## **FRANKLIN TEMPLETON**®

529 College Savings Plan

(866) 362-1597

Monday to Friday 8:30 a.m. - 8 p.m. ET

## Franklin Templeton 529 College Savings Plan

## **Broker/Dealer Change Form**

- Use this form to authorize the change of the Broker/Dealer listed on your Franklin Templeton 529 College Savings Plan.
- Type in your information and print out the completed form, or print clearly, preferably in capital letters and black ink. Mail the form to the address listed.

Do not staple.	Franklintempleton.com
request assistance in completing this form call us at <b>(866) 362-1597</b> , anday to Friday 8:30 a.m 8 p.m. ET.	Regular mailing address: Franklin Templeton 529 College Savings Plan PO BOX 55961
This Change Applies to	Boston, MA 02205
Note: Regardless of the option you select, complete <b>Section 2</b> .	Overnight mailing address:  Franklin Templeton 529 College Savings Plan
All of your accounts	95 Wells Ave Suite 160
List of accounts attached	Newton, MA 02459
Individual account	
Account Information	
Account Number	
Name of Account Owner (first, middle initial, last)	
New Broker/Dealer Information (To be completed by the Check here if you are a Registered Investment Advisor.	he Financial Professional.)
Firm Name	
Financial Professional Name (first, middle initial, last)	
Finalicial Floressional Name (ilist, illiudie illiudi, ilasy	
Branch Number Financial Professional ID Number/1	RD Number BIN (if applicable) Matrix Level
Mailing Address	
City	State Zip Code
Telephone Number	
Email Address	



## 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	