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FRANKLIN TEMPLETON INVESTMENTS

Franklin Templeton Bank & Trust
Designation of Beneficiary Form

Use this form to name Primary and Contingent Beneficiaries for any Franklin Templeton Bank & Trust (FTB&T) retirement account.

Do not use this form to name beneficiaries for any other account for which FTB&T does not serve as custodian.

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 | Social Security number

Primary phone number ( ) | Alternate phone number ( )

2 PLAN TYPE

☐ **Check here to update the Beneficiary designations FOR ALL RETIREMENT PLAN TYPES registered under your Social Security number.**[1]

OR

Specify the plan types for which the Beneficiary designations should be updated below.[1]

☐ Traditional IRA
☐ Rollover IRA
☐ Roth IRA
☐ Roth Conversion IRA
☐ SIMPLE IRA
☐ SEP IRA
☐ SARSEP IRA
☐ Non-ERISA 403(b)
☐ ERISA 403(b)[2]
☐ Beneficiary Plan Type(s) (please specify)

1. If no plan type is selected, all applicable plan types will be updated.
2. **For ERISA 403(b) Plans:** you must complete Section 5 for your beneficiary designation to be considered valid.

3 BENEFICIARY DESIGNATION

- Please provide both a Primary and Contingent Beneficiary Designation.
- If changing your Primary or Contingent Beneficiary, you must restate both the Primary and Contingent Beneficiary below.
- The total Primary Beneficiary percentage allocation and total Contingent Beneficiary percentage allocation must **EACH** equal 100%.
- This designation supersedes any prior beneficiary designations that you have made.
- If listing additional beneficiary(ies), please attach a separate sheet of paper providing the information below, signed by you.
- If no percentage is provided, the benefits will be divided equally among your Primary Beneficiaries, or (if applicable) among your surviving Contingent Beneficiaries.

3A DESIGNATE YOUR PRIMARY 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) as listed in Section 3B.

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 | State | ZIP

SEE NEXT PAGE FOR ADDITIONAL BENEFICIARY DESIGNATION FIELDS

3 BENEFICIARY DESIGNATION (cont'd.)

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 | State | ZIP

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 | State | ZIP

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 | State | ZIP

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 %

Social Security number | Date of birth (mm/dd/yyyy) | ☐ Spouse | ☐ Non-Spouse (Relationship to you)

Street address | City | State | ZIP

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 | State | ZIP

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 | State | ZIP

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 | State | ZIP

TOTAL: 100%

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

4 ACCOUNT OWNER SIGNATURE

Please sign to certify this instruction.

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 Franklin Templeton Bank & Trust. 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, 403(b), ERISA 403(b)) indicated in Section 2. I understand that 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. A Beneficiary Designation shall be valid only if dated and signed by me and filed with the Custodian before my death.

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 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 below, in the case of an IRA or a 403(b) account, my beneficiary shall be deemed to be my surviving spouse, or if there is no surviving spouse, my estate.

X _____ Date _____

Signature of Account Owner

5 SPOUSAL CONSENT

5A REQUIRED FOR ERISA 403(b) PLANS

Please indicate according to your marital status and your Primary Beneficiary designation provided in Section 3A.

☐ A. Unmarried ☐ B. Married, Spouse is the sole Primary Beneficiary ☐ C. Married, Spouse is **NOT** the sole Primary Beneficiary

If you indicated C above, your spouse must complete the following:

Spousal Consent:
I certify that I am the spouse of the above-named Participant and that I have read the above Designation of Beneficiary. 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(ies). 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 further designations. I have consulted with legal and/or tax counsel in regard to the effect of this consent.

Printed name of spouse _____ X _____ Date _____

Signature of spouse

NOTARY SEAL

X _____ Date _____

Signature of Notary Public

5B OTHER PLAN TYPES

If you are married and designate someone other than your spouse as your primary beneficiary, you may need to obtain your spouse's consent. You should consult with a legal advisor regarding your beneficiary designation. If you determine that your spouse's consent is necessary, s/he can provide that consent below.

The following spousal consent is provided as an accommodation; the Custodian is not responsible for determining its necessity or validity.

I am the spouse of the owner of the applicable Franklin Templeton retirement plan(s) specified on this form. I consent to the designation of the beneficiary(ies) identified above.

Printed name of spouse _____ X _____ Date _____

Signature of spouse

Please mail to	WEST COAST	EAST COAST
	Franklin Templeton Bank & Trust c/o Franklin Templeton Investor Services, LLC P.O. Box 997153 Sacramento, CA 95899-7153	Franklin Templeton Bank & Trust c/o Franklin Templeton Investor Services, LLC P.O. Box 33033 St. Petersburg, FL 33733-8033
Overnight Mail	3344 Quality Drive Rancho Cordova, CA 95670-7313	100 Fountain Parkway St. Petersburg, FL 33716-1205

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