FRANKLIN TEMPLETON INVESTMENTS

# Franklin Templeton
# Profit Sharing Plan Participant Application

**Complete sections 1–7. Please print or type.**

## 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

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 PRIVILEGES

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

☐ No, I do NOT want TELEPHONE EXCHANGE PRIVILEGES.

## 3 INVESTMENT INSTRUCTIONS

**PLEASE CHECK APPLICABLE BOXES:**

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

☐ Contribution for Tax Year: 20___ $

☐ Rollover from another retirement plan[1,2,3] $

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

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

☐ Direct Rollover (from another qualified retirement plan)[1,3]

**Please refer to the enclosed fund listing of investment choices. Please specify the exact fund name.**

| FRANKLIN TEMPLETON FUND NAME[4] | SHARE CLASS[5] (check one) | ALLOCATION PERCENTAGE[6] |
|---|---|---|
| | ☐ 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 Profit Sharing Plan.

3. Assets rolled over from a terminated Franklin Templeton Money Purchase Pension Plan (in existence prior to 1/1/02) are eligible for A, C or R shares.

4. 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.

5. Class A shares will be purchased if no class of shares is selected.

6. If not specified, investment will be divided equally among funds listed.



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

## 4 PLAN EMPLOYER'S INFORMATION

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 (Employer) 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 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)

Financial advisor name | Name of firm

Main office address | City | State | ZIP

Branch address | City | State | ZIP

Financial advisor number | Dealer number | Branch number | Telephone number ( )

X _____ Email address (optional)

Authorized Signature, Securities Dealer

## 6 BENEFICIARY DESIGNATION

**Section 6.1: To be completed by all Participants**

I understand that, unless I indicate otherwise, if any primary or contingent beneficiary dies before me, his or her interest and the interest of his or her heirs shall terminate completely and the percentage share of any remaining beneficiary(ies) shall be increased on a pro rata basis. If no beneficiary survives me, distribute my plan benefits in accordance with Section 7.8 of the Franklin Templeton Business Retirement Plan and Trust Document.

If no ascertainable designation is set forth below, my beneficiary shall be deemed to be my surviving spouse, or if there is no surviving spouse, in accordance with Section 7.8 of the Franklin Templeton Business Retirement Plan and Trust Document. I further understand that if I am married and *do not designate my spouse as sole primary beneficiary,* my spouse is required to sign the Spousal Consent (Section 6.2) which must be witnessed by a notary public.

I designate the following as my beneficiary(ies) to all of my investment accounts under this Plan. (Please check Primary or Contingent for each designated beneficiary.[7] If neither box is checked, such beneficiary will be deemed to be a Primary beneficiary.)

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

☐ Primary
☐ Contingent[7]

Relationship | Share %[8]

Address | City | State | ZIP

7. The Contingent beneficiary(ies) you designate shall be entitled to plan assets in the event no primary beneficiary survives you.
8. Benefits shall be divided equally among primary beneficiaries (or contingent beneficiaries), unless otherwise specified.

# Franklin Templeton Profit Sharing Plan Participant Application (cont'd.)

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

☐ Primary
☐ Contingent[7]

Relationship | Share %[8]

Address | City | State | ZIP

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

☐ Primary
☐ Contingent[7]

Relationship | Share %[8]

Address | City | State | ZIP

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

☐ Primary
☐ Contingent[7]

Relationship | Share %[8]

Address | City | State | ZIP

**Section 6.2: Spousal Consent: Required to be completed if participant is married and participant's spouse is not named as the sole primary beneficiary**

I certify that I am the spouse of the above-named Participant and that I have read the above Beneficiary Designation. In the event of the death of my spouse, I consent to the payment of my spouse's interest in the Plan to the above-named Beneficiary. I waive any rights I now have, or may later be held to have, in such interest. I realize that my consent applies only to this designation and does not apply to any future designation. I have consulted with legal and/or tax counsel in regard to the effect of this consent.

Name of Participant's Spouse

X

Signature of Participant's Spouse

Date

Name of Notary Public

X

Signature of Notary Public

Date

**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 $35 maintenance fee is assessed. Accounts with balances of $50,000 or more are assessed a $30 maintenance fee. The fee is deducted from participant accounts each year in December.[9] I agree that the most recent beneficiary designation received by the Trustee shall supersede any other beneficiary designation made by me. 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.

I understand that my property may be transferred to the appropriate state if no activity/communication occurs in the account within the time period specified by my state's law.

X _____ Date _____

Signature

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

**Not FDIC Insured | May Lose Value | No Bank Guarantee**

9. The maintenance fee will be $30 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.