



**FRANKLIN
TEMPLETON**

Springing Power of Attorney Affidavit by Attorney-in-Fact

IMPORTANT INFORMATION:

- This form is required when adding a Springing Power of Attorney when the Springing Power of Attorney is over two years old, or when changing a registration.
- Complete and attach the *Springing Power of Attorney Affidavit by Physician* form, if this form or its equivalent has not been previously provided to Franklin Templeton Investor Services, LLC.

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

If applicable, provide any Franklin Templeton **CASE NUMBER(S)** related to your request:

1 ACCOUNT INFORMATION

Fund-account number(s) or asset summary number(s):

2 DECLARATION AND SIGNATURE

The undersigned authority, _____ ("Affiant"), swears and affirms that:
Name of Attorney-in-Fact

1. Affiant is the attorney-in-fact named in the Durable Power of Attorney executed by:

(Name of Principal) ("Principal") on _____
(Date of Power of Attorney)

2. This Durable Power of Attorney is currently exercisable by Affiant. The Principal is domiciled in _____
(State, territory, country)

3. To the best of the Affiant's knowledge after diligent search and inquiry:

- a. The Principal is not deceased; and
- b. There has been no revocation, partial or complete termination by adjudication of incapacity or by the occurrence of an event referenced in the Durable Power of Attorney, or suspension by invitation of proceedings to determine incapacity or to appoint a guardian.

4. Affiant agrees not to exercise any powers granted by the Durable Power of Attorney if Affiant attains knowledge that it has been revoked, partially or completely terminated, suspended, or is no longer valid because of the death or adjudication of incapacity of the Principal.

X _____
Signature of Affiant Date Print Name

PLACE NOTARY STAMP/SEAL

SEE THE NEXT PAGE FOR NOTARY PUBLIC SIGNATURE

(For use by Notary Public Only)

On _____ before me, _____ personally appeared
 Date Name of Notary Public

 Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of _____ that the foregoing paragraph is true and correct.
 Name of state which Notary is licensed

WITNESS my hand and official seal. **X**

 (Signature of Notary Public)

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. 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. If you have not been registered on franklintempleton.com for at least 15 calendar days, call (800) 632-2301 to request a case number to reference in your email. <p>Financial Professionals: ftrequests.us.franklintempleton@fisglobal.com Shareholders: shrequests.us.franklintempleton@fisglobal.com</p>	<p>(855) 891-8377</p>	<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 33030 St. Petersburg, FL 33733-8030 <p>Overnight</p> <ul style="list-style-type: none"> Franklin Templeton 100 Fountain Parkway N. St. Petersburg, FL 33716-1205