



**FRANKLIN
TEMPLETON**

Business Account

Certification of Beneficial Owner(s)

IMPORTANT INFORMATION:

- Use this form to provide or update identifying information concerning beneficial owners and/or an individual with significant responsibility for a business account (legal entity customer).
- To help the government fight financial crime, Federal regulation requires certain financial institutions to obtain, verify, and record information, such as names, addresses, dates of birth and other information that will allow us to identify them, about the beneficial owners of legal entity customers. A legal entity includes a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country. Legal entity does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf.

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 as:

1 ACCOUNT INFORMATION

Full legal name of business entity:

Fund-account number(s):

2 BENEFICIAL OWNERS

Complete this section to identify each individual, if any, who owns, directly or indirectly, 25% or more of the equity interests of a legal entity customer (beneficial owners). The number of individuals that satisfy this definition of "beneficial owner" may vary. Depending on the factual circumstances, up to four individuals (but as few as zero) may need to be identified. Regardless of the number of individuals identified in Section 2, you **must** provide the identifying information of one individual who has significant responsibility for managing the legal entity **in Section 3**. It is possible that in some circumstances the same individual might be identified under both sections (e.g., the President of Acme, Inc. who also holds a 30% equity interest). Thus, a completed form will contain the identifying information of at least one individual (**under Section 3**), and up to five individuals (i.e., one individual under Section 3 and four 25 percent equity holders under this section).

BENEFICIAL OWNER 1

First name	M.I.	Last name	Suffix	SSN/ITIN	Date of birth (mm/dd/yyyy)			
Permanent address (no P.O. boxes)		City	State/Province		Country	ZIP/Postal code		
Mailing address (if different)		City	State/Province		Country	ZIP/Postal code		
Primary phone number ()		Alternate phone number ()		Title				
Country of citizenship <input type="checkbox"/> US <input type="checkbox"/> Other(s)				Country of tax residence <input type="checkbox"/> US <input type="checkbox"/> Other(s)				

GOVERNMENT ID: Complete only if beneficial owner is a foreign person. Identification document must have a reference number and photo. **Please attach a photocopy.**

Place of birth: City State/Province Country

Immigration status: ☐ Permanent resident ☐ Non-permanent resident ☐ Nonresident alien

SSN/ITIN

Check the type of document you are providing:

- | | | |
|---|---|--|
| <input type="checkbox"/> U.S. driver's license | <input type="checkbox"/> INS permanent resident alien card | <input type="checkbox"/> Passport with US visa |
| <input type="checkbox"/> Passport without US visa | <input type="checkbox"/> Foreign national identity document | <input type="checkbox"/> Employment authorization document |

BENEFICIAL OWNER 2

First name	M.I.	Last name	Suffix	SSN/ITIN	Date of birth (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Permanent address (no P.O. boxes)		City	State/Province	Country	ZIP/Postal code
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing address (if different)		City	State/Province	Country	ZIP/Postal code
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Primary phone number ()		Alternate phone number ()		Title	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
Country of citizenship <input type="checkbox"/> US <input type="checkbox"/> Other(s) <input type="text"/>			Country of tax residence <input type="checkbox"/> US <input type="checkbox"/> Other(s) <input type="text"/>		

GOVERNMENT ID: Complete only if beneficial owner is a foreign person. Identification document must have a reference number and photo. **Please attach a photocopy.**

Place of birth:	City	State/Province	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Immigration status:	<input type="checkbox"/> Permanent resident	<input type="checkbox"/> Non-permanent resident	<input type="checkbox"/> Nonresident alien	SSN/ITIN
				<input type="text"/>

Check the type of document you are providing:

- | | | |
|---|---|--|
| <input type="checkbox"/> US driver's license | <input type="checkbox"/> INS permanent resident alien card | <input type="checkbox"/> Passport with US visa |
| <input type="checkbox"/> Passport without US visa | <input type="checkbox"/> Foreign national identity document | <input type="checkbox"/> Employment authorization document |

BENEFICIAL OWNER 3

First name	M.I.	Last name	Suffix	SSN/ITIN	Date of birth (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Permanent address (no P.O. boxes)		City	State/Province	Country	ZIP/Postal code
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing address (if different)		City	State/Province	Country	ZIP/Postal code
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Primary phone number ()		Alternate phone number ()		Title	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
Country of citizenship <input type="checkbox"/> US <input type="checkbox"/> Other(s) <input type="text"/>			Country of tax residence <input type="checkbox"/> US <input type="checkbox"/> Other(s) <input type="text"/>		

GOVERNMENT ID: Complete only if beneficial owner is a foreign person. Identification document must have a reference number and photo. **Please attach a photocopy.**

Place of birth:	City	State/Province	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Immigration status:	<input type="checkbox"/> Permanent resident	<input type="checkbox"/> Non-permanent resident	<input type="checkbox"/> Nonresident alien	SSN/ITIN
				<input type="text"/>

Check the type of document you are providing:

- | | | |
|---|---|--|
| <input type="checkbox"/> US driver's license | <input type="checkbox"/> INS permanent resident alien card | <input type="checkbox"/> Passport with US visa |
| <input type="checkbox"/> Passport without US visa | <input type="checkbox"/> Foreign national identity document | <input type="checkbox"/> Employment authorization document |

BENEFICIAL OWNER 4

First name	M.I.	Last name	Suffix	SSN/ITIN	Date of birth (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Permanent address (no P.O. boxes)		City	State/Province	Country	ZIP/Postal code
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing address (if different)		City	State/Province	Country	ZIP/Postal code
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Primary phone number ()		Alternate phone number ()		Title	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
Country of citizenship <input type="checkbox"/> US <input type="checkbox"/> Other(s) <input type="text"/>			Country of tax residence <input type="checkbox"/> US <input type="checkbox"/> Other(s) <input type="text"/>		

GOVERNMENT ID: Complete only if beneficial owner is a foreign person. Identification document must have a reference number and photo. **Please attach a photocopy.**

Place of birth:	City	State/Province	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Immigration status:	<input type="checkbox"/> Permanent resident	<input type="checkbox"/> Non-permanent resident	<input type="checkbox"/> Nonresident alien	SSN/ITIN
				<input type="text"/>

Check the type of document you are providing:

- | | | |
|---|---|--|
| <input type="checkbox"/> US driver's license | <input type="checkbox"/> INS permanent resident alien card | <input type="checkbox"/> Passport with US visa |
| <input type="checkbox"/> Passport without US visa | <input type="checkbox"/> Foreign national identity document | <input type="checkbox"/> Employment authorization document |

Complete this section to identify one individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer). The same individual might be identified under both Section 2 and 3 (e.g., the President of Acme, Inc. who also holds a 30% equity interest).

First name	M.I.	Last name	Suffix	SSN/ITIN	Date of birth (mm/dd/yyyy)
Permanent address (no P.O. boxes)		City	State/Province	Country	ZIP/Postal code
Mailing address (if different)		City	State/Province	Country	ZIP/Postal code
Primary phone number ()		Alternate phone number ()		Title	
Country of citizenship <input type="checkbox"/> US <input type="checkbox"/> Other(s)			Country of tax residence <input type="checkbox"/> US <input type="checkbox"/> Other(s)		

GOVERNMENT ID: Complete only if the individual with significant responsibility is a foreign person. Identification document must have a reference number and photo.
Please attach a photocopy.

Place of birth:	City	State/Province	Country
Immigration status:	<input type="checkbox"/> Permanent resident <input type="checkbox"/> Non-permanent resident <input type="checkbox"/> Nonresident alien		
			SSN/ITIN
Check the type of document you are providing: <input type="checkbox"/> US driver's license <input type="checkbox"/> INS permanent resident alien card <input type="checkbox"/> Passport with US visa <input type="checkbox"/> Passport without US visa <input type="checkbox"/> Foreign national identity document <input type="checkbox"/> Employment authorization document			

I, _____ (name of currently acting Authorized Signer of business entity),
 hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

X _____ Date _____
 Signature

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>	(855) 891-8377	<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

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