# 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.

Current Account Owner/Custodian Information	
Account Number(s) (To list more than six Accounts, use a separate sheet.).	
Account Owner/Custodian (First name)	(M
Account Owner/Custodian (Last name)	
Telephone Number	
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	



Birth Date (mm-dd-yyyy)

**Email Address** 

#### B. 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.

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#### 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 <b>Account Application</b> and a <b>Transfer Form</b> .

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.)	]
Successor Account Owner/Custodian or Trust (Last name)	]
Successor Account Owner/Custodian Birth Date/Trust Date (mm-dd-yyyy) (Required)	

information about a																				
Check one.																				
Add	Replac	ce			Chan	ge cı	urrent	t infor	mati	on			R	emov	/e					
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Interested Party <i>(First n</i>														_			_			
Interested Party or Trus	st (Last name)																			
Mailing Address																				
City										Stat	] e	Zip	Code				] -	-		
Telephone Number												,								
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#### 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	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	Authorized Officer to place stamp here
Signature of Former Account Owner/Custodian (if applicable) (In the presence of the authorized officer.)	Authorized Officer to place stamp here
SIGNATURE	
SIGNATURE	
Signature of Current Account Owner/Custodian (In the presence of the authorized officer.)	
CLCNATURE	
SIGNATURE	
Signature of Guarantor	
Title	
Name of Institution	