FRANKLIN TEMPLETON®

529 College Savings Plan

Franklin Templeton 529 College Savings Plan

Workplace 529 Employer Verification Form

- Complete this form to enroll a new Employer or add to an existing Employer Group. Please see the Franklin Templeton 529 College Savings Plan Program Description for more information.
- Investments may be made through Financial Professionals who have entered into a selling agreement with 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 below. Do not staple.

Forms can be downloaded from our website at **Franklintempleton.com**, or you can call us to order any form — or request assistance in completing this form — at **(866) 362-1597** Monday to Friday from 8:30 a.m. to 8 p.m. Eastern time.

(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. Employer Information

New Employer *(complete if enrolling a new employer)*

Name of New Employer

New Employer Tax ID

Present Number of Active Employees or Members

New Employer Street Address

New Employer City

New Employer State

New Employer Zip Code

New Employer Telephone Number

New Employer Fax Number

Existing Employer Group *(complete if adding to an existing employer group)*

Name of Existing Employer Group

Existing Contact Person

Existing Contact E-mail Address

Existing Contact Telephone Number

* N J A E M P L O Y E R V E R F *

2. Financial Professional information *(To be completed by the Financial Professional.)*

Firm Name

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

Mailing Address

City State Zip Code

Telephone Number

3. New or Existing Account Owners to be Established under Employer Group

To add existing Accounts to this new group, list the existing Account Owner information below. Attach any new **Enrollment Applications** you are prepared to submit now and list the new Account Owner information below as well. The Program will send the new Group ID to the Financial Professional for use on future **Enrollment Applications**. The new Group ID will be applied to all Accounts for these existing and new Account Owners.

New or Existing Account Owner Name

Social Security Number or Taxpayer Identification Number

New or Existing Account Owner Name

Social Security Number or Taxpayer Identification Number

New or Existing Account Owner Name

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New or Existing Account Owner Name

Social Security Number or Taxpayer Identification Number

4. SIGNATURE — MUST SIGN BELOW

By signing below, I hereby certify that:

- All of the information provided on this form is complete and correct.
- This Employer Group is eligible for this program, pursuant to the eligibility requirements set out in the Franklin Templeton 529 College Savings Plan Program Description.
- We authorize participants under the named Employer Group to purchase Class A Trust shares of the 529 Plans distributed by Franklin Distributors at net asset value (NAV), waiving the initial sales charge. We further certify that the applicant qualifies for such purchases in accordance with the terms of the Franklin Templeton 529 Plan Program Description and applicable broker-dealer policy.
- A change in broker-dealer on an account with an established broker-dealer NAV purchase privilege will result in the immediate termination of those privileges. It is the responsibility of the new broker-dealer and the financial professional to establish and retain this privilege.
- By signing this form, I agree that portfolio selections will be purchased in Class A Shares at NAV.

SIGNATURE
Signature of Employer Group Contact

☐☐ — ☐☐ — ☐☐☐☐
Date *(mm/dd/yyyy)*

SIGNATURE
Signature of Financial Professional

☐☐ — ☐☐ — ☐☐☐☐
Date *(mm/dd/yyyy)*

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