



SIMPLE/SEP IRA Application

IMPORTANT INFORMATION:

- Use this application to open a SIMPLE IRA or SEP IRA with Fiduciary Trust International of the South (“FTIOS”) as custodian.
- If creating a new plan, please submit the 5304/5305 SIMPLE Employer Agreement form with the application.
- **IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT.** To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. **If you fail to provide all requested information, it may delay or prevent us from opening an account and making your requested investment(s), and if after your account is open we are unable to verify the information you provide, we may close your account.**

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

If applicable, provide any Franklin Templeton REFERENCE ID(s) related to your request: _____

1 TYPE OF IRA

Select one: SIMPLE IRA **OR** SEP IRA

2 ACCOUNT OWNER INFORMATION

Required for account owner: Full name, Social Security number (or ITIN),¹ date of birth and street address (include any APT., BLDG., STE. number).

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

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

Mailing address (if different from street address) _____ City _____ State _____ ZIP _____

Email address² _____ Primary phone number (_____) _____ Alternate phone number (_____) _____

US citizen or resident alien Nonresident alien

If you are a Nonresident alien, please indicate your country of citizenship and country of tax residence.

Country of citizenship _____ Country of tax residence _____

3 EMPLOYER INFORMATION

Name of business _____ Group number (provided by Employer) _____

Street address of principal place of business _____ City _____ State _____ ZIP _____

Employer/owner first name _____ M.I. _____ Last name _____ Phone number (_____) _____

Owner (Sole Proprietorship)

1. You must provide your US Taxpayer Identification Number (TIN); a TIN includes the SSN, ITIN, ATIN and EIN. If you have never been issued a US TIN and are not a US citizen, in place of a US TIN please send us a copy of one of the following items: a resident-alien ID card, a current passport, a current foreign government-issued ID card, or other document evidencing nationality or residence that bears a photograph. If any document offered by non-US persons is unfamiliar and cannot be authenticated by reasonable means, the account will not be opened. Refer to Section 12 for additional certification requirements applicable to the registered owner.

2. 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.

This designation will apply to all investments maintained in the IRA custodial account opened with this application. Please provide both a primary and contingent beneficiary designation.

- The total primary and contingent beneficiary allocation should EACH equal 100%.
- 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.
- Benefits shall be divided equally among primary beneficiaries (or contingent beneficiaries), unless otherwise specified.
- This designation supersedes any prior beneficiary designations that you have made.
- 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 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.

Complete sections 4A and 4B with your primary and contingent beneficiary designation:

4A 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 4B.

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

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

4B 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

SEE NEXT PAGE FOR ADDITIONAL BENEFICIARY DESIGNATION FIELDS.

4 BENEFICIARY DESIGNATION (cont'd.)

4B 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

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

5 METHOD OF INVESTMENT

- You may be eligible for a lower sales charge on purchase of Class A shares, refer to Section 9 for more information.
- **You must have a broker-dealer to purchase Class C shares. To designate a broker-dealer, complete Section 11.**
- Advisor Class and Class Z shares are available only to certain, eligible investors. Refer to "Qualified Investors" in the prospectus for more information. To purchase Class Z shares, complete Section 10.
- **SEP IRA:** You may transfer or rollover assets into a SEP IRA from other pre-tax retirement plans.
- **SIMPLE IRA:** May be transferred or rolled over to another plan type only after two years from the date of initial participation in the plan. Before two years, you may only transfer to another SIMPLE IRA.
- **Traditional IRA, 401(k), 403(b), or qualified employer-sponsored plan:** The account owner is responsible for tracking "after-tax contributions" made to tax-deferred plans. "After-tax contributions" not appropriately tracked by the account owner could be taxed again when distributed.

Please indicate how your IRA will be funded.

NEW CONTRIBUTIONS

For SIMPLE IRAs Only (All SEP IRA contributions will be considered Employer Contributions):

If a check is enclosed

Salary deferral amount \$
Employer contribution amount \$

To be funded by future salary deferrals.

Please make check(s) payable to "FTIOS."

TRANSFER OR ROLLOVER

Check is enclosed **OR** Investment pending

FOR PARTICIPANT TRANSFERS AND ROLLOVERS (Complete 1 and 2 below):

1. Is the payment directly from the plan trustee/custodian or from your personal bank account?

- Directly from the plan trustee/custodian (transfer/direct rollover)
- From your bank account (60-day rollover³)

2. What type of plan is the transfer or rollover coming from?

Contact the employer-sponsor of the plan or IRA custodian for rollover instructions and complete any forms that may be required.

NOTE: If no check is enclosed, please complete an *IRA Transfer/Rollover Form*.

- SEP IRA**
- SIMPLE IRA**
- Traditional IRA**
- 401(k), 403(b), or qualified employer sponsored plan**

3. You must generally make rollover contributions by the 60th day after the day you receive the distribution from your prior plan. See IRS Publication 590-A or discuss with your financial professional for further information.

6 FUND DESIGNATION

Review our current list of mutual funds by visiting franklintempleton.com and clicking “Investments” and then choosing “Mutual Funds.”

- The total percentage must equal 100%.
- If no fund is provided or we are unable to determine the name of the fund requested, any money received will be invested in the Franklin U.S. Government Money Fund and we will follow up with you for clarification.
- If no share class is provided or the share class is unclear, Class A shares will be purchased.
- Advisor Class and Class Z shares are available only to certain, eligible investors. Refer to “Qualified Investors” in the prospectus for more information. To purchase Class Z shares, complete Section 10.
- If no percentage is provided, your investment will be apportioned equally among the funds indicated below.

Complete the fields below with your fund selection(s):

FUND NUMBER	FUND NAME (List the full name of the fund)	SHARE CLASS	PERCENTAGE
			%
			%
			%
			%
			%
			%
			%
			%

IF YOU WOULD LIKE TO INVEST IN ADDITIONAL FUNDS, PROVIDE THE INFORMATION ON A SEPARATE SHEET.

7 ELECTRONIC DELIVERY (eDELIVERY)

To receive your statements, notifications⁴ and tax documents by eDelivery, register for online account access. Check the box below to receive an email with instructions on how to register your account online and complete the eDelivery enrollment process. **IMPORTANT: Your email address is required in Section 1.**

Yes, send me instructions on how to register for online access on my account.

Note: If you do not register for online access you will receive statements, notifications⁴ and tax documents to your mailing address.

8 ONLINE AND TELEPHONE PRIVILEGES

You and your financial professional automatically have the convenience of Online and Telephone Exchange and Redemption Privileges unless you check the boxes below. Review your prospectus for a discussion of these privileges.

I do **NOT** want Online and Telephone Exchange Privileges.

I do **NOT** want Online and Telephone Redemption Privileges.

9 SALES CHARGE REDUCTIONS FOR CLASS A SHARES

Franklin Templeton offers two ways for you to combine your current purchase of Class A shares with other existing Franklin Templeton and Legg Mason fund share holdings that might enable you to qualify for a lower sales charge with your current purchase. You can qualify for a lower sales charge when you reach certain “sales charge breakpoints.”

CUMULATIVE QUANTITY DISCOUNT FOR CLASS A SHARES (Please provide statement copies for any mutual fund holdings that are not held directly with Franklin Templeton).

I have reviewed the cumulative quantity discount provision of the Fund’s prospectus and understand that I can combine the amount of my current purchase of Class A shares with any existing holdings that the prospectus describes as “cumulative quantity discount eligible shares” to determine if I can qualify for a reduced sales charge breakpoint. I also understand that if there are any existing cumulative quantity discount eligible shares that I want combined with my current purchase, I must identify the account(s) in which they are held below or they will not be considered in determining if my current purchase qualifies for a reduced sales charge breakpoint.

I have reviewed the prospectus and believe that cumulative quantity discount eligible shares are held in the following account(s):

Fund-account number(s)	Cumulative value of eligible shares
	\$

4. Notifications may include transaction confirmations, prospectuses, shareholder reports, proxy materials and other notifications.

LETTER OF INTENT FOR CLASS A SHARES

I intend to purchase additional shares issued by one or more Franklin Templeton and Legg Mason funds over a 13-month period following my initial purchase in order to be eligible for a sales charge discount on my purchase of Class A shares. I agree to the terms of the Letter of Intent described in the applicable prospectus(es) and grant Franklin Distributors, LLC a security interest in the shares to be reserved. Although I am not obligated to do so, the aggregate amount of Franklin Templeton and Legg Mason⁵ funds' shares I intend to purchase over the 13-month period will be in an aggregate amount at least equal to:

- \$25,000⁵ \$50,000⁵ \$100,000 \$250,000 \$500,000⁵ \$750,000⁵ \$1,000,000⁵

Please list the fund-account number(s) that should be included in your Letter of Intent.

Fund-account number(s)

10 ELIGIBILITY FOR CLASS Z SHARES

Franklin Mutual Series fund investors who were shareholders of record on October 31, 1996, and other entities subject to the terms and conditions as set forth in the prospectus are able to establish additional accounts in any Mutual Series fund. If you hold shares in a Franklin Mutual Series fund through a broker-dealer, servicing agent, employer-sponsored retirement plan, IRA, bank trust department or registered investment advisor, you must attach an account statement from a broker-dealer, servicing agent, etc., specifically indicating your ownership of those shares as of October 31, 1996. If you hold shares directly with Franklin Templeton, complete the following.

I qualify to purchase Class Z shares because:

- I am a beneficial owner of the account identified below.
 An immediate family member residing within the same household is a beneficial owner of the account identified below.
 I am a custodian, trustee, guardian or conservator listed on the account identified below.
 Other (See the "Buying Shares" section in the Funds' prospectus)

If applicable, provide the account number for Franklin Mutual Series fund holdings that qualify your purchase of Class Z shares.

Fund-account number(s)

11 BROKER-DEALER USE ONLY

This application for the purchase of shares complies with the terms of our selling agreement with Franklin Distributors, LLC ("Distributors") and with the current prospectus(es) for the fund(s) identified in Section 6. We agree to notify Distributors of any purchases of shares which may be eligible for reduced or eliminated charges.

This section must be signed by a FINRA registered principal of the firm for the listed securities dealer.

WIRE ORDERS ONLY:

The attached check for \$ should be applied against wire order control number dated for shares.

SECURITIES DEALER

Dealer name Broker identification number

FINANCIAL PROFESSIONAL

First name, middle initial, last name Suffix Telephone number
 Email address Dealer number Branch number Representative number
 Branch address City State ZIP
 Title

X

Authorized signature (Registered Principal for the Securities Dealer listed above)

5. Not applicable for all funds.

BY SIGNING BELOW I CERTIFY AND AGREE THAT:

- 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 US and/or foreign government agencies, and if unable to verify my information, you are authorized to close my account by redeeming shares at the then applicable net asset value.
- I hereby appoint Fiduciary Trust International of the South "FTIOS" as Custodian of my IRA under the terms of the Traditional IRA Custodial Account Agreement, or the SIMPLE Individual Retirement Custodial Account Agreement, as applicable (each an "Agreement"). I have received and read the applicable Agreement and the IRA Disclosure Statement.
- I consent to a maintenance fee for the type of IRA custodial account opened by this application. A \$15 maintenance fee will apply to each account type with a balance of less than \$50,000. The maintenance fee is \$10 for accounts with balances of \$50,000 and over. I understand a maintenance fee will be assessed if I request a full distribution of the plan.
- I have received and read the prospectus for each fund identified in Section 6.
- I have full authority and am of legal age (or an emancipated minor) to buy and sell shares.
- The information in this application pertaining to account ownership and account options, as well as the Broker-Dealer information, applies to any new fund into which my shares may be exchanged.
- When I call you regarding my shares and account(s) the telephone conversation may be recorded.
- You are authorized to provide any information about my account(s) to my broker-dealer or financial professional, and my broker-dealer or financial professional is authorized to provide any information about my account(s) to you.
- I will review all account statements and written notifications after each transaction affecting my account upon receipt and will notify you immediately if there is a discrepancy.
- My property may be transferred to the appropriate state if no activity/communication occurs in the account within the time period specified under my state's unclaimed property laws.
- 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.
- If I am married and elect to designate someone other than my spouse as my primary beneficiary, 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.

I understand that mutual fund shares are not deposits or obligations of, or guaranteed or endorsed by, any bank, and are not federally insured by the Federal Deposit Insurance Corporation, the Federal Reserve Board, or any other agency of the US Government, and that an investment in mutual fund shares involves risks, including the possible loss of principal.

FRANKLIN TEMPLETON ACCOUNT OWNER SIGNATURE ONLY

X

 Franklin Templeton Account Owner

Date

Important Information

Householding of Prospectuses and Fund Reports Notice:

- To help reduce fund expenses, we identify shareholders of a fund who are part of the same family (same last name and share same address) so that the household receives only one copy of these documents. This process is called “householding” and automatically takes effect 60 days after an account is opened.
- You can opt out of householding at any time by calling Shareholder Services at (800) 632-2301. We will stop householding within 30 days of your opt-out request and begin sending individual copies of these documents to each investor.

Privacy Policy: You may view our policy on our website at franklintempleton.com/help/privacy-policy

Business Continuity Policy: You may view our policy on our website at franklintempleton.com/help/business-continuity

BEFORE YOU SUBMIT...

TO OPEN ACCOUNT – DID YOU PROVIDE?

- A typed application or application handwritten in capital letters using blue or black ink.
- A Franklin Templeton reference ID related to your request on page 1 (if you were provided with one).

SECTION 1

- The type of IRA that should be established with this request

SECTION 2

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

- Full first and last name
- Street address (include any APT, BLDG, STE number)
- Social Security number/ITIN
- Date of birth
- Email address

SECTION 3

Employer Information:

- Name of business
- Group number (provided by employer)
- Address
- Name of employer/owner

SECTION 4

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

SECTION 5

- Source of funding

SECTION 6

- Fund name(s) and share class (if Class C selected, Broker-Dealer in Section 11 is required)
- Percentage(s) equal to 100%

SECTION 7

- eDelivery option

SECTION 12

- The signature of Account Owner and date signed

ADDITIONAL

For Employers only: If creating a new plan

- 5304/5305 SIMPLE Employer Agreement
- eContributions Services Employer Application
- eContributions New User Request Form

MAKE A PHOTOCOPY OF THE COMPLETED FORM FOR YOUR RECORDS

IMPORTANT: If an original signature guarantee or notary is required you may NOT email or fax your documents.

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

Not FDIC Insured | No Bank Guarantee | May Lose Value

