

FRANKLIN TEMPLETON®

529 College Savings Plan

Franklin Templeton 529 College Savings Plan

Account Application

For Investors with a Financial Professional or Registered Investment Advisor

- 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 mailing address listed. Do not staple.
- Your minimum initial investment, including contributions by check, transfer, or rollover, must total at least \$250 or a recurring contribution of \$25 per month.
- Before you invest, consider whether your or the beneficiary's home state offers any state tax or other state benefits such as financial aid, scholarship funds, and protection from creditors that are only available for investments in that state's qualified tuition program. Before completing this form, carefully read the [Program Description and Participation Agreement](#).
- **New Jersey Residents:** To learn about a grant opportunity offered by the New Jersey Higher Education Student Assistance Authority (HESAA), refer to Section 13.



(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**

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

Important Information about Procedures for Opening a New Account

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions, including us, to obtain, verify and record information that identifies each person who opens an Account.

What this means for you: When you open an Account, we will ask for your name, address, date of birth, Social Security Number or Taxpayer Identification Number and other information that will allow us to identify you, such as your home telephone number. Until you provide the information we need, we may not be able to open an Account or effect any transactions for you.

If we are unable to verify your identity, we reserve the right to close your Account or take other steps we deem reasonable.

1. Account Type

☐

Individual Account. I am opening a new Franklin Templeton 529 College Savings Plan Account.

☐

UGMA/UTMA Account. I am opening an UGMA/UTMA Account with new funds or assets liquidated from an UGMA/UTMA Account from the state of (please abbreviate) in which the liquidated UGMA/UTMA custodial Account was opened.



* NJA ACCOUNT APPLICATION *

6. Trusted Contact Person Information *(Optional)*

- By completing this section, you designate the person identified below as your Trusted Contact Person for all of your beneficiaries, and authorize the Franklin Templeton 529 College Savings Plan and its present and future direct and indirect subsidiaries, affiliates and successors to contact your Trusted Contact Person and disclose information about your Plan account:
 - to address possible financial exploitation;
 - to confirm the specifics of your current contact information, health status, or the identity of any legal guardian, executor, trustee, or holder of a power of attorney; or
 - as otherwise permitted by Financial Industry Regulatory Authority Rule (FINRA) 2165.
- This section does not create or give your Trusted Contact Person power of attorney. Your Trusted Contact Person will not be able to access your Account, make changes to your account, or transfer assets to or from your Account.
- Completion of this section is optional and you may withdraw it at any time by notifying the Plan in writing. A Trusted Contact Person must be at least eighteen (18) years of age.

Trusted Contact Person (*First name*) (M.I.)

Trusted Contact Person (*Last name*)

– –

Trusted Contact Person's Primary Telephone Number

Trusted Contact Person's Email Address

Trusted Contact Person's Mailing Address

City

State

—

Zip Code

Relationship to Account Owner/Custodian.

☐ Advisor ☐ Attorney ☐ Spouse ☐ Family Member ☐ Friend ☐ Other

☐ Financial Professional ☐ I do not have a Financial Professional ☐ Registered Investment Advisor

□□ — □□ — □□□□
Date (mm-dd-yyyy)

8. Sales Charge Waiver *(Optional)*

- To qualify for a sales charge reduction, you must complete the following section.
- Check one or check all that apply.

A. ☐ **Letter of Intent.** I intend to buy more Class A Units and understand that I can reduce my sales charges through accumulated investments. I plan to invest over a 13-month period following the date of this application an aggregate amount of at least:

☐ \$100,000 ☐ \$250,000 ☐ \$500,000 ☐ \$1,000,000*

* Requires purchases of Units for multiple Accounts on behalf of multiple Designated Beneficiaries due to Maximum Contribution Limit.

B. ☐ **Rights of Accumulation ("ROA").** Check this box if a family member owns units in the Franklin Templeton 529 College Savings Plan to be applied for the reduced sales charge. ROA applies to Account Owners and immediate family members with combined holdings that reach a breakpoint discount level in Class A Units. Please see the Program Description for additional information.

Legal Name of Family Member (First name) (m.i.)

Legal Name of Family Member (Last name)

Account Number

Legal Name of Family Member (First name) (m.i.)

Legal Name of Family Member (Last name)

Account Number

C. ☐ **I am an employee of Franklin Templeton, or an Employee or Eligible Family Member of a Broker-Dealer and am eligible for a sales charge waiver** under the terms of the Program Description. I am eligible because I am, or related to:

Legal Name (First name) (m.i.)

Legal Name (Last name)

Qualifying Employer's Name

Relationship

<input type="checkbox"/> Self	<input type="checkbox"/> Spouse	<input type="checkbox"/> Domestic Partner	<input type="checkbox"/> Child	<input type="checkbox"/> Officer, Director, or Trustee
<input type="checkbox"/> Parent	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Grandchild	<input type="checkbox"/> Dependent of the Person	
<input type="checkbox"/> Sibling	<input type="checkbox"/> Stepchild	<input type="checkbox"/> Father- or Mother-in-law	<input type="checkbox"/> Employer Sponsored Plan (Payroll Direct Deposit)	

D. ☐ **Employer Group.** To qualify for a reduced Class A sales charge as an eligible member of an Employer Group, your Employer Group must be eligible for the Workplace 529 Program pursuant to the eligibility requirements set out in the Program Description. Please provide your Employer Group name and number below.

Employer Group Name

Employer Group Number

9. Investment Option Selection *(Required)*

Complete this section to allocate your initial and future contributions to your selected Investment Option(s).

- Indicate an allocation percentage next to your selected Investment Option(s) below.
- Use a whole percentage next to each Investment Option below. The TOTAL of all allocations must equal **100%**.
- You may invest in as many Investment Options as you wish from the list below. You do not have to select a portfolio that aligns with the beneficiary's enrollment year.
- You can view or change your allocation instructions for future contributions online, by telephone or by form at any time.

Please select only one Unit Class *(Required)*.

☐ Class A ☐ Class C ☐ Advisor Class

Target Enrollment

Franklin Target 2045 529 Portfolio	<input type="text"/> <input type="text"/> <input type="text"/>	%
Franklin Target 2043 529 Portfolio	<input type="text"/> <input type="text"/> <input type="text"/>	%
Franklin Target 2041 529 Portfolio	<input type="text"/> <input type="text"/> <input type="text"/>	%
Franklin Target 2039 529 Portfolio	<input type="text"/> <input type="text"/> <input type="text"/>	%
Franklin Target 2037 529 Portfolio	<input type="text"/> <input type="text"/> <input type="text"/>	%
Franklin Target 2035 529 Portfolio	<input type="text"/> <input type="text"/> <input type="text"/>	%
Franklin Target 2033 529 Portfolio	<input type="text"/> <input type="text"/> <input type="text"/>	%
Franklin Target 2031 529 Portfolio	<input type="text"/> <input type="text"/> <input type="text"/>	%
Franklin Target 2029 529 Portfolio	<input type="text"/> <input type="text"/> <input type="text"/>	%
Franklin Target 2027 529 Portfolio	<input type="text"/> <input type="text"/> <input type="text"/>	%
Franklin Target 2026 529 Portfolio	<input type="text"/> <input type="text"/> <input type="text"/>	%
Franklin Target Enrolled 529 Portfolio	<input type="text"/> <input type="text"/> <input type="text"/>	%

Objective Based

Franklin Aggressive Growth Allocation 529 Portfolio	<input type="text"/> <input type="text"/> <input type="text"/>	%
Franklin Moderate Growth Allocation 529 Portfolio	<input type="text"/> <input type="text"/> <input type="text"/>	%
Franklin Growth Allocation 529 Portfolio	<input type="text"/> <input type="text"/> <input type="text"/>	%

Individual Portfolio

Ariel 529 Portfolio	<input type="text"/> <input type="text"/> <input type="text"/>	%
ClearBridge International Growth 529 Portfolio	<input type="text"/> <input type="text"/> <input type="text"/>	%
Franklin DynaTech 529 Portfolio	<input type="text"/> <input type="text"/> <input type="text"/>	%
Franklin Income 529 Portfolio	<input type="text"/> <input type="text"/> <input type="text"/>	%
Franklin Small-Mid Cap 529 Portfolio	<input type="text"/> <input type="text"/> <input type="text"/>	%
Franklin U.S. Large Cap Index 529 Portfolio	<input type="text"/> <input type="text"/> <input type="text"/>	%
iShares Core MSCI EAFE 529 Portfolio	<input type="text"/> <input type="text"/> <input type="text"/>	%
Putnam Core Bond 529 Portfolio	<input type="text"/> <input type="text"/> <input type="text"/>	%
Putnam Large Cap Growth 529 Portfolio	<input type="text"/> <input type="text"/> <input type="text"/>	%
Putnam Large Cap Value 529 Portfolio	<input type="text"/> <input type="text"/> <input type="text"/>	%
Putnam Sustainable Leaders 529 Portfolio	<input type="text"/> <input type="text"/> <input type="text"/>	%

Money Fund

Franklin U.S. Government Money 529 Portfolio	<input type="text"/> <input type="text"/> <input type="text"/>	%
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*Advisor Shares not available

Total **1 0 0** %

* See the Program Description for details.

** Subject to the two permitted investment rebalances per calendar year.

10. Contribution Method *(Your minimum initial contribution must be at least \$250 or a recurring contribution of \$25 per month.)*

- Your initial contribution can come from several sources combined but you must check at least one source. If you combine sources, check the appropriate box for each source and write in the contribution amount for each.
- Contributions by any source will not be available for withdrawal for 5 Business Days upon deposit to your account.
- Third-party personal checks up to \$10,000 endorsed over to the Program are accepted.

Source of funds *(Complete all that apply.)*

- A. **Electronic Fund Transfer (EFT):** Through EFT, you can make contributions online or by phone whenever you want by transferring money from your bank account. We will keep your bank instructions on file for future EFT contributions. To set up an EFT, you must provide bank information in **Section 11**. The Plan may place a limit on the total dollar amount per day you may contribute to an Account by EFT. *(The amount below will be a one-time EFT contribution to open your Account.)*

\$, .

Amount

- B. **Recurring Contribution:** You can have a set amount automatically transferred from your bank, savings and loan, or credit union account monthly or quarterly. Money will be transferred electronically based on the frequency you select into your Franklin Templeton 529 Plan Account. You may change the investment amount and frequency at any time by logging onto your Account at **Franklintempleton529.com** or by calling **(866) 362-1597**. To add Recurring Contribution instructions or multiple bank accounts, attach a separate sheet with the information requested in **Sections 10F and 11** for each additional Recurring Contribution instruction or bank account

Important: To set up this option, you must provide bank information in **Section 11**.

Amount of Debit: ☐ \$25 ☐ \$50 ☐ \$100 ☐ \$150 ☐ \$250 ☐ Other \$, .

Amount (\$25 minimum)

Frequency (Select one.): ☐ **Monthly** ☐ **Quarterly** *(Every three months.)*

Start Date:* — —

Date (mm-dd-yyyy)

*Franklin Templeton 529 Plan must receive instructions at least 3 Business Days prior to the next scheduled Recurring Contribution; otherwise, debits from your bank account will begin the following month on the day specified. Please review your quarterly statements for details of these transactions. If the date is not specified, this option will begin the month following the receipt of this request, on the 20th day of the month.

Annual Increase. You may increase your Recurring Contribution automatically on an annual basis. Your contribution will be adjusted each year in the month that you specify by the amount indicated.

Amount of increase: \$, .

Month:** ☐ January ☐ February ☐ March ☐ April ☐ May ☐ June
☐ July ☐ August ☐ September ☐ October ☐ November ☐ December

** The month in which your Recurring Contributions will be increased. The first increase will happen at the first occurrence of the month selected.

- C. **Check:** Make check payable to **Franklin Templeton 529 College Savings Plan**.

Include your check with this Account Application. Personal checks (excluding starter checks), bank drafts, teller's checks, cashier's checks, checks issued by a financial institution or brokerage firm payable to you and endorsed over to the Plan by you, and third-party personal checks up to \$10,000 endorsed over to the Plan are accepted.

\$, .

Amount

- To roll over proceeds directly from another 529 plan, submit the Plan's **Incoming Rollover Form** along with this application.

Account Number

Earnings

☐ I am a New Jersey State Employee

Date (mm-dd-yyyy)

14. Signature and Certification — YOU MUST SIGN BELOW

By signing below, I am agreeing to terms and conditions set forth below and in the Participation Agreement for Accounts Owned by Individuals (the "Participation Agreement") contained in the Program Description. I understand and agree that those documents govern all aspects of this Account and are herein incorporated by reference.

By signing below, I am agreeing to terms and conditions set forth below and in the Participation Agreement (the "Participation Agreement") contained in the Program Description. I understand and agree that those documents govern all aspects of this Account and are herein incorporated by reference.

I hereby establish, as the Account Owner/Custodian, an Account representing an interest in the Franklin Templeton 529 College Savings Plan (the "Plan") for the Beneficiary to be named on this form and enter into this Participation Agreement (this "Agreement") relating to the Account with the Plan. The New Jersey Higher Education Student Assistance Authority is the administrator of the Program and has retained Franklin Templeton as the program manager (the "Program Manager") for the Plan and that this Agreement is subject to and incorporates by reference the information concerning the Plan, and the terms applicable to my Account, contained in the Program Description for the Franklin Templeton 529 College Savings Plan (the "Program Description"), as modified from time to time. Each capitalized term used, but not defined in this Agreement, has the meaning of the term provided in the Program Description.

I certify that all of the information provided by me on this Account Application is, and all information provided by me in the future will be, true, complete and correct and I authorize the Plan to open this Account based upon this information.

- I understand that at any time the value of any Account(s) to which I make contributions may be more or less than the amounts I contributed to such Account(s).
- I understand that the Plan may, from time to time, amend the Program Description and I understand and agree that I will be subject to the terms of those amendments.
- I have received, read and understand the Program Description.
- By signing the **Account Application**, I consent and agree to authorize my Financial Professional to access my Account and perform certain transactions on my behalf as explained in **Section 7** of the **Account Application**.
- I understand that if I did not provide an **Incoming Rollover Form** along with my rollover from another 529 Plan or Coverdell Educations Savings Account, the entire rollover amount will be treated as earnings and will be reported as earnings upon withdrawal, unless the Plan receives a statement, including breakdown of the earnings and contributions, from my original account. Rollovers between 529 plans for the same Beneficiary are permitted only once every 12 months, by law.
- If I have enclosed a check for an indirect rollover, I also certify that this amount was withdrawn from another qualified tuition program or from a Coverdell Education Savings Account within the last 60 days to qualify for rollover treatment and that I have not previously made a rollover for the same Beneficiary within the last 12 months. The entire rollover amount will be treated as earnings, and will be reported as earnings upon withdrawal, unless the Plan receives a statement, including breakdown of the earnings and contributions, from my original account.
- If I have provided banking information in **Section 11**, I authorize the Franklin Templeton 529 College Savings Plan to debit my bank account and to deposit such funds into my Plan Account. I authorize the financial institution holding the bank account to debit without responsibility for the accuracy of the transaction. I further agree that neither the Plan nor its agents will be liable for any loss, liability, cost or expense for acting upon these instructions, except to the extent required by applicable law.
- I am aware and agree that by providing banking information, I am also authorizing the Program to automatically provide certain capabilities in connection with my Account(s); this includes the ability to authorize withdrawals from my Account(s) via telephone or through **franklintempleton529.com** provided that my banking information has been on file for a minimum of 30 days. I am aware and agree that I should not provide my banking information if I do not wish to activate these capabilities and that if I wish to remove these capabilities from my account(s), I will need to delete my banking information..

SIGNATURE

Signature of Account Owner/Custodian

□□ — □□ — □□□□

Date (mm-dd-yyyy)

I will retain a copy of this Account Application, the [Program Description](#) and the [Participation Agreement](#) (contained in the Program Description) with my records.

All investments involve risk including possible loss of principal.

Investors should carefully consider the 529 plan's investment goals, risks, charges and expenses before investing. To obtain the Program Description, which contains this and other information, talk to your financial professional or visit franklintempleton.com. You should read the Program Description carefully before investing and consider whether your, or the beneficiary's, home state offers any state tax or other state benefits such as financial aid, scholarship funds, and protection from creditors that are only available for investments in its qualified tuition program.

Franklin Templeton's 529 College Savings Plan is offered and administered by the New Jersey Higher Education Student Assistance Authority (HESAA); managed and distributed by Franklin Distributors, LLC, an affiliate of Franklin Resources, Inc., which operates as Franklin Templeton.

Investments in Franklin Templeton's 529 College Savings Plan are not insured by the FDIC or any other government agency and are not deposits or other obligations of any depository institution. Investments are not guaranteed by the State of New Jersey, Franklin Templeton, or its affiliates and are subject to risks, including loss of principal amount invested. Investing in the plan does not guarantee admission to any particular primary, secondary school or college, or sufficient funds for primary, secondary school or college.

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