



# Franklin Templeton Charitable Giving Program Change of Broker-Dealer Form

Since 2005, Franklin Templeton Charitable Giving Program has been serviced by Renaissance Charitable Foundation, an industry leader in philanthropic services.  
Please contact Renaissance Charitable Foundation at (800) 843-7997 if you require assistance completing this form.

This form is to be used **ONLY** if you are changing the broker-dealer on an existing Franklin Templeton Charitable Giving Program account.

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

Broker-dealer contact name (if this form is being submitted by someone other than the listed financial professional) \_\_\_\_\_ Daytime phone number \_\_\_\_\_  
( )

## 1 ACCOUNT INFORMATION

**I/WE AUTHORIZE THE CHANGE OF BROKER-DEALER ON:**

Name of account \_\_\_\_\_ Account number \_\_\_\_\_

## 2 BROKER-DEALER INFORMATION

New securities broker-dealer name \_\_\_\_\_

Financial professional first name \_\_\_\_\_ M.I. \_\_\_\_\_ Last name \_\_\_\_\_ Suffix \_\_\_\_\_ Telephone number \_\_\_\_\_  
( )

Financial professional email \_\_\_\_\_ Dealer number \_\_\_\_\_ Branch number \_\_\_\_\_ Financial professional number \_\_\_\_\_

Branch address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

## 3 DONOR SIGNATURE(S)

The signature(s) of each donor authorized to transact business on the account referenced above is required and must correspond exactly with the name(s) registered on the account.

Printed name \_\_\_\_\_ Printed name \_\_\_\_\_

\_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  
Signature Date Signature Date

**Please return this completed, signed form to your financial professional.**  
Financial professionals may submit the form to Renaissance Charitable Foundation Inc., by:  
• Email to [fcgf@reninc.com](mailto:fcgf@reninc.com)  
• Fax to (877) 222-1829  
**Do not return this form to Franklin Templeton.**

## FOR BROKER-DEALER USE ONLY

If required by your new broker-dealer, an authorized signer for the firm must provide a signature before this request can be processed.

\_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  
Authorized signature Date Printed name Title

