FRANKLIN TEMPLETON®

529 College Savings Plan

Franklin Templeton 529 College Savings Plan

Profile Change Form

- Use this form to change: your name, address, phone number, email address, Successor Account Owner/Custodian, Beneficiary Information, Interested Party information or Trusted Contact Person information.
- If you are changing the address on your Account, a hold will be placed on the payment of any withdrawal amount until 10 Business Days have passed.
- If you are changing your name you must provide either a legal document such as a copy of a Marriage Certificate, court document, or copy of a Social Security card; or have your former signature and your new signature Medallion Signature Guaranteed in **Section 8** by an authorized officer of a bank, broker, or other qualified financial institution.
- If you are changing the Account Owner/Custodian or Beneficiary of an existing account, you must complete the **Transfer Form**.
- 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.

☎ **(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 to Friday 8:30 a.m. - 8 p.m. ET.

1. Current Account Owner/Custodian Information

Account Number(s) *(To list more than six Accounts, use a separate sheet.)*

Account Owner/Custodian *(First name)* *(M.I.)*

Account Owner/Custodian *(Last name)*

Telephone Number

2. Information to Update or Change

☐ **Account Owner/Custodian — Section 3**

☐ **Beneficiary — Section 4**

☐ **Successor Account Owner/Custodian — Section 5**

☐ **Interested Party — Section 6**

☐ **Trusted Contact Person — Section 7**

NJA PROFILE CHANGE

3. Updated Account Owner/Custodian Information

- If you are changing your name and/or contact information, provide only the new information exactly as you would like it to appear on your Franklin Templeton 529 College Savings Plan Account.
- If you are correcting your social security number, you must provide a copy of a Social Security card or W-9 form.
- If you are changing your name, you must provide a legal document such as a copy of a marriage certificate, court document, or copy of a Social Security card.

Account Owner/Custodian *(First name)* *(M.I.)*

Account Owner/Custodian *(Last name)*

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

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 —

— — Primary Telephone Number

— — Secondary Telephone Number

— — Birth Date *(mm-dd-yyyy)*

Email Address

4. Beneficiary Information

- If you are changing your beneficiary name, you must provide a legal document such as a copy of a marriage certificate, court document, or copy of a Social Security card.
- If you are correcting your beneficiary social security number, you must provide a copy of a Social Security card or W-9 form.
- If you are changing the Beneficiary, you must submit a new **Account Application** and a **Transfer Form**.

Beneficiary *(First name)* *(M.I.)*

Beneficiary *(Last name)*

Beneficiary Social Security or Taxpayer Identification Number

Beneficiary Birth Date *(mm-dd-yyyy)*

Mailing Address

City

State

Zip Code

Primary Telephone Number

Secondary Telephone Number

5. Successor Account Owner/Custodian Information

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.

- Complete this section only if you are adding, replacing, changing information, or removing Successor information on your Account. The Successor Account Owner/Custodian will become the Account Owner/Custodian upon death of the original Account Owner/Custodian.
- You may revoke or change the Successor Account Owner/Custodian at any time. See the Franklin Templeton 529 College Savings Plan Program Description for more information.
- The person you designate as Successor Account Owner/Custodian must be at least 18 years old or can be a trust.
- You may only designate one Successor Account Owner/Custodian per beneficiary.
- The Successor Account Owner/Custodian will not receive quarterly statements.

Check one.

☐ Add New ☐ Replace /Update Existing ☐ Remove

Successor Account Owner/Custodian or Trust *(First name)* *(M.I.)*

Successor Account Owner/Custodian or Trust *(Last name)*

Successor Account Owner/Custodian Birth Date/Trust Date *(mm-dd-yyyy)* ***(Required)***

Succesor Account Owner/Custodian or Trust Social Security or Taxpayer Identification Number

6. Interested Party Information

Complete this section if you want to have an additional person (interested party) receive quarterly account statements, to update information about a current interested party, or to replace or remove an interested party. Use a separate sheet if necessary.

Check one.

☐ Add ☐ Replace ☐ Change current information ☐ Remove

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

Interested Party or Trust *(Last name)*

Mailing Address

City State Zip Code —

Telephone Number — —

Relationship to Account Owner/Custodian

☐ Compliance ☐ Investment Advisor ☐ Parent/Guardian ☐ Other

7. Trusted Contact Person Information

- By completing this section, you designate the person identified below as your Trusted Contact Person for all beneficiaries, and authorize the Franklin Templeton 529 College Savings Plan and its present and future direct and indirect subsidiaries, affiliates, successors to contact your Trusted Contact Person and disclose information about your Franklin Templeton 529 College Savings 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 any designation of a Trusted Contact Person at any time by notifying the Plan in writing. A Trusted Contact Person must be at least eighteen (18) years of age. You may add, change or remove your Trusted Contact Person by using this form.

☐ Add ☐ Remove ☐ Change

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

8. Signature —YOU MUST SIGN BELOW

I hereby make the changes or additions noted above to my Franklin Templeton 529 College Savings Plan Account(s). This information replaces any existing information on file with the Franklin Templeton 529 College Savings Plan. I certify the information contained herein is true and correct, and supporting documentation is attached if required. If naming a new Successor Account Owner/Custodian, I certify that the Successor Account Owner/Custodian is a U.S. citizen or resident alien.

SIGNATURE

Signature of Account Owner/Custodian or Authorized Representative of Entity

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Date *(mm-dd-yyyy)*

Medallion Signature Guarantee — REQUIRED FOR NAME CHANGES IF LEGAL DOCUMENTATION IS NOT INCLUDED

- You must provide the following information as underwritten certification that your signature is genuine.
- You can obtain a Medallion Signature Guarantee from an authorized officer of a bank, broker, or other qualified financial institution. A notary public cannot provide a Medallion Signature Guarantee, nor can you guarantee your own signature.
- **Do not sign below until you are in the presence of the authorized officer providing the Medallion Signature Guarantee.**
- Please call Franklin Templeton 529 College Savings Plan at **(866) 362-1597** if you have any questions concerning this process.

I certify that the information provided herein is true and complete in all respects, and that I have read and understand, consent, and agree to all the terms and conditions of the Franklin Templeton 529 College Savings Plan Program Description.

SIGNATURE

Signature of Former Account Owner/Custodian ***(if applicable)*** *(In the presence of the authorized officer.)*

SIGNATURE

Signature of Current Account Owner/Custodian *(In the presence of the authorized officer.)*

SIGNATURE

Signature of Guarantor

Title

Name of Institution

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Date *(mm-dd-yyyy)*

Authorized Officer to place stamp here