



Account Options Form

Use this form to add, change or discontinue account options on an existing account. You may also change your account options through your account access at franklintempleton.com.

- DO NOT use this form to establish, change or discontinue a systematic withdrawal plan or dividend and/or capital gains distributions on Coverdell education savings and retirement plan accounts with Fiduciary Trust International of the South ("FTIOS") as custodian or trustee. Refer to the plan specific distribution request forms on franklintempleton.com.

If completing by hand, please print clearly in CAPITAL LETTERS using blue or black ink.

If applicable, provide any Franklin Templeton REFERENCE ID(S) related to your request:

Provide the fund-account number(s) that are related to your request:

1 BANK INFORMATION FOR ELECTRONIC SERVICES AUTHORIZATION

Establish/change electronic transfers to or from my bank account for all fund-account number(s) provided above. Only one bank account can be linked to my Franklin Templeton account(s) for purchases and redemptions. If my bank or credit union is not an Automated Clearing House (ACH) member, this service is not available.

NOTE: If you previously declined the Telephone Redemption Privilege but would like Telephone Purchases, review the important information regarding Telephone Purchases and Telephone Redemptions in Section 8 of this form.

- These bank instructions will be established for purchases, automatic investment plan transfers, redemptions and any pre-established systematic withdrawals or dividend/capital gain payments.
- Any bank account owner who is not an owner of the Franklin Templeton fund account must sign in Section 8 and you, as the Franklin Templeton fund account owner, must also sign in Section 8.
- If the Franklin Templeton fund account and the bank account DO NOT include at least one common owner, you and all of the bank account owners must have your signatures notarized in Section 8.
- No checks? Include a preprinted savings account deposit slip or letter from your bank, on its letterhead and signed by an officer. The deposit slip or letter must include the bank account registration, account number, account type and bank routing number. Do not staple to the form. Handwritten information on the savings deposit slip or bank letterhead is not acceptable.
- **IMPORTANT:** Requests to send proceeds electronically within 15 days of establishing or changing bank instructions may need to be signature guaranteed, otherwise your proceeds will be sent by check to your address of record.

Select ONE of the following options:

- ☐ Use my enclosed letter from my bank. ☐ Use my enclosed preprinted checking deposit slip.
- ☐ Use my enclosed preprinted voided check. ☐ Use my enclosed preprinted savings deposit slip.

Bank routing number (9 digits) Bank account number

2 AUTOMATIC INVESTMENT PLAN – ESTABLISH, CHANGE OR DISCONTINUE

Complete the applicable sections below to establish, change or discontinue an automatic investment plan.

☐ Establish or change an automatic investment plan. Complete the information below.

- Franklin Templeton may take up to 15 days to establish your automatic investment. \$25 investment minimum per account.
- If the Frequency and Investment Date are not selected, we will default to monthly on the 20th.
- If the Investment Date falls on a non-business day, the transaction will be made on the following business day.
- Select only one investment date, unless you select twice a month as the frequency.
- If you select twice a month as the frequency, the selected dates must be at least 10 days apart. If you do not select two dates or select dates that are not 10 days apart, we will default to the 1st and the 15th.

Specify your start month, frequency and investment date(s) below. Select ONE of the following:

☐ Apply to all fund-account number(s) provided on page 1. \$ | | per account.

START MONTH FREQUENCY (select one) INVESTMENT DATE

FREQUENCY (select one) **INVESTMENT DATE**

INVESTMENT DATE

☐ monthly ☐ quarterly ☐ 1st ☐ 10th ☐ 20th☐ twice a month ☐ annually ☐ 5th ☐ 15th ☐ 25th☐ 1st ☐ 10th ☐ 20th

☐ 5th ☐ 15th ☐ 25th

☐ 10th ☐ 20th☐ 15th ☐ 25th☐ 20th☐ 25th

SEE NEXT PAGE FOR ADDITIONAL OPTIONS

2 AUTOMATIC INVESTMENT PLAN – ESTABLISH, CHANGE OR DISCONTINUE (cont'd.)

☐ Apply only to the fund-account number(s) listed below.

FUND-ACCOUNT NUMBER	AMOUNT	START MONTH	FREQUENCY (select one)	INVESTMENT DATE
	\$		<input type="checkbox"/> monthly <input type="checkbox"/> twice a month	<input type="checkbox"/> quarterly <input type="checkbox"/> annually <input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 25th
	\$		<input type="checkbox"/> monthly <input type="checkbox"/> twice a month	<input type="checkbox"/> quarterly <input type="checkbox"/> annually <input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 25th
	\$		<input type="checkbox"/> monthly <input type="checkbox"/> twice a month	<input type="checkbox"/> quarterly <input type="checkbox"/> annually <input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 25th
	\$		<input type="checkbox"/> monthly <input type="checkbox"/> twice a month	<input type="checkbox"/> quarterly <input type="checkbox"/> annually <input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 25th

☐ Discontinue my automatic investment plan. **Select ONE of the following:**

☐ Apply to all fund-account number(s) provided on page 1.

☐ Apply only to fund-account number(s):

3 SYSTEMATIC WITHDRAWAL PLAN – ESTABLISH, CHANGE OR DISCONTINUE

Complete the applicable sections below to establish, change or discontinue a systematic withdrawal plan.

☐ Establish or change a systematic withdrawal plan. Complete the information below.

- **Minimum balance of \$5,000 per account is required. \$50 withdrawal minimum per account.**
- If the frequency and withdrawal date are not selected, we will default to monthly on the 20th.
- If the withdrawal date falls on a non-business day, the transaction will be made on the following business day.
- Signature guarantee is required for proceeds sent to a new alternate payee and/or alternate mailing address. Refer to Section 8 for signature requirements.
- Allow up to 3 business days if the proceeds are being sent electronically. Your first distribution may be sent by check to your address of record while bank information is established for your account.

Specify your start month, frequency and withdrawal date(s) below. Select ONE of the following:

☐ Apply to all fund-account number(s) provided on page 1. \$ per account.

START MONTH	FREQUENCY (select one)	WITHDRAWAL DATE
	<input type="checkbox"/> monthly <input type="checkbox"/> every other month	<input type="checkbox"/> quarterly <input type="checkbox"/> semiannually <input type="checkbox"/> annually <input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 25th

OR

☐ Apply only to the fund-account number(s) listed below.

FUND-ACCOUNT NUMBER	AMOUNT	START MONTH	FREQUENCY (select one)	WITHDRAWAL DATE
	\$		<input type="checkbox"/> monthly <input type="checkbox"/> every other month	<input type="checkbox"/> quarterly <input type="checkbox"/> semiannually <input type="checkbox"/> annually <input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 25th
	\$		<input type="checkbox"/> monthly <input type="checkbox"/> every other month	<input type="checkbox"/> quarterly <input type="checkbox"/> semiannually <input type="checkbox"/> annually <input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 25th
	\$		<input type="checkbox"/> monthly <input type="checkbox"/> every other month	<input type="checkbox"/> quarterly <input type="checkbox"/> semiannually <input type="checkbox"/> annually <input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 25th
	\$		<input type="checkbox"/> monthly <input type="checkbox"/> every other month	<input type="checkbox"/> quarterly <input type="checkbox"/> semiannually <input type="checkbox"/> annually <input type="checkbox"/> 1st <input type="checkbox"/> 5th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 25th

IMPORTANT: We will send the proceeds electronically to the bank account identified in Section 1 or, if a new bank account is not provided, to a pre-established bank account if one exists. If you do not provide bank information, already have a pre-established bank account on file or select an alternate distribution option below, we will send the proceeds to you by check, to your mailing address.

ALTERNATE DISTRIBUTION METHODS (Optional)

Select ONE of the following:

☐ Send to my existing Franklin Templeton fund-account number¹ . Must be the same class as paying account.

☐ Send to an alternate payee and/or alternate mailing address (provide instructions below).

☐ Discontinue my systematic withdrawal plan. **Select ONE of the following:**

☐ Apply to all fund-account number(s) provided on page 1.

☐ Apply only to fund-account number(s):

1. Attach instructions if directing payments to multiple Franklin Templeton accounts and/or new funds.

4 CHANGE DIVIDEND AND/OR CAPITAL GAINS DISTRIBUTION AND PAYMENT OPTIONS

Complete the applicable sections below to change your dividend and/or capital gains distribution and payment options.

- You may only reinvest distributions in the same class of shares, except that Class C distributions may be reinvested in Class A shares of any Franklin money fund, and Advisor Class and Class Z distributions may be reinvested in Class A shares. You may reinvest Class Z distributions in Advisor Class shares of another fund if you qualify to buy that fund's Advisor Class shares.
- If you would like to direct payments from one fund-account to multiple accounts, attach separate instructions.
- Signature guarantee is required for distributions sent to a new alternate payee and/or alternate mailing address. Refer to Section 8 for signature requirements.
- Allow up to 3 business days if the proceeds are being sent electronically. Your first distribution may be sent by check to your address of record while bank information is established on your account.

Select ONE of the following:

☐ Apply to all fund-account number(s) provided on page 1.

☐ Apply only to fund-account number(s):

CHECK ONLY ONE OPTION FOR EACH:

Dividends: ☐ Reinvest ☐ Pay in cash ☐ Direct to my Franklin Templeton fund-account number

Capital Gains: ☐ Reinvest ☐ Pay in cash ☐ Direct to my Franklin Templeton fund-account number

☐ Send dividends and/or capital gains to an alternate payee and/or alternate mailing address (provide instructions below).

IMPORTANT: If you choose to have dividends or capital gains paid in cash, we will send the proceeds electronically to the bank account identified in Section 1 of this form or to a pre-established bank account if one exists. If you do not provide bank information, already have a pre-established bank account on file or select an alternate distribution option above, we will send the proceeds to you by check, to your mailing address.

5 CHANGE CONTACT INFORMATION

Complete the fields below to update your existing contact information for all fund-account number(s) provided on page 1.

- Include any APT, BLDG, STE number.

Email address²

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Street address of residence (no P.O. Box address)	City	State	ZIP

Mailing address (if different from street address)	City	State	ZIP

Primary phone number	Alternate phone number
()	()

6 ELECTRONIC DELIVERY (eDELIVERY)

To receive your statements, notifications,³ and tax documents by eDelivery, register for online account access. Check the box below to receive an email with instructions on how to register your account online and complete the eDelivery enrollment process. **IMPORTANT: Your email address is required in Section 5.**

☐ Yes, send me instructions on how to register for online access on my account.

Note: If you do not register for online access, you will receive statements, notifications³ and tax documents to your mailing address.

2. If you currently receive any electronic communications/documents from Franklin Templeton, future communications/documents will be sent to the email address provided on this form, replacing any prior email address on file.

3. Notifications may include transaction confirmations, prospectuses, shareholder reports, proxy materials, and other notifications.

7 ESTABLISH CHECK WRITING – MONEY FUND ONLY

Complete this section to establish check writing privileges. **Only offered on the Franklin U.S. Government Money Fund.**

- You must have a minimum balance of \$500 to establish check writing privileges. Allow two weeks for delivery of a free book of checks.
- You may make checks payable for amounts of \$500 or more.

Fund-account number(s)

- ☐ Yes, I would like to apply for unlimited check writing on my Franklin U.S. Government Money Fund account(s) listed above. **Review the important information in Section 8 of this form and in the Money Fund's current prospectus.**
- ☐ **JOINTLY OWNED/CO-TRUSTEE ACCOUNT:** Check here only if ALL joint owners/co-trustees' signatures will be required on all checks. If this box is not checked, only ONE SIGNATURE will be required.

8 AUTHORIZED SIGNATURES**BY SIGNING IN SECTION 8, I CERTIFY AND AGREE THAT:**

- If I request transfers to or from my bank account in this form or at any time, including by telephone, electronically or otherwise, you are authorized to make those requested transfers (and to make, if necessary, adjusting transfers if any amounts are transferred in error). I agree that Franklin Templeton may make additional attempts to debit/credit the account if the initial attempt fails, and if a transfer is denied by the Bank for any reason, Franklin Templeton will discontinue this authorization. I understand that I can end this authorization at any time by notifying you in writing or by telephone. If I am an owner of the bank account identified in Section 1 of this form, I certify that my signature alone is sufficient to authorize debits from the bank account.
- If I previously declined the Telephone Redemption Privilege but would like Telephone Purchases, I understand that Telephone Purchases and Telephone Redemptions via electronic funds transfers between my Franklin Templeton account(s) and my linked bank account are operationally connected. If I complete Section 1, I authorize all electronic services on my account(s).
- I understand that digital communication channels are not necessarily secure. If I do choose to send confidential or sensitive information to you via digital communication channels (e.g., email, chat, text messaging, fax), I am accepting the associated risks related to potential lack of security, such as the possibility that my confidential or sensitive information may be intercepted/accessed by a third party and subsequently used or sold.
- If I have applied for the convenience of check writing, I am familiar with the prospectus provision discussing "Selling Shares by Check" and agree that my check writing privileges are subject to the terms of the current prospectus, as it may be amended from time to time. I also agree that any bank appointed by you is authorized to accept each check signed by me and to present the check to my Money Fund as my instruction to redeem an equivalent number of my shares to cover the amount of the check. I understand that the bank will reject and return as unpaid any check that my payee has converted to an electronic debit. I will take care to protect my checks from unauthorized use and will notify you immediately if any check has been lost or stolen. I will be responsible for any check signed in my name by someone with my approval (whether given before or after the check is issued) or for my benefit. I will notify you immediately of the death or incapacity of any person who is authorized to sign my Money Fund checks. I also agree you may require that any check be signed by all owners of my account if you believe in good faith that there is or that there may be a dispute among those of us with signing authority.

SIGNATURE REQUIREMENTS:

- Signature(s) of all Franklin Templeton account owners are always required.
- If establishing new bank information, any bank account owner who is not an owner of the Franklin Templeton account(s) must sign on page 5.
- If the Franklin Templeton account(s) and the bank account identified in Section 1 of this form DO NOT include at least one common owner, all Franklin Templeton account owners and all of the bank account owners must have their signatures notarized.

If a signature guarantee is required to process your request, review the following:

- A notary public cannot provide a signature guarantee.
- If more than one signature is required, each signature must have its own signature guarantee stamp.
- If an original signature guarantee or notary is required, a photocopy of this form will not be acceptable.

FRANKLIN TEMPLETON ACCOUNT OWNER(S) SIGNATURE(S) ONLY

	Date		Date
X		X	
Franklin Templeton Account Owner Signature		Franklin Templeton Account Owner Signature	
Print Name		Print Name	

IF REQUIRED, PLACE NOTARY STAMP/SEAL,⁴ SIGNATURE GUARANTEE OR MEDALLION GUARANTEE STAMP⁵ HERE.

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4. Have the form notarized by a Notary Public on page 5.

5. Have your signature guaranteed by a bank, savings and loan association, trust company, credit union, broker/dealer, or any other "eligible guarantor institution" as defined under the rules adopted by the Securities and Exchange Commission. These institutions often participate in signature guarantee medallion programs such as the Securities Transfer Agent Medallion Program (STAMP).

BANK ACCOUNT OWNER(S) SIGNATURE(S) ONLY

<div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; padding-bottom: 5px;"> X Date </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; padding-bottom: 5px;"> </div>	<div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; padding-bottom: 5px;"> X Date </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; padding-bottom: 5px;"> </div>
Bank Account Owner Signature	Bank Account Owner Signature

IF REQUIRED, PLACE NOTARY STAMP/SEAL.

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(For use by Notary Public Only)

On before me, personally appeared

Date Name of Notary Public

Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of that the foregoing paragraph is true and correct.

Name of state in which Notary is licensed

WITNESS my hand and official seal. **X**

(Signature of Notary Public)

BEFORE YOU SUBMIT...

TO COMPLETE YOUR REQUEST – DID YOU PROVIDE?

- A typed form or form handwritten in capital letters using blue or black ink
- A Franklin Templeton reference ID related to your request on page 1 (if you were provided with one)
- Account number(s) related to your request on page 1

SECTION 1

- Pre-printed voided check, deposit slip or letter from your bank on the bank’s letterhead included with your completed form

SECTION 2 and SECTION 3

- Account number(s)
- Amount, start month, frequency and investment or withdrawal date for each

SECTION 4

- Account number(s)
- Distribution option

SECTION 5

- Updated contact information for the account owner(s)

SECTION 6

- eDelivery option

SECTION 8

- The signature of the account owner(s) and date signed
- The signature of the bank account owner(s) and date signed (if applicable)
- Signature(s) have been notarized or signature guaranteed (if applicable)

MAKE A PHOTOCOPY OF THE COMPLETED FORM FOR YOUR RECORDS

IMPORTANT: If an original signature guarantee or notary is required to process your request you may NOT email or fax your documents.

EMAIL	FAX	MAIL
<ul style="list-style-type: none">• Emails MUST include an attachment (PDF preferred) of your request.• Sender’s email address MUST match the email address on file, or the email MUST include a related reference ID(s) to be accepted.• If you have not been registered on franklintempleton.com for at least 15 calendar days, call (800) 632-2301 to request a reference ID to include in your email. <p>Financial Professionals: ftrequests.us.franklintempleton@fisglobal.com</p> <p>Shareholders: shrequests.us.franklintempleton@fisglobal.com</p>	(855) 891-8377	<p>You may use any of the below mailing addresses:</p> <p>Regular Mail</p> <ul style="list-style-type: none">• Franklin Templeton P.O. Box 33030 St. Petersburg, FL 33733-8030 <p>Overnight</p> <ul style="list-style-type: none">• Franklin Templeton 100 Fountain Parkway N. St. Petersburg, FL 33716-1205