FRANKLIN TEMPLETON®

529 College Savings Plan

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.

To request assistance in completing this form call us at **(866) 362-1597**, Monday to Friday 8:30 a.m. - 8 p.m. ET.

(866) 362-1597
Monday to Friday 8:30 a.m. - 8 p.m. ET

Franklintempleton.com

Regular mailing address:
Franklin Templeton 529 College Savings Plan
PO BOX 55961
Boston, MA 02205

Overnight mailing address:
Franklin Templeton 529 College Savings Plan
95 Wells Ave Suite 160
Newton, MA 02459

1. This Change Applies to

Note: Regardless of the option you select, complete **Section 2**.

☐ All of your accounts

☐ List of accounts attached

☐ Individual account

2. Account Information

☐☐☐☐☐☐☐☐☐ – ☐☐
Account Number

Name of Account Owner *(first, middle initial, last)*

3. New Broker/Dealer Information *(To be completed by the Financial Professional.)*

☐ Check here if you are a Registered Investment Advisor.

Firm Name

Financial Professional Name *(first, middle initial, last)*

Branch Number | Financial Professional ID Number/IRD Number | BIN *(if applicable)* | Matrix Level

Mailing Address

City | State | Zip Code

☐☐☐ – ☐☐☐ – ☐☐☐☐
Telephone Number

Email Address

NJA BD CHANGE

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)*