an account closing if the account is closed prior to the December fee assessment.

01/05

Franklin Templeton
Qualified Plan Transfer Request Form

FRANKLIN TEMPLETON INVESTMENTS

Franklin · Templeton · Mutual Series

Use this form when transferring a Profit Sharing or Money Purchase Pension Plan from a current trustee to Franklin Templeton Bank & Trust. If you have not already enrolled in your employer's Franklin Templeton Profit Sharing or Money Purchase Pension Plan, please complete a Profit Sharing or Money Purchase Pension Plan Participant Application.

1 PARTICIPANT INFORMATION

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

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

Daytime phone number ( ) | Evening phone number ( ) | Current Employer (Name of Business)

2 THIS IS A TRANSFER FROM:

Current trustee's name | Daytime phone number ( )

Street address | City | State | ZIP

TYPE OF QUALIFIED RETIREMENT PLAN (check one): ☐ PROFIT SHARING PLAN ☐ MONEY PURCHASE PENSION PLAN

Name(s) of mutual fund investment(s) and/or other investment(s) | Account numbers

Please attach a copy of a recent account statement.

3 TRANSFER INSTRUCTIONS

COMPLETE OR CHECK ALL THAT APPLY:

☐ Please liquidate and transfer in cash to Franklin Templeton Bank & Trust as Trustee

☐ all or ☐ part (_____% or $_____) of my investments listed in Section 2 above immediately or ☐ at maturity _____/_____/_____.

☐ Please transfer all my Franklin Templeton mutual fund shares, if any, (in kind) to Franklin Templeton Bank & Trust as Trustee.

These shares are in Account Number(s)_____

Note to current Trustee: Please send Franklin Templeton any outstanding certificates and written authorization to re-register these shares.

Note: These accounts must be held under the same qualified plan type as that referenced in Section 2. The full amount to be transferred will be treated as containing no after-tax contributions, unless otherwise specified in writing by the existing Trustee, Custodian, or Administrator of the Plan assets.

4 INVESTMENT INSTRUCTIONS

Please refer to the enclosed fund listing for a complete list of investment choices. Please specify the exact fund name.

Invest the transferred assets in the following Franklin Templeton fund(s):

NAME OF FUND	ACCOUNT NUMBER (IF AVAILABLE)	PERCENTAGE[1]
		%
		%
		%
		%
	TOTAL:	100%

Note: These accounts must be under same plan type as that indicated in Section 2.

1. If not specified, investments will be divided equally among funds listed.

(continued)

5 AUTHORIZING SIGNATURE

I have opened a Business Retirement Plan with Franklin Templeton Bank & Trust (FTB&T) as Trustee. Please accept this as your authorization to transfer the assets identified in Section 2 above to FTB&T in the manner indicated. I am aware of and acknowledge any early withdrawal penalties that may apply.

X _____ Date _____

Participant's Signature

SIGNATURE GUARANTEE (IF REQUIRED BY THE CURRENT TRUSTEE)

X _____ Date _____

Employer's Signature

Note: To complete this transfer, your current trustee may require a separate letter of instruction, a signature guarantee, passbook or annuity contract. Please ask them about additional requirements.

6 FRANKLIN TEMPLETON BANK & TRUST ACCEPTANCE

Franklin Templeton Bank & Trust hereby accepts, as Trustee, the transfer of assets as requested herein. This acceptance extends only to the transfer of cash and Franklin Templeton Fund shares. Please make the check (if applicable) payable to "FTB&T Trustee for Qualified Plan of (Participant's name)" and reference the plan type indicated in Section 2 (on reverse side). Please send the Participant a closing statement.

Authorized Signature—Franklin Templeton Bank & Trust: X _____

Crawford P. Cragun, President

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

01/05

< GAIN FROM OUR PERSPECTIVE® >

Franklin Templeton Bank & Trust, F.S.B.
c/o Retirement Services

West Coast
P.O. Box 997153
Sacramento, CA 95899-7153

East Coast
P.O. Box 33033
St. Petersburg, FL 33733-8033

For Information
1-800/527-2020 **franklintempleton.com**

Authorized for distribution only when accompanied or preceded by a current prospectus of a Franklin Templeton fund, which contains more detailed fund information including sales charges and risk factors. Please read it carefully before investing or sending money.

Franklin Templeton Distributors, Inc.

RMPP XF 01/05