

Franklin Templeton and **Broker-Dealer Employee Purchase Form**

RRET FNAV 10/22

For new accounts: Please return this form with a completed Franklin Templeton Account, IRA, or 529 College Savings Plan application. For existing accounts: Please return this form by one of the methods listed on page 2.

If completing by h	and, please print clearly in CAPITAL	LETTERS using blue or black ink	
If applicable, provide any Franklin Templeton case number	er(s) related to your request:		
1 FOR BROKER-DEALER EMPLOYEES AND FAMILY M	MEMBERS		
This application for the purchase of shares complies w Distributors, LLC and with either (1) the current prosp or (2) the current prospectus(es) for the fund(s) identi Handbook and Account Application. We authorize the at net asset value and certify that the applicant is our for such purchase in accordance with the terms of the	pectus(es) for the fund(s) identified in the field in the Section titled "Fund Designan named applicant to purchase shares of remployee or registered person or is the	ne Section titled "Fund Designation ation" of the <i>IRA Application</i> or (3) the fund(s) or 529 plans distribute a spouse or immediate family members.	" of the <i>Account Application</i> the current 529 plan <i>Investor</i> d by Franklin Distributors, LLC
Purchases for current employees of broker-dealers and into Advisor Class or Class Z Shares, if offered. Other			ies of their employer), will be made
NOTE: A change in broker-dealer on an account with a privileges. It is the responsibility of the new broker-dealer on an account with a privileges.	·		ediate termination of those
Securities dealer name			
Broker-dealer employee first name	M.I. Last name	Suffix	Phone number
Applicant first name (if family member of employee)	M.I. Last name	Suffix	Phone number ()
Please list all accounts that are eligible for future pure	chases at net asset value		
X			Date
Authorized signature (Registered Principal for the Sec	curities Dealer) (required)		
Printed name	Title		Phone number (
2 FOR FRANKLIN TEMPLETON EMPLOYEES AND FAM	MILY MEMBERS ¹		
Purchases for Franklin Templeton current and former e made into Advisor Class, Class Z or Class I, if offered.		-	nt manager and its affiliates will be
FRANKLIN TEMPLETON OFFICER, TRUSTEE, DIRECTOR	OR EMPLOYEE		
First name	M.I. Last name	Suffix	Phone number or extension (
Date of hire (mm/dd/yyyy) Department/Board nar	me	Relationship of officer/employee	to applicant
Applicant first name (if family member of employee)	M.I. Last name	Suffix	Phone number (
Franklin Templeton affiliate name (if applicable)			

1. Immediate family members consist of eligible person's spouse (including the surviving spouse of a deceased board member), parents, grandparents, and children and grandchildren (including

step-relationships).

Principal

FRANKLIN TEMPLETON USE ONLY Accepted: Franklin Distributors, LLC

Date

MAKE A PHOTOCOPY OF THE COMPLETED FORM FOR YOUR RECORDS

 Digital communication channels are not necessarily secure. If you do choose to send confidential or sensitive information to us via digital communication channels (e.g. email, chat, text messaging, fax), you are accepting the associated risks related to potential lack of security, such as the possibility that your confidential or sensitive information may be intercepted/accessed by a third party and subsequently used or sold.

Financial Professionals: ftrequests@franklintempleton.com **Shareholders:** shrequests@franklintempleton.com

Overnight

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