



Designation of Beneficiary Form

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

1 ACCOUNT OWNER INFORMATION

First name	M.I.	Last name	Suffix	Social Security number										
Email address ¹		Primary phone number		Alternate phone number										
		()		()										

2	PLAN TYPE
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<input type="checkbox"/> Traditional IRA	<input type="checkbox"/> SIMPLE IRA	<input type="checkbox"/> Beneficiary Plan Type(s) (please specify) <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
<input type="checkbox"/> Rollover IRA	<input type="checkbox"/> SEP IRA	
<input type="checkbox"/> Roth IRA	<input type="checkbox"/> SARSEP IRA	
<input type="checkbox"/> Roth Conversion IRA		

3 BENEFICIARY DESIGNATION

- **Please provide both a primary and contingent beneficiary designation.**
If no beneficiary is designated, your beneficiary shall be your spouse or, if you have no surviving spouse, your estate. Contingent beneficiaries will inherit as indicated ONLY IF all primary beneficiaries do not survive you. Consequently, the total primary and contingent beneficiary allocation should EACH equal 100%.
- Benefits shall be divided equally among primary beneficiaries (or contingent beneficiaries), unless otherwise specified.
- If changing your Primary or Contingent Beneficiary, you must restate both the Primary and Contingent Beneficiary below.
- This designation supersedes any prior beneficiary designations that you have made.
- If you are married and designate a primary beneficiary other than your spouse, you may need to obtain your spouse's consent. You should consult with a legal advisor regarding your beneficiary designation and whether your spouse's consent is necessary. *The Custodian is not responsible for determining whether your spouse's consent is necessary.*
- If you name your spouse as a primary or contingent beneficiary, and you later divorce, that designation is automatically revoked and invalid upon your death, unless after your divorce you affirmatively elect to name your former spouse as your non-spouse beneficiary.

Name OR Name of Trust (trust date required mm/dd/yyyy)					Percentage	
					%	
Social Security number		Date of birth (mm/dd/yyyy)		<input type="checkbox"/> Spouse <input type="checkbox"/> Non-Spouse (Relationship to you)		
Street address			City		State	ZIP

SEE NEXT PAGE FOR ADDITIONAL PRIMARY BENEFICIARY DESIGNATION FIELDS AND SECTION 3B FOR CONTINGENT DESIGNATION FIELDS

1. 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.

3A DESIGNATE YOUR PRIMARY BENEFICIARY(IES) (cont'd.)Name OR Name of Trust (trust date **required** mm/dd/yyyy)

	%
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Social Security number

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Date of birth (mm/dd/yyyy)

--	--	--	--	--	--	--	--	--	--

☐ Spouse☐ Non-Spouse (Relationship to you)

Street address

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City

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State

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ZIP

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Name OR Name of Trust (trust date **required** mm/dd/yyyy)

Percentage

	%
--	---

Social Security number

--	--	--	--	--	--	--	--	--	--

Date of birth (mm/dd/yyyy)

--	--	--	--	--	--	--	--	--	--

☐ Spouse☐ Non-Spouse (Relationship to you)

Street address

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City

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State

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ZIP

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Name OR Name of Trust (trust date **required** mm/dd/yyyy)

Percentage

	%
--	---

Social Security number

--	--	--	--	--	--	--	--	--	--

Date of birth (mm/dd/yyyy)

--	--	--	--	--	--	--	--	--	--

☐ Spouse☐ Non-Spouse (Relationship to you)

Street address

--

City

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State

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ZIP

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IF NAMING MORE THAN FOUR BENEFICIARIES, PROVIDE INFORMATION ON A SEPARATE SHEET.**TOTAL: 100%****3B DESIGNATE YOUR CONTINGENT BENEFICIARY(IES)**

Primary Beneficiary(ies) will receive benefits upon your death. If no Primary Beneficiary(ies) survives you, benefits will be distributed to the Contingent Beneficiary(ies) listed below.

Name OR Name of Trust (trust date **required** mm/dd/yyyy)

Percentage

	%
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Social Security number

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Date of birth (mm/dd/yyyy)

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☐ Spouse☐ Non-Spouse (Relationship to you)

Street address

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City

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State

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ZIP

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Name OR Name of Trust (trust date **required** mm/dd/yyyy)

Percentage

	%
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Social Security number

--	--	--	--	--	--	--	--	--	--

Date of birth (mm/dd/yyyy)

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☐ Spouse☐ Non-Spouse (Relationship to you)

Street address

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City

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State

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ZIP

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Name OR Name of Trust (trust date **required** mm/dd/yyyy)

Percentage

	%
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Social Security number

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Date of birth (mm/dd/yyyy)

--	--	--	--	--	--	--	--	--	--

☐ Spouse☐ Non-Spouse (Relationship to you)

Street address

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City

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State

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ZIP

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Name OR Name of Trust (trust date **required** mm/dd/yyyy)

Percentage

	%
--	---

Social Security number

--	--	--	--	--	--	--	--	--	--

Date of birth (mm/dd/yyyy)

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☐ Spouse☐ Non-Spouse (Relationship to you)

Street address

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City

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State

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ZIP

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IF NAMING MORE THAN FOUR BENEFICIARIES, PROVIDE INFORMATION ON A SEPARATE SHEET.**TOTAL: 100%**

BY SIGNING BELOW, I CERTIFY AND AGREE THAT:

- I hereby revoke any and all prior designations of beneficiary, and understand that I may revoke or change this beneficiary designation at any time by submitting a new *Designation of Beneficiary Form* to Fiduciary Trust International of the South. This designation shall apply to all of my investment accounts under the type of plan [e.g., Traditional IRA, Rollover IRA, SEP-IRA, SARSEP-IRA, SIMPLE IRA, Roth IRA, Roth Conversion IRA] indicated in Section 2. A Beneficiary Designation shall be valid only if dated and signed by me and filed with the Custodian before my death.
- 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 primary beneficiary(ies) survive(s) me, the contingent beneficiary(ies) shall acquire the designated share of my account. If no ascertainable designation is set forth on this form my beneficiary shall be deemed to be my surviving spouse, or if there is no surviving spouse, my estate.
- If I am married and elect to designate a beneficiary other than my spouse, I should consult with my legal advisor as to any interest (community property, marital property, or otherwise) my spouse has or may have with respect to this plan and the effect of any such interest on this beneficiary designation. The Custodian is not responsible for determining whether your spouse's consent is necessary.
- If I am married and elect to designate a primary beneficiary other than my spouse, my spouse consents to the beneficiary designation, if my spouse's consent is necessary.
- If I name my spouse as a beneficiary and I later divorce, that designation is automatically revoked and invalid upon my death, unless after my divorce I affirmatively elect to name my former spouse as my non-spouse beneficiary.
- 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.

FRANKLIN TEMPLETON ACCOUNT OWNER SIGNATURE ONLY

The registered owner named in Section 1 must sign this form.

X _____

Signature of Account Owner

Date _____

BEFORE YOU SUBMIT...

TO NAME A BENEFICIARY – DID YOU PROVIDE?

- ☐ A typed beneficiary designation form or beneficiary designation form handwritten in capital letters using blue or black ink.
- ☐ A Franklin Templeton case number related to your request on page 1 (if you were provided with one).

SECTION 1

Information for the Account Owner authorized to transact business on the account:

- ☐ Full first and last name
- ☐ Social Security Number/ITIN
- ☐ Email address

SECTION 2 (if applicable)

- ☐ Plan Type

SECTION 3 (if applicable)

Information for the Beneficiary(ies) on the account:

- ☐ The name, relationship and identifying information for the Beneficiary(ies)
- ☐ Percentages of Primary and Contingent Beneficiaries that equal to 100%

SECTION 4

- ☐ The signature of the Account Owner and date signed

MAKE A PHOTOCOPY OF THE COMPLETED FORM FOR YOUR RECORDS

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 case number(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 case number to reference in your email. <p>Financial Professionals: ftrequests.us.franklintempleton@fisglobal.com</p> <p>Shareholders: shrequests.us.franklintempleton@fisglobal.com</p>	(855) 891-8377	<p>You may use any of the below mailing addresses:</p> <p>Regular Mail</p> <ul style="list-style-type: none">Franklin Templeton P.O. Box 33033 St. Petersburg, FL 33733–8033 <p>Overnight</p> <ul style="list-style-type: none">Franklin Templeton 100 Fountain Parkway N. St. Petersburg, FL 33716–1205