



**FRANKLIN TEMPLETON  
INVESTMENTS**

One Franklin Parkway  
San Mateo, CA 94403-1906  
tel 800/632-2301  
franklintempleton.com

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Dear Valued Shareholder:

We are pleased to learn of your interest in the Direct Deposit program, which is offered free of charge by Franklin Templeton Investments and the federal government. This service enables you to have your Social Security, federal salary, or other recurring federal payments invested immediately in additional shares for your existing Franklin Templeton mutual fund account via electronic funds transfer.

Enclosed is our Franklin Templeton Direct Deposit program brochure and a Franklin Templeton Bank & Trust (FTB&T) Federal Payments Direct Deposit and Automatic Payment Agreement and Disclosure, outlining the rules governing this service. Please read them, and your prospectus, carefully and retain with your records for future reference. FTB&T, the bank affiliate of Franklin Templeton Investor Services, Inc. (the shareholder servicing agent for your Franklin Templeton fund shares), will process and transfer your Direct Deposit to your designated Franklin Templeton fund account.

Also enclosed is your Direct Deposit Sign-up Form. Please complete all of the information in Section 1. In box C of this section, the suffix of your Claim or Payroll ID Number may be found on the face of your check (see reverse side of the Direct Deposit Sign-up Form). If the information is known to you, please complete Section 2, then simply return the signed and dated form. Your federal payments, under this program, will generally begin no later than 90 days after your application is processed.

If you have questions or need further assistance completing the application, please contact Franklin Templeton Shareholder Services at 1-800/632-2301.

We appreciate your continued support of Franklin Templeton's products and services, and look forward to serving you in the months and years to come.

Sincerely,

Franklin Templeton Investments

**Not FDIC Insured • May Lose Value • No Bank Guarantee**

GOF LSHDD 11/03

# **DIRECT DEPOSIT** SIGN-UP FORM

## DIRECTIONS

- To sign up for direct deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

## SECTION 1 (TO BE COMPLETED BY PAYEE)

<b>A</b> NAME OF PAYEE ( <i>last, first, middle initial</i> )		<b>D</b> TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	
ADDRESS ( <i>street, route, P.O. Box, APO/FPO</i> )		<b>E</b> DEPOSITOR ACCOUNT NUMBER _____	
CITY	STATE	ZIP CODE	
TELEPHONE NUMBER AREA CODE		<b>F</b> TYPE OF PAYMENT ( <i>Check only one</i> )	
<b>B</b> NAME OF PERSON(S) ENTITLED TO PAYMENT		<input type="checkbox"/> Social Security <input type="checkbox"/> Fed Salary/Mil. Civilian Pay <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Mil. Active _____ <input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Mil. Retire. _____ <input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> Mil. Survivor _____ <input type="checkbox"/> VA Compensation or Pension <input type="checkbox"/> Other _____ <i>(specify)</i>	
<b>C</b> CLAIM OR PAYROLL ID NUMBER		<b>G</b> THIS BOX FOR ALLOTMENT OF PAYMENT ONLY ( <i>if applicable</i> )	
Prefix	Suffix	TYPE	AMOUNT
<b>PAYEE/JOINT PAYEE CERTIFICATION</b> I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.		<b>JOINT ACCOUNT HOLDERS' CERTIFICATION</b> ( <i>optional</i> ) I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.	
SIGNATURE	DATE	SIGNATURE	DATE
SIGNATURE	DATE	SIGNATURE	DATE

## SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS
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## SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION		ROUTING NUMBER	CHECK DIGIT
Franklin Templeton Bank & Trust, F.S.B. One Franklin Parkway San Mateo, CA 94403		<b>1 2 1 1 3 5 3 4</b>	<b>6</b>
DEPOSITOR ACCOUNT TITLE			
<b>FINANCIAL INSTITUTION CERTIFICATION</b>			
I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.			
PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE NUMBER	DATE

Financial institutions should refer to the GREEN BOOK for further instructions.

**THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.**

## BURDEN ESTIMATE STATEMENT

The estimated average burden associated with this collection of information is 10 minutes per respondent or record-keeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Financial Management Service, Facilities Management Division, Property & Supply Section, Room B-101, 3700 East-West Highway, Hyattsville, MD 20782 or the Office of Management and Budget, Paperwork Reduction Project (1510-0007), Washington, D.C. 20503.

## PLEASE READ THIS CAREFULLY

All information on this form, including the individual claim number, is required under 31 USC 3322, 31 CFR 209 and/or 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.

## INFORMATION FOUND ON CHECKS

Most of the information needed to complete boxes A, C, and F in Section 1 is printed on your government check:

- (A) Be sure that the payee's name is written exactly as it appears on the check. Be sure current address is shown.
- (C) Claim numbers and suffixes are printed here on checks beneath the date for the type of payment shown here. Check the Green Book for the location of prefixes and suffixes for other types of payments.
- (F) Type of payment is printed to the left of the amount.

United States Treasury <sup>15-51</sup>/<sub>1000</sub>  
AUSTIN, TEXAS  
Check No. 0000 - 4157815  
Month Day Year  
08 31 84  
Pay to the order of  
29-693-775-00 C  
JOHN DOE  
123 BRISTOL STREET  
HAWKINS BRANCH, TX 76543  
28 28  
VA COMP  
DOLLARS CTS  
\$ \*\*\*\*100\*\*00  
**NOT NEGOTIABLE**  
@000000516: 041571926

## SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

Joint account holders should immediately advise both the Government agency and the financial institution of the death of a beneficiary. Funds deposited after the date of death or ineligibility, except for salary payments, are to be returned to the Government agency. The Government agency will then make a determination regarding survivor rights, calculate survivor benefit payments, if any, and begin payments.

## CANCELLATION

The agreement represented by this authorization remains in effect until canceled by the recipient by notice to the Federal agency or by the death or legal incapacity of the recipient. Upon cancellation by the recipient, the recipient should notify the receiving financial institution that he/she is doing so.

The agreement represented by this authorization may be cancelled by the financial institution by providing the recipient a written notice 30 days in advance of the cancellation date. The recipient must immediately advise the Federal agency if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the Government agency.

## CHANGING RECEIVING FINANCIAL INSTITUTIONS

The payee's Direct Deposit will continue to be received by the selected financial institution until the Government agency is notified by the payee that the payee wishes to change the financial institution receiving the Direct Deposit. To effect this change, the payee will complete the new SF 1199A at the newly selected financial institution. It is recommended that the payee maintain accounts at both financial institutions until the transition is complete, i.e. after the new financial institution receives the payee's Direct Deposit payment.

## FALSE STATEMENTS OR FRAUDULENT CLAIMS

Federal law provides a fine of not more than \$10,000 or imprisonment for not more than five (5) years or both for presenting a false statement or making a fraudulent claim.

**FRANKLIN TEMPLETON BANK & TRUST  
FEDERAL PAYMENTS DIRECT DEPOSIT AND AUTOMATIC PAYMENT  
AGREEMENT AND DISCLOSURE**



Your signature on the U.S. government form (the "U.S. Form") requesting the direct deposit of your federal payment or entitlement to your deposit account at Franklin Templeton Bank & Trust is your agreement to the terms and conditions of this agreement and disclosure ("this Agreement").

**FRANKLIN TEMPLETON BANK & TRUST DEPOSIT ACCOUNT**

I hereby authorize and instruct Franklin Templeton Bank & Trust (the "Bank") to open and maintain a Bank deposit account at no cost in the name(s) of the person(s) who signed the U.S. Form (called the "Bank Deposit Account"). I understand and agree that the Bank Deposit Account will be a non-interest bearing account and that no checks will be issued on the account. I also understand that the only transactions that can be made through the Bank Deposit Account are the following:

- 1. Pre-authorized Electronic ACH Deposits.** The only deposits that can be made to my Bank Deposit Account are electronic funds transfers received by the Bank through the Automated Clearing House ("ACH") from the U.S. government in accordance with my instructions in the U.S. Form (each such automatic deposit is called an "Electronic ACH Deposit").
- 2. Pre-authorized Bank Payments.** The only withdrawals which may be made from my Bank Deposit Account are my pre-authorized automatic payments to the Franklin Templeton Fund\* for the purpose of purchasing additional shares for my Franklin Templeton Fund Investment Account (each withdrawal is called a "Pre-authorized Bank Payment"). For purposes of this Agreement, the term "Franklin Templeton Fund\*" means that mutual fund which has issued shares registered in my(our) name(s) as recorded in my(our) Franklin Templeton Fund Investment Account. My(our) "Franklin Templeton Fund Investment Account" means that account maintained by Franklin/Templeton Investor Services, Inc., transfer agent for the Franklin Templeton Fund\*, which has the account number I(we) have indicated on the U.S. Form.
- 3. Automatic Close of Bank Deposit Account and Termination of this Agreement.** I understand and agree that the Bank Deposit Account will be automatically closed and this agreement shall end if I do not cause at least one Electronic ACH Deposit to be credited to the Bank Deposit Account during a ninety (90) consecutive day period.

**PRE-AUTHORIZED BANK PAYMENTS**

I hereby instruct and authorize the Bank to automatically debit the Bank Deposit Account and pay over to the Franklin Templeton Fund\*, or its agent, the aggregate amount of all Electronic ACH Deposits credited to the Bank Deposit Account for the purpose of purchasing additional shares for my Franklin Templeton Fund Investment Account. I understand that a Pre-authorized Bank Payment in an amount equal to the balance in the Bank Deposit Account will be made no later than the close of business on each Bank business day that one or more Electronic ACH Deposits are credited to the Bank Deposit Account. If I notify the Bank to stop a Pre-authorized Bank Payment, as provided below, I understand that the Bank will have to (1) close the Bank Deposit Account, (2) issue a check to me in the amount of any Electronic ACH Deposit(s) credited to the account and not yet paid over to the Franklin Templeton Fund\*, and (3) reject any future Electronic ACH Deposits from the U.S. government.

**ELECTRONIC ACH DEPOSIT**

Each Electronic ACH Deposit will be initiated by the U.S. government in accordance with my instructions in the U.S. Form. The Bank is not responsible for any failure of the U.S. government to transfer funds to the Bank Deposit Account in accordance with my instructions, including, without limitation, failure to make transfers in the correct amount or at the correct time.

I understand that the Bank will be subject to all the rules and regulations of the ACH when accepting Electronic ACH Deposits and that the Bank may be required to return any amounts transferred to the Bank in error, either by the U.S. government or the bank used by the U.S. government (called an "Over Payment"). Because such an event, however unlikely, might occur, I(we) hereby appoint(s) the Bank as my(our) attorney-in-fact with the limited power to issue instructions to the Franklin Templeton Fund\* whenever there is an Over Payment to redeem a sufficient number of shares in my Franklin Templeton Fund Investment Account to realize sales proceeds in an amount equal to the Over Payment and to pay over such funds to the Bank. The Bank, in turn, will immediately transfer the amount of the Over Payment back to the U.S. government. I understand that the Bank will have to close the Bank Deposit Account if I cancel this appointment.

I have read, and understand the Electronic Funds Transfer Disclosures which appear on the reverse.

**\* FRANKLIN TEMPLETON FUND SHARES PURCHASED WITH YOUR GOVERNMENT DIRECT DEPOSIT ARE NOT INSURED BY THE FDIC OR ANY OTHER GOVERNMENTAL AGENCY; ARE NOT DEPOSITS OR OBLIGATIONS OF, OR GUARANTEED BY, FRANKLIN TEMPLETON BANK & TRUST; AND, ARE SUBJECT TO INVESTMENT RISKS AND POSSIBLE LOSS OF THE PRINCIPAL AMOUNT INVESTED.**

## ELECTRONIC FUNDS TRANSFER DISCLOSURE

Because this Agreement provides for the electronic transfer of funds to your Franklin Bank Deposit Account, you have certain rights and responsibilities under the Electronic Funds Transfer Act. They are set forth below:

1. *Address and Telephone Number.* If you believe that someone has transferred or may transfer money from your account without your permission, call 1-800/632-2301, or write ATTN: Direct Deposit Program, Franklin Templeton Bank & Trust, One Franklin Parkway, San Mateo, CA 94403.
2. *Business Days.* Our Business Days are Monday through Friday, not including holidays.
3. *Transaction Types.* The only electronic transfers permissible with this account are the deposits to your Bank Deposit Account. There are no specific frequency or dollar amount limitations for these transfers.
4. *No fees.* The Bank does not assess any charges for these electronic transfers.
5. *Transfer Documentation.* You can call us at 1-800/632-2301 to find out whether or not your deposit has been made, or whether the amount of the deposit varies by more than 100% from the amount of the preceding deposit. You will get monthly statements from the Bank for each month in which an electronic deposit is credited to your Bank Deposit Account.
6. *Stop Payments.* Here's how you can stop any of the Pre-authorized Bank Payment to your Franklin Templeton Fund Investment Account. Call us at 1-800/632-2301, or write ATTN: Direct Deposit Program, Franklin Templeton Bank & Trust, One Franklin Parkway, San Mateo, CA 94403, in time for us to receive your request three business days or more before the payment is scheduled to be made. If you call, we may also require you to put your request in writing and get it to us within 14 days after you call.
7. *Liability for Failure to Make Transfers.* If the Bank does not complete a transfer to or from your Bank Deposit Account on time or in the correct amount according to the Bank's agreement with you, the Bank will be liable for your losses or damages. However, there are some exceptions. The Bank will NOT be liable, for instance, if circumstances beyond its control prevent the transfer, despite reasonable precautions that it has taken, or if it fails to receive the scheduled electronic transfer of funds from your paying institution.
8. *Disclosure to Third Parties.* The Bank will disclose information to third parties about your deposit account or the electronic fund transfers you make, (a) where it is necessary for completing transfers, (b) in order to verify the existence and conditions of your account for a third party, such as a credit bureau or merchant, (c) in order to comply with orders properly issued by government agencies or court orders, and (d) as permitted by any of your agreements or authorizations.

### IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFERS

Telephone us at 1-800/632-2301

or

Write us at:

ATTN: Direct Deposit Program  
Franklin Templeton Bank & Trust  
One Franklin Parkway  
San Mateo, CA 94403

as soon as you can, if you think your statement is wrong, or if you need more information about a transfer listed on the statement. We must hear from you no later than 60 days after we sent the FIRST statement on which the problem or error appeared.

- (1) Tell us your name and account number.
- (2) Describe the error or transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
- (3) Tell us the dollar amount of the suspected error. If you tell us orally, we may require that you send us your complaint or question in writing within 10 business days.

We will tell you the results of our investigation within 10 business days after we hear from you and will correct any error promptly. If we need more time, however, we may take up to 45 days to investigate your complaint or question. If we decide to do this, we will credit your account within 10 business days for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not credit your account.

If we decide that there was no error, we will send you a written explanation within three business days after we finish our investigation. You may ask for copies of the documents that we use in our investigation.