FRANKLIN **TEMPLETON**_®

Franklin Templeton 529 College Savings Plan **Profile Change Form**

529 College Savings Plan

- 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.

=	(000) 302	1337	
U	Monday to	Friday 8:30 a.m 8 p.m. E	Т
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Franklintempleton.com

(866) 362-1597

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 Acco	ount Owner/Cust	odian Information			
Account Number(s) (To list more than six Accour	nts, use a separate sheet.).			
Account Owner/Cust	todian (First name)				
Account Owner/Cust	todian <i>(Last name)</i>				
Telephone Number					
·					
Information t	to Update or Cha	nge			
Account 0)wner/Custodian —	Section 3			
Beneficiar	ry — Section 4				
Successo	r Account Owner/Cu	stodian — Section 5			
Interested	Party — Section 6				

Trusted Contact Person — Section 7



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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 Account Application and a Transfer Form.

Beneficiary (First name)	
Beneficiary (Last name)	
Beneficiary Social Security or Taxpayer Identification Number	Beneficiary Birth Date <i>(mm-dd-yyyy)</i>
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				
Suco	cessor Account Owner	/Custodian or Trust <i>(First name)</i>					(M.I.)
Suco	cessor Account Owner	/Custodian or Trust <i>(Last name)</i>					

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

7.

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 <i>(Last I</i>]		
Mailing Address			
City		State	—
Telephone Number			
Relationship to Accou	nt Owner/Custodia	n	
Compliance	Investment Advisor		er
Trusted Contact Pe	rson Information	I	
 the Franklin Templeton contact your Trusted Co to address possible to confirm the speci holder of a power or 	529 College Savings ontact Person and disc financial exploitation; fics of your current co f attorney; or	Plan and its present and future direct and indi lose information about your Franklin Templeto ntact information, health status, or the identi	
•	-	try Regulatory Authority Rule (FINRA) 2165.	
	0 /	sted Contact Person power of attorney. Your	
	o ,	Account, or transfer assets to or from your A	
	ted Contact Person mi	ust be at least eighteen (18) years of age. You	d Contact Person at any time by notifying the u may add, change or remove your Trusted
	-	hanna	
Add Re	emove	hange	
Trusted Contact Person (First n	ame) ,		(M.I.)
Trusted Contact Person <i>(Last n</i>			
Trusted Contact Person's Prima	ary Telephone Number		
Trusted Contact Person's Email	Address		
Trusted Contact Person's Maili			
City		State	Zip Code
Relationship to Accou	nt Owner/Custodia	n	
	orney Spouse	Family Member Friend	Other

4

Date (mm-dd-vvvv

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 Social Security Number provided is correct, and 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

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 (<i>if applicable</i>) (In the presence of the authorized officer.)	Authorized officer to prace stamp here
Signature of Current Account Owner/Custodian (In the presence of the authorized officer.)	
Signature of Guarantor	
Title	
Name of Institution	
Date (<i>mm-dd-yyyy</i>)	