

4. Signature — YOU MUST SIGN BELOW

I certify that the information provided herein is true and complete in all respects, and that I have read, understand, consent, and agree to all the terms and conditions of the Franklin Templeton 529 College Savings Plan Program Description.

SIGNATURE

Signature of Account Owner or Authorized Representative of Entity

□□ — □□ — □□□□

Date (mm/dd/yyyy)

SIGNATURE

Signature of Financial Professional

□□ — □□ — □□□□

Date (mm/dd/yyyy)