



**FRANKLIN
TEMPLETON**

Transfer on Death Registration Form

IMPORTANT INFORMATION:

- Use this form to designate or change your Transfer on Death (TOD) beneficiary(ies) on your existing Franklin Templeton mutual fund account(s) registered in your individual name or as joint tenants with rights of survivorship.
- Do NOT use this form to name beneficiaries for an IRA or other retirement plan for which Fiduciary Trust International of the South ("FTIOS") will be custodian. Please visit franklintempleton.com for the *Designation of Beneficiary Form*.

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: _____

1 ACCOUNT INFORMATION

Fund-account number(s) or Asset summary number(s): _____

Current registration of the applicable account(s) (include name(s) of all registered owner(s)): _____

State of residence of the registered owner(s) _____

Email address¹ _____

Primary phone number _____

Alternate phone number _____

2 INSTRUCTIONS

Select **ONE** of the following options:

- ☐ Designate a TOD beneficiary(ies) on the account(s) provided in Section 1.
- ☐ Change the previously designated TOD beneficiary(ies) on the account(s) provided in Section 1.

3 BENEFICIARY DESIGNATION

Complete sections 3A and 3B with your primary and contingent beneficiary designation.

- **The account owner(s) may NOT be listed as a beneficiary.**
- The total primary and contingent beneficiary allocation should EACH equal 100%.
- Benefits shall be divided equally among primary beneficiaries (or contingent beneficiaries), unless otherwise specified.
- This designation supersedes any prior beneficiary designations that you have made.
- No beneficiary (primary or contingent) will receive any shares prior to your death or the death of the last surviving joint tenant (if applicable).
- If a primary beneficiary does not survive you or the last surviving joint tenant (if applicable), their interest passes proportionately to the surviving primary beneficiaries, unless your state law 1) dictates a different application, or 2) expressly permits you to designate otherwise and you do so.
- Contingent beneficiaries will inherit as indicated ONLY IF all primary beneficiaries do not survive you or the last surviving joint tenant (if applicable).
- If no beneficiary survives you or the last surviving joint tenant (if applicable), the shares pass to your estate or the estate of the last surviving joint tenant (if applicable).
- Please note, upon your death, we have no obligation to contact your beneficiary(ies). Additionally, upon your death, if there is any question regarding your beneficiary designation, we reserve the right (but have no obligation) to request non-conflicting instructions from all designated beneficiaries regarding the disposition of the shares.
- If you are married and designate a primary beneficiary other than your spouse, you may need to obtain your spouse's consent. You should consult with a legal advisor regarding your beneficiary designation and whether your spouse's consent is necessary. *Franklin Templeton is not responsible for determining whether your spouse's consent is necessary.*
- **Note:** The name(s) of the TOD beneficiary(ies) will **not** appear on your account registration.

SEE NEXT PAGE FOR PRIMARY AND CONTINGENT BENEFICIARY DESIGNATION FIELDS

1. 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.

3A DESIGNATE YOUR PRIMARY BENEFICIARY(IES)

Name OR Name of Trust (trust date required mm/dd/yyyy)				Percentage %	
Social Security number	Date of birth (mm/dd/yyyy)	☐ Spouse	☐ Non-Spouse (Relationship to you)		
Street address	City	State	ZIP		

Name OR Name of Trust (trust date required mm/dd/yyyy)				Percentage %	
Social Security number	Date of birth (mm/dd/yyyy)	☐ Spouse	☐ Non-Spouse (Relationship to you)		
Street address	City	State	ZIP		

Name OR Name of Trust (trust date required mm/dd/yyyy)				Percentage %	
Social Security number	Date of birth (mm/dd/yyyy)	☐ Spouse	☐ Non-Spouse (Relationship to you)		
Street address	City	State	ZIP		

Name OR Name of Trust (trust date required mm/dd/yyyy)				Percentage %	
Social Security number	Date of birth (mm/dd/yyyy)	☐ Spouse	☐ Non-Spouse (Relationship to you)		
Street address	City	State	ZIP		

IF NAMING MORE THAN FOUR BENEFICIARIES, PROVIDE INFORMATION ON A SEPARATE SHEET.

TOTAL: 100%**3B DESIGNATE YOUR CONTINGENT BENEFICIARY(IES) (IF ANY)**

Name OR Name of Trust (trust date required mm/dd/yyyy)				Percentage %	
Social Security number	Date of birth (mm/dd/yyyy)	☐ Spouse	☐ Non-Spouse (Relationship to you)		
Street address	City	State	ZIP		

Name OR Name of Trust (trust date required mm/dd/yyyy)				Percentage %	
Social Security number	Date of birth (mm/dd/yyyy)	☐ Spouse	☐ Non-Spouse (Relationship to you)		
Street address	City	State	ZIP		

Name OR Name of Trust (trust date required mm/dd/yyyy)				Percentage %	
Social Security number	Date of birth (mm/dd/yyyy)	☐ Spouse	☐ Non-Spouse (Relationship to you)		
Street address	City	State	ZIP		

Name OR Name of Trust (trust date required mm/dd/yyyy)				Percentage %	
Social Security number	Date of birth (mm/dd/yyyy)	☐ Spouse	☐ Non-Spouse (Relationship to you)		
Street address	City	State	ZIP		

IF NAMING MORE THAN FOUR BENEFICIARIES, PROVIDE INFORMATION ON A SEPARATE SHEET.

TOTAL: 100%

BY SIGNING BELOW, I CERTIFY AND AGREE THAT:

- I hereby revoke any and all prior designations of a TOD beneficiary.
- I understand that designating a TOD beneficiary on my Franklin Templeton mutual fund account(s) may have certain tax and/or legal consequences. I hereby agree that neither the Franklin Templeton mutual funds nor their transfer agent, Franklin Templeton Investor Services, LLC ("FTIS"), is responsible for determining any tax and/or legal consequences concerning my decision to designate a TOD beneficiary on my mutual fund account(s). I also understand I should consult with my attorney and financial professional prior to completing this form to ensure a TOD registration meets my specific estate planning requirements.
- I also understand that I may change this TOD beneficiary designation at any time by submitting a new *Transfer on Death Registration Form*, or remove the designation by submitting new registration instructions, in proper form, to FTIS. To be effective, a beneficiary change must be received by FTIS prior to your death.
- Each of the undersigned hereby agrees to indemnify, defend and hold harmless FTIS, each investment company (mutual fund) serviced by FTIS, and their respective directors, trustees, officers and employees (each an "Indemnatee" and collectively "Indemnitees") from and against any and

all liability, loss, suits, claims, costs, damages and expenses of whatever amount and whatever nature, including without limitation reasonable attorneys' fees, any Indemnatee may sustain or incur as a result of the Indemnatee acting upon this Transfer on Death registration instruction, and maintaining, and ultimately distributing the assets in accordance with this instruction.

- If I am married and elect to designate a beneficiary other than my spouse, I should consult with my legal advisor as to any interest (community property, marital property, or otherwise) my spouse has or may have with respect to this mutual fund account and the effect of any such interest on this beneficiary designation.
- If I am married and elect to designate a primary beneficiary other than my spouse, my spouse consents to the beneficiary designation, if my spouse's consent is necessary.
- 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.

FRANKLIN TEMPLETON ACCOUNT OWNER(S) SIGNATURE(S)

All registered owners named in Section 1 must sign this form.

X _____	Date		X _____	Date	
Franklin Templeton Account Owner			Franklin Templeton Account Owner		

BEFORE YOU SUBMIT...

TO NAME A BENEFICIARY – 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).

SECTION 1

Information for the Account Owner(s) on the account:

- Fund-Account number(s) or Asset Summary number(s)
- Full first and last name
- Email address

SECTION 2

- Instructions

SECTION 3

Information for the Beneficiary(ies) on the account:

- The name, relationship and identifying information for the Beneficiary(ies)
- Percentages of Primary and Contingent Beneficiaries that equal to 100%

SECTION 4

- The signature of the Account Owner(s) and date signed

MAKE A PHOTOCOPY OF THE COMPLETED FORM FOR YOUR RECORDS

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

EMAIL	FAX	MAIL
• 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 reference in your email. Financial Professionals: ftrequests.us.franklintempleton@fisglobal.com Shareholders: shrequests.us.franklintempleton@fisglobal.com	(855) 891-8377	You may use any of the below mailing addresses: Regular Mail • Franklin Templeton P.O. Box 33030 St. Petersburg, FL 33733–8030 Overnight • Franklin Templeton 100 Fountain Parkway N. St. Petersburg, FL 33716–1205