

529 College Savings Plan



- 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.

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**.

[illegible]

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)

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

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

□□ — □□ — □□□□

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

Signature of Guarantor

Title

Name of Institution

□□ — □□ — □□□□

Date (mm-dd-yyyy)

Authorized Officer to place stamp here