FRANKLIN
TEMPLETON®

529 College Savings Plan

Franklin Templeton 529 College Savings Plan

# Transfer Form

## Instructions

- Please read the Franklin Templeton 529 College Savings Plan Program Description before changing the Account Owner and/or Beneficiary on a Plan Account. You may also wish to consult with your financial professional, legal and/or tax advisor before completing this form.
- *If a change of Account Owner or Beneficiary is requested,* and requires a new Account that does not yet exist, the new Account Application can be found online, or by calling the Plan to obtain a paper version of the **Account Application**, to submit along with this **Transfer Form**.
- A new account number will be assigned to the Account opened for the new Account Owner and/or Beneficiary, unless an Account already exists for that Account Owner/Beneficiary and the existing number is provided below.
- A Notary is required in **Section 4** for changes of Account Owner for existing accounts. (If using this form to transfer a UTMA/UGMA to a former Minor, a Notary is not required).
- Print in capital letters using blue or black ink, sign and date the form and mail it to the Plan at the above address.

☎ **(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**

**Important:** To avoid adverse tax consequences on the Account transfer, the new Beneficiary must be a Member of the Family of the former Beneficiary, as defined in the Franklin Templeton 529 College Savings Plan Program Description, and as described in Section 529 of the Internal Revenue Code. If the new Beneficiary is not a Member of the Family of the prior Beneficiary, the change will be considered a Non-Qualified Withdrawal, which means that it may cause the Account to be subject to both state and federal income tax and an additional 10% federal penalty tax on any Account earnings at the time of the Beneficiary change. A change of Beneficiary is not permissible for custodial accounts opened under the Uniform Gifts to Minors Act (UGMA) or Uniform Transfers to Minors Act (UTMA).

To request assistance in completing this form call us at **(866) 362-1597**, Monday to Friday 8:30 a.m. - 8 p.m. ET.

## Transfer Instructions

☐ **Change of Account Owner** *(Same Beneficiary)*

☐ **Change of Account Owner and Change of Beneficiary** *(Different Account Owner and Different Beneficiary)*

☐ **Change of Beneficiary** *(Same Account Owner)*

## 1. Current Account Information

☐☐☐☐☐☐☐☐☐ – ☐☐
Account Number ***(Required)***

☐☐☐☐
Account Owner Social Security Number *(Last four digits **Required**)*

Account Owner *(First name)* ***(Required)*** *(M.I.)*

Account Owner *(Last name)* ***(Required)***

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

Beneficiary *(Last name)* ***(Required)***

☐☐☐☐
Beneficiary Social Security Number *(Last four digits **Required**)*

☐☐☐ – ☐☐☐ – ☐☐☐☐
Telephone Number

*NJA TRANSFER*

## 2. Receiving Account

☐☐☐☐☐☐☐☐☐ – ☐☐
Account Number ***(Required)*** *(If account is already established)*

☐☐☐☐
Account Owner Social Security Number *(Last four digits **Required**)*

Account Owner *(First name)* ***(Required)*** *(M.I.)*

Account Owner *(Last name)* ***(Required)***

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

Beneficiary *(Last name)* ***(Required)***

☐☐☐☐
Beneficiary Social Security Number *(Last four digits **Required**)*

☐☐☐ – ☐☐☐ – ☐☐☐☐
Telephone Number

## 3. Transfer Amount *(Check and complete **Section 3A** or **3B**.)*

A. ☐ **Entire balance.** Once the transfer is completed, the original Account will be closed.

B. ☐ **Partial balance.** The Franklin Templeton 529 College Savings Plan will keep the Account for the current Beneficiary open. The dollar amount you specify below will be transferred to the Account for the receiving Beneficiary identified in **Section 2**.

| **Name of Investment Portfolio** | **Dollar amount** *(For partial amounts.)* | **OR** | **Total balance** *(Check if applicable.)* |
|---|---|---|---|
| | $ ☐☐☐,☐☐☐.☐☐ | | ☐ |
| | $ ☐☐☐,☐☐☐.☐☐ | | ☐ |
| | $ ☐☐☐,☐☐☐.☐☐ | | ☐ |

C. ☐ **Transfer type.** If an option is not selected below, the transfer amount will be allocated according to the receiving Account's existing allocation for future contributions.

**Check one**.

☐ I want to transfer the assets in-kind. (An "in- kind" transfer will move the selected assets over to the receiving account without a change in the currently held investment allocation(s) or share class.)

☐ I want to transfer and allocate the assets according to the receiving Beneficiary's current allocations for future contributions. *(By selecting this option, the current investments will be liquidated, and the funds will be invested in the receiving Beneficiary's Account according to such Account's allocation(s) for future contributions.)* Even if the transferred amounts are invested in different investment portfolios than in the transferring Account, they will remain in the same share class.

## 4. SIGNATURE AND AUTHORIZATION *(THIS SECTION MUST BE SIGNED FOR THIS CHANGE TO TAKE EFFECT.)*

**By signing this form, I authorize the transfer of all or the designated portion of my Account to another Account with a different Account Owner and/or Beneficiary as indicated on this form. I acknowledge the following:**

- I certify that all of the information provided by me on this form is true, complete and correct.
- If changing the Account Owner, the new Account Owner is submitting an **Account Application** along with this form, unless he/she already maintains an Account in the Franklin Templeton 529 College Savings Plan for the Beneficiary and I have provided the existing account number in **Section 2**.
- If changing the Beneficiary without changing the Account Owner, I make and agree to the same representations, warranties, and agreements for my new Beneficiary as were stated in the original Account Application for my current Beneficiary and I certify that the new Beneficiary is a "member of the family" of the current Beneficiary, as defined in Section 529 of the Internal Revenue Code and the Program Description.
- If I am participating in Recurring Contributions, I understand that my participation in Recurring Contributions will be canceled only if I transfer my entire Account balance to another Account for a new Account Owner and/or Beneficiary; otherwise my Recurring Contributions will continue in my original Account unless an **Account Features Form** accompanies this form.
- If I am making contributions by payroll direct deposit, I understand that my payroll contributions will continue in my original Account, regardless of the amount transferred, unless I notify my employer that I want to stop or change the amount of my payroll direct deposit.
- If I am transferring my entire account balance to another Account Owner, I request the closure of my original Account.

**If requesting a change of ownership, do not sign below until you are in the presence of the authorized notary providing the notary service.**

**I certify that I am the Account Owner, or I have the authority to act as the Account Owner.**

| | |
|---|---|
| SIGNATURE | ☐☐ – ☐☐ – ☐☐☐☐ |
| Signature of Account Owner | Date *(mm-dd-yyyy)* |

## Notarization - REQUIRED FOR CHANGES TO THE ACCOUNT OWNER OF AN EXISTING ACCOUNT

(Please note: notarization is not required if the Account Owner change is related to an UTMA/UGMA account where the Beneficiary has reached the age of majority).

**Your signature must be notarized. See below.**

Before me, a Notary in and for ______________________ (County), ______________________ (State) this document was acknowledged before me on ______________________ (Full Date) by ______________________ (Current Account Owner) who certifies the correctness of the signature above.

| | |
|---|---|
| SIGNATURE | ☐☐ – ☐☐ – ☐☐☐☐ |
| Signature of Notary | Date *(mm-dd-yyyy)* |

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Name of Notary *(first, middle initial, last)*

My commission expires:

☐☐ – ☐☐ – ☐☐☐☐

Date *(mm-dd-yyyy)*

**Authorized Officer to place stamp here**