

# **Customer Identification Form**

#### **IMPORTANT INFORMATION:**

Complete this form for each registered owner or individual authorized to act on the account(s):
 POWER OF ATTORNEY: Must be completed for each Attorney-in-Fact named in the Power of Attorney document.
 BUSINESS ACCOUNT(S): Must be completed for each authorized signer.

• 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, is a registered owner of, or is authorized to transact business on an account. If you fail to provide all requested information, it may delay or prevent us from processing your request.

#### 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)			
2 REQUIRED INFORMATION			
Required for each registered accoubirth, street address (include any A		sact business for the account: Full name, Social Security number (or ITIN), da	ite of
First name	M.I. Last name	Suffix SSN/ITIN Date of birth (mm/dd/yyy	/y)
Street address of residence (no P.O	. Box address)	City State ZIP	
Email address <sup>1</sup>	Primary phone number	Alternate phone number	
ADDITIONAL ACCOUNT OWNER OR AU	THORIZED SIGNER		
First name	M.I. Last name	Suffix         SSN/ITIN         Date of birth (mm/dd/yyy	/y)
Street address of residence (no P.O	Box address)	City         State         ZIP	
Email address <sup>1</sup>	Primary phone number	Alternate phone number	
ADDITIONAL ACCOUNT OWNER OR AU	THORIZED SIGNER		
First name	M.I. Last name	Suffix         SSN/ITIN         Date of birth (mm/dd/yyy	/y)
Street address of residence (no P.O	Box address)	City State ZIP	
Email address <sup>1</sup>	Primary phone number	Alternate phone number	
3 SIGNATURE (For one person list	sted in Section 2)		
	Date	Print Name	
X Signature			

1. 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.

## BEFORE YOU SUBMIT...

## **DID YOU PROVIDE?**

□ A typed form or handwritten in capital letters using blue or black ink.

A Franklin Templeton case number related to your request on page 1 (if you were provided with one).

## SECTION 1

□ Account number(s) related to your request

## SECTION 2

Information for the Account Owner or Signer authorized to transact business on the account

- □ Full first and last name
- □ Street address □ Social Security number/ITIN
- Date of Birth
- Email address

## 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
• Emails MUST include an attachment (PDF preferred) of your request.	(855) 891-8377	You may use any of the below mailing addresses:
<ul> <li>Sender's email address MUST match the email address on file, or the email MUST include a related case number(s) to be accepted.</li> <li>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.</li> <li>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.</li> <li>Financial Professionals: ftrequests.us.franklintempleton@fisglobal.com</li> </ul>		<ul> <li>Regular Mail</li> <li>Franklin Templeton P.O. Box 33030 St. Petersburg, FL 33733-8030</li> <li>Overnight</li> <li>Franklin Templeton 100 Fountain Parkway N. St. Petersburg, FL 33716-1205</li> </ul>

### SECTION 3

□ Signature and date signed for one person listed in Section 2