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

2. Account Owner or Custodian Information *(The Account Owner is the person who owns the account and the Custodian of an UGMA/UTMA is the person who manages the account until the minor reaches the age of termination. This person must be at least 18 years old at the time the Account is opened and a contribution is made.)*

Legal Name *(First name)* ***(Required)*** *(M.I.)*

Legal Name *(Last name)* ***(Required)***

Social Security or Taxpayer Identification Number ***(Required)*** Birth Date *(mm-dd-yyyy)* ***(Required)***

Primary Telephone Number Secondary Telephone Number

Email Address

U.S. Permanent Street Address *(P.O. boxes are **not** acceptable.)* ***(Required)***

City State Zip Code

Account Mailing Address if different from above *(This address will be used as the Account's address of record for all account mailings.)*

City State Zip Code

Select Your Employment Status:

☐ Employed ☐ Self-Employed ☐ Retired ☐ Not Employed

Occupation Title

Employer Name

Employer Address

City State Zip Code

3. Beneficiary or Minor Information *(The Beneficiary or Minor is the person for whom the funds are intended.)*

Legal Name *(First name)* ***(Required)*** *(M.I.)*

Legal Name *(Last name)* ***(Required)***

Social Security or Taxpayer Identification Number ***(Required)*** Birth Date *(mm-dd-yyyy)* ***(Required)***

☐ Check if Beneficiary's address is the same as Account Owner's, otherwise complete the following:

U.S. Permanent Street Address *(P.O. boxes are not acceptable.)* ***(Required)***

City State Zip Code

Relationship of Account Owner to Beneficiary

☐ Parent ☐ Guardian ☐ Grandparent ☐ Friend ☐ Self ☐ Other

4. Successor Account Owner/Custodian Information *(Recommended)*

- As the Account Owner/Custodian, you may designate a Successor to take control of the Account *in the event of your death.*
- **Note:** If your Account is an UTMA/UGMA Account, the individual named in this section will act as Successor Custodian until the beneficiary has reached the Age of Termination.
- The Successor must be eligible to become an Account Owner/Custodian in the event of death of the current Account Owner/Custodian. The Successor must be an individual residing in the U.S. with a valid Social Security number or Taxpayer Identification number who is at least 18 years of age or Trust *(Foreign Trusts are not eligible)*, at the time the account is transferred and when a contribution is made to the account.
- You may revoke or change your designation later by completing the appropriate form.
- See the Franklin Templeton 529 College Savings Program Description for more information.

Successor's Legal Name *(First name)*/or Trust Name *(Foreign trusts are not eligible.)* ***(Required)*** *(M.I.)*

Successor's Legal Name *(Last name)*/or Remaining Trust Name ***(Required)***

Mailing Address

City State Zip Code

Social Security or Taxpayer Identification Number ***(Required)***

Birth Date or Trust Date *(mm-dd-yyyy)* ***(Required)***

Telephone Number

5. Interested Party Information *(Optional)*

Complete this section if you want to have an additional person *(interested party)* receive quarterly account statements.

Interested Party *(First name)* ***(Required)*** *(M.I.)*

Interested Party *(Last name)* ***(Required)***

Mailing Address

City State Zip Code

Telephone Number

Relationship to Account Owner/Custodian.

☐ Compliance ☐ Investment Advisor ☐ Parent/Guardian ☐ Other

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)* ***(Required)*** *(M.I.)*

Trusted Contact Person *(Last name)* ***(Required)***

— —
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

7. Financial Professional *(To be completed by the Financial Professional.)*

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

Firm Name

Financial Professional Name *(First name)* ***(Required)*** *(M.I.)*

Financial Professional Name *(Last name)* ***(Required)***

Branch Number *(if applicable)* | Advisor ID Number/RIA CRD Number | BIN *(if applicable)* | Matrix Level

Street Address

City | State | Zip Code

Telephone Number

Email Address

SIGNATURE
Financial Professional Signature

Date *(mm-dd-yyyy)*

Authority of Financial Professional/Registered Investment Advisor

The Financial Professional or Registered Investment Advisor indicated above is authorized to receive confirmations and statements, initiate contributions, perform investment portfolio changes, make qualified withdrawals, inquire, and have access to the account. He or she will not be permitted to change the Account Owner/Custodian, Beneficiary, Successor Account Owner/Custodian, Interested Party, firm or Financial Professional. The Financial Professional or Registered Investment Advisor will not be able to add, change or delete banking instructions, or to transfer assets out or roll assets out of the account.

* If no Financial Professional is designated, Class A shares must be selected.
** If Registered Investment Advisor is selected, Advisor Share Class must be selected.
***** If you are a NJ Resident or the beneficiary on the account is a NJ resident without a Financial Professional, NJBest 529, our Direct Sold offering may be an option for you. Please see Program Description for details.**

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 shares in Franklin Templeton Investments 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. If you are including non-529 assets held outside of the Franklin Templeton 529 plan, please include you latest financial statement from the respective firm. *(If you intend to add more than two family member accounts, please include additional sheet.)*

Legal Name of Family Member 1 *(first, middle initial, last)* ***(Required)***

Franklin Templeton 529 Account Number — **AND/OR** Account Number *(Where Franklin Templeton Assets are held)*

$ Market Value CUSIP, Fund Number, or Symbol

Legal Name of Family Member 2 *(first, middle initial, last)* ***(Required)***

Franklin Templeton 529 Account Number — **AND/OR** Account Number *(Where Franklin Templeton Assets are held)*

$ Market Value CUSIP, Fund Number, or Symbol

C. ☐ **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

D. ☐ **Advisor Class Shares Eligibility.** I am eligible to purchase Advisor Class shares because I am: (1) a current or former full time employee, officer, trustee, or director of Franklin Templeton or its funds, or a family member of any of the foregoing; or (2) a current employee of a securities dealer that has a selling agreement with Franklin Distributors, LLC, or a family member of such employee. My name, or the name of the person of whose family I am a member for purposes of Advisor Class share eligibility as stated in the preceding sentence, is:

Legal Name *(First name)* ***(Required)*** *(M.I.)*

Legal Name *(Last name)* ***(Required)***

Qualifying Employer's Name

Relationship

☐ Self ☐ Spouse ☐ Domestic Partner ☐ Child ☐ Officer, Director, or Trustee

☐ Parent ☐ Grandparent ☐ Grandchild ☐ Dependent of the Person

☐ Sibling ☐ Stepchild ☐ Father- or Mother-in-law ☐ Employer Sponsored Plan (Payroll Direct Deposit)

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.
- **You are eligible to purchase Advisor Class shares if you are: (1) a current or former full time employee, officer, trustee, or director of Franklin Templeton or its funds, or a family member of any of the foregoing; or (2) a current employee of a securities dealer that has a selling agreement with Franklin Distributors, LLC, or a family member of such employee. *Please review the Program Description for details*.**

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

☐ Class A ☐ Class C ☐ Advisor Class

Target Enrollment

Franklin Target 2045 529 Portfolio	☐☐☐ %
Franklin Target 2043 529 Portfolio	☐☐☐ %
Franklin Target 2041 529 Portfolio	☐☐☐ %
Franklin Target 2039 529 Portfolio	☐☐☐ %
Franklin Target 2037 529 Portfolio	☐☐☐ %
Franklin Target 2035 529 Portfolio	☐☐☐ %
Franklin Target 2033 529 Portfolio	☐☐☐ %
Franklin Target 2031 529 Portfolio	☐☐☐ %
Franklin Target 2029 529 Portfolio	☐☐☐ %
Franklin Target 2027 529 Portfolio	☐☐☐ %
Franklin Target 2026 529 Portfolio	☐☐☐ %
Franklin Target Enrolled 529 Portfolio	☐☐☐ %

Objective Based

Franklin Aggressive Growth Allocation 529 Portfolio	☐☐☐ %
Franklin Moderate Growth Allocation 529 Portfolio	☐☐☐ %
Franklin Growth Allocation 529 Portfolio	☐☐☐ %

Individual Portfolio

Ariel 529 Portfolio	☐☐☐ %
ClearBridge International Growth 529 Portfolio	☐☐☐ %
Franklin DynaTech 529 Portfolio	☐☐☐ %
Franklin Income 529 Portfolio	☐☐☐ %
Franklin Small-Mid Cap Growth 529 Portfolio	☐☐☐ %
Franklin U.S. Large Cap Index 529 Portfolio	☐☐☐ %
iShares Core MSCI EAFE 529 Portfolio	☐☐☐ %
Putnam Core Bond 529 Portfolio	☐☐☐ %
Putnam Large Cap Growth 529 Portfolio	☐☐☐ %
Putnam Large Cap Value 529 Portfolio	☐☐☐ %
Putnam Sustainable Leaders 529 Portfolio	☐☐☐ %

Money Fund

Franklin U.S. Government Money 529 Portfolio*	☐☐☐ %

*Advisor Shares not available

Total must equal 100% ☐☐☐ %

* 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.

(Must select one or more 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 ☐ $250 ☐ Other **$** ☐,☐☐☐.**0 0**
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: **$** ☐,☐☐☐.**0 0**

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

D. ☐ **Rollover from another 529 plan or Coverdell Education Savings Account to an Franklin Templeton 529 Plan Account:**

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

☐ Please check this box if you request Class A at NAV for your Rollover Contribution

E. ☐ **Transfer from an existing Franklin Templeton 529 Plan Account:** Complete this section if you are transferring assets from an existing account. You will also need to complete a **Transfer Form.**

☐☐☐☐☐☐☐☐☐☐ — ☐☐

Account Number

F. ☐ **Indirect Rollover:** A check is included from another 529 plan, Coverdell Education Savings Account, or Qualified U.S. Savings Bond that was redeemed within the last 60 days. You must provide an account statement from your former account or IRS form 1099-INT or 1099-Q showing the contribution and earnings portion of the redemption.

$☐☐☐,☐☐☐.☐☐ Amount of Rollover

$☐☐☐,☐☐☐.☐☐ Principal *(Basis)*

$☐☐☐,☐☐☐.☐☐ Earnings

G. ☐ **Payroll Direct Deposit.** You can establish or change Payroll Direct Deposit by logging into your account at **Franklintempleton529.com**. If you want to make contributions to your Franklin Templeton 529 Plan Account directly as a Payroll Direct Deposit, you must contact your employer's payroll office to verify that you can participate. Payroll Direct Deposit contributions will not be made to your Franklin Templeton 529 Plan Account until you have received a **Payroll Direct Deposit Confirmation Form** from the Franklin Templeton 529 Plan. Once this is received please enter this information on your employer self-service portal *(if available)* or provide your signature and Social Security or tax payer identification number on this form and submit to your employer's payroll office. The amount you indicate below will be in addition to Payroll Direct Deposits that you may have previously established for other Franklin Templeton 529 Plan Accounts.

Amount of Payroll Direct Deposit each pay period *($15 minimum):* $☐,☐☐☐.**0 0**

☐ I am a New Jersey State Employee

11. Bank Information *(Required to establish the Recurring Contribution or EFT service.)*

Note: The routing number is usually located in the bottom left corner of your checks. You can also ask your bank for the routing number.

Important: I acknowledge that my bank or financial institution is located in the U.S. and/or adheres to U.S. banking regulations.

Bank Name

☐☐☐☐☐☐☐☐☐ Bank Routing Number

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Bank Account Number

Account Type *(Check One.)* ☐ Checking ☐ Savings

If applicable, authorization from a joint bank account owner is required to add bank instructions on the account.

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

12. Automatic Dollar-Cost Averaging Program *(Optional)*

Automatic dollar-cost averaging allows you to reallocate from one Investment Portfolio to one or more other Investment Portfolios within your Account on a pre-scheduled basis.

- To start automatic dollar-cost averaging you must make a minimum $250 contribution to an initial Investment Portfolio *(Source Portfolio),* and at the time of the contribution, designate automatic periodic allocations to one or more other Investment Portfolios *(Recieving Portfolio).*
- Your entire initial deposit does not need to be included in the automatic dollar-cost averaging.
- Creating an automatic dollar-cost averaging at the time of enrollment will NOT count towards your twice per calendar year Investment Portfolio change limit. To start automatic dollar-cost averaging at the time of enrollment you must initiate an initial EFT contribution via this form, or mail a contribution check with this completed form to the Plan.
- If you make any changes to or cancel an established automatic dollar-cost averaging it will count towards your twice per calendar year Investment Portfolio change limit.

Amount: $ ☐☐,☐☐☐.00 *(minimum $25)*
Amount

Frequency *(Select one.):* ☐ **Monthly** ☐ **Quarterly** *(Based on established date, not calendar quarter.)*

Start Date:* ☐☐ – ☐☐ – ☐☐☐☐
Date *(mm/dd/yyyy)*

* The Program must receive instructions at least 3 business days prior to the indicated start date. 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 15th day of the month.

Stop Type (Select one.):

☐ **Stop Date** ☐☐ – ☐☐ – ☐☐☐☐
Date *(mm/dd/yyyy)*

☐ **When total amount of Reallocation equals:** $ ☐☐☐,☐☐☐.00

☐ **When Complete Balance of the Source Portfolio is depleted.**

Source Portfolio: ☐

Receiving Portfolio:

☐ Investment Portfolio — $ ☐☐,☐☐☐.00 Dollar Amount

☐ Investment Portfolio — $ ☐☐,☐☐☐.00 Dollar Amount

☐ Investment Portfolio — $ ☐☐,☐☐☐.00 Dollar Amount

13. NJBEST Matching Grant Opportunity

Account Owners who are New Jersey residents that open new Franklin Templeton 529 College Savings Plan Accounts on or after June 29, 2021, may be eligible for a one-time grant from the New Jersey Higher Education Student Assistance Authority (HESAA) of a dollar-for-dollar match of up to $750 of their first account contribution, if the Account Owner has a household adjusted gross income between $0 and $75,000. Certain other conditions apply, see the Program Description for more details.

☐ I am a New Jersey resident with a household adjusted gross income between $0 and $75,000. Please send me information from HESAA about how to apply for the grant.

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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