

Non-Retirement Change of Ownership Form

IMPORTANT INFORMATION:

- Use this form to re-register or transfer an existing non-retirement account to a new registration. For request types not listed in Section A through C, please contact us for requirements.
- Do not use this form for retirement accounts for which Fiduciary Trust International of the South ("FTIOS") is the custodian or for Business accounts, including statutory trusts. Please visit franklintempleton.com for the correct form.
- IMPORTANT INFORMATION ABOUT PROCEDURES FOR CHANGING THE ACCOUNT OWNER.** Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who gains ownership of an account. What this means for you: if you become the Account Owner, we will ask for your name, address, date of birth and other information that will allow us to identify you. **If you fail to provide all requested information, it may delay or prevent us from changing the Account Owner, and if we are unable to verify the information you provide, we will revert to the prior Account Owner.**

REQUIREMENTS FOR ALL REQUESTS

- A separate form must be completed for each registration type.
- Any outstanding share certificates must be returned to Franklin Templeton through a traceable method of delivery (e.g., express, certified or registered mail).
- Account owner(s) must provide their signature(s) on page 10 in Section 11A.

SIGNATURE REQUIREMENTS

- Our signature requirements vary per request. To determine if additional documentation or a signature guarantee is required to process your request, please refer to Sections A through C.
- If a signature guarantee is required, please 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 copy of this form will not be acceptable.

HOW TO COMPLETE THIS FORM:

- Review Page 2 for the transfer instructions and requirements.
- Locate the specific scenario in the **Request Type** column.
- Provide the required document(s) and complete the applicable sections as specified in **What You Need to Do** column.
- Have the appropriate party(ies) sign as specified in **Who Must Sign** column.
- Refer to **Who MUST Get a Signature Guarantee** column for signature guarantee requirements.

SECTIONS THAT MUST BE COMPLETED

SECTION NUMBER AND TITLE	REQUIRED / OPTIONAL
1. Current Account Owner Information	Required
2. Instructions	Required
	<i>The required section may vary depending on the scenario. Refer to What You Need to Do column on Page 2.</i>
3. New Account Registration	Required
	<i>The required section may vary depending on the scenario. Refer to What You Need to Do column on Page 2.</i>
4. Electronic Delivery (eDelivery)	Optional
5. Online and Telephone Privileges	Optional
6. Bank Information for Electronic Services	Optional
7. Automatic Investment Plan	Optional
8. Selection of Cost Basis Method	Required
	<i>The required section may vary depending on the scenario. Refer to What You Need to Do column on Page 2.</i>
9. Dividend and/or Capital Gains Distribution Options	Optional
10. Broker-Dealer Use Only	Optional
11. Signature and Certification	Required
	<i>Account owner(s) must sign on page 10 in Section 11A.</i>
	<i>Bank owner(s) not on the Franklin Templeton account(s) must sign on page 11 in Section 11B.</i>

A TRANSFER INSTRUCTIONS AND REQUIREMENTS

Request Type	What You NEED to Do	Who MUST Sign	Who MUST Get a Signature Guarantee
ADD AN OWNER TO AN INDIVIDUAL OR JOINT ACCOUNT	<ul style="list-style-type: none"> Complete Sections 2C and 3A 	<ul style="list-style-type: none"> Current account owner(s) in Section 11A New account owner(s) in Section 11A 	<ul style="list-style-type: none"> Current account owner(s)
REMOVE A JOINT OWNER (NOT DUE TO DEATH OR DIVORCE)	<ul style="list-style-type: none"> Complete Sections 2C and 3A 	<ul style="list-style-type: none"> Current account owners in Section 11A 	<ul style="list-style-type: none"> Current account owners
TRANSFER AN INDIVIDUAL OR JOINT ACCOUNT TO A TRUST	<ul style="list-style-type: none"> Complete Sections 2A and 3B Provide a copy of the title, signature and trustee pages of the trust document 	<ul style="list-style-type: none"> Current account owner(s) in Section 11A Trustee(s) in Section 11A 	<ul style="list-style-type: none"> Current account owner(s) <p>Note: Not required if the trustee(s) are the exact same individuals as the current owner(s), and the authorized signer(s) and number of authorized signer(s) do not change upon re-registration and independent trustee authority is not requested on the trust shares</p>
ADD A CONSERVATOR/ GUARDIAN TO AN INDIVIDUAL OR JOINT ACCOUNT	<ul style="list-style-type: none"> Complete Sections 2A and 3B Provide a copy of the Letters of Conservatorship/ Guardianship certified within the last 120 days 	<ul style="list-style-type: none"> Conservator(s) or guardian(s) for the shareholder(s) in Section 11A Any joint owner(s) on the account in Section 11A 	<ul style="list-style-type: none"> Conservator(s) or guardian(s) for the shareholder(s) Any joint owner(s) on the account <p>Note: Not required if only designating a conservator/guardian on the existing registration</p>

B DIVORCE

Request Type	What You NEED to Do	Who MUST Sign	Who MUST Get a Signature Guarantee
TRANSFER A JOINT ACCOUNT DUE TO DIVORCE	<p>Each account owner must complete a separate form:</p> <ul style="list-style-type: none"> Complete Section 2D Complete Section 3A, if you are receiving assets 	<ul style="list-style-type: none"> Current account owners in Section 11A New account owner(s) in Section 11A 	<ul style="list-style-type: none"> EACH current account owner

C DEATH OF AN ACCOUNT OWNER OR TRUSTEE

Request Type	What You NEED to Do	Who MUST Sign	Who MUST Get a Signature Guarantee
TRANSFER AN ACCOUNT(S) TO AN ESTATE (PROBATED ESTATE) DUE TO THE DEATH OF AN ACCOUNT OWNER	<ul style="list-style-type: none"> Complete Sections 2A and 3B Provide a copy of EACH of the following documents: <ul style="list-style-type: none"> Letters Testamentary dated within the last 180 days Death certificate for the deceased owner Inheritance Tax Waiver or Consent to Transfer (if applicable) 	<ul style="list-style-type: none"> Executor(s) in Section 11A 	<ul style="list-style-type: none"> Executor(s) <p>Note: Not required if the deceased owner's shares transfer to the estate only</p>
REMOVE A JOINT OWNER DUE TO DEATH (WITH RIGHTS OF SURVIVORSHIP)	<ul style="list-style-type: none"> Complete sections 2C and 3A Provide a copy of EACH of the following documents: <ul style="list-style-type: none"> Death certificate for the deceased owner Inheritance Tax Waiver or Consent to Transfer (if applicable) 	<ul style="list-style-type: none"> Surviving owner(s) in Section 11A New account owner(s) in Section 11A, if applicable 	<ul style="list-style-type: none"> Surviving owner(s) <p>Note: Not required if shares pass exclusively to the surviving joint owner(s)</p>
TRANSFER TO THE TRANSFER ON DEATH (TOD) BENEFICIARY(IES) DUE TO THE DEATH OF AN ACCOUNT OWNER	<p>Each beneficiary must complete their own form:</p> <ul style="list-style-type: none"> Complete sections 2B and 3A Provide a copy of EACH of the following documents: <ul style="list-style-type: none"> Death certificate for the deceased owner Inheritance Tax Waiver or Consent to Transfer (if applicable) 	<ul style="list-style-type: none"> Beneficiary in Section 11A 	<ul style="list-style-type: none"> EACH beneficiary
TRANSFER TRUST ACCOUNT(S) DUE TO THE DEATH OF A TRUSTEE(S)	<ul style="list-style-type: none"> Complete Sections 2A and 3B Provide a copy of EACH of the following documents: <ul style="list-style-type: none"> Death certificate(s) for the deceased trustee(s) Title, signature and successor trustee pages of the trust document Inheritance Tax Waiver or Consent to Transfer (if applicable) 	<ul style="list-style-type: none"> Successor Trustee(s) in Section 11A 	<ul style="list-style-type: none"> Successor Trustee(s) Signature(s) must be NOTARIZED if transferring the assets to the successor trustee(s) only Signature(s) must be GUARANTEED, if: <ul style="list-style-type: none"> Selling shares or Transferring shares to a new registration or The value of the account(s) is \$250,000 or more <p>Note: Signature guarantee or notary ISN'T REQUIRED when the assets remain under the original trust and the surviving trustee(s) is the successor trustee(s)</p>

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 CURRENT ACCOUNT OWNER(S) INFORMATION

First name	M.I.	Last name	Suffix	SSN/ITIN
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First name	M.I.	Last name	Suffix	SSN/ITIN
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2 INSTRUCTIONS

Complete the applicable section below for the type of transfer you are requesting.

- **If you are subsequently liquidating, provide liquidation instructions in Section 2E.**
- If you are liquidating and do not indicate where to send the proceeds in Section 2E, we will send the proceeds electronically to the bank account you provide in Section 6.
- If you do not provide bank information or an alternate distribution option in Section 2E, we will send the proceeds by check to the mailing address provided in Section 3.

NOTE: All current account options are canceled when transferring to a new registration. To re-establish account options, you will need to submit an *Account Options Form*.

2A TRUST, ESTATE, GUARDIANSHIP OR CONSERVATORSHIP

Transfer to conservatorship/guardianship
 Transfer to trust/estate
 Transfer to trust/estate and subsequently to beneficiaries/new registration(s): *Account Application REQUIRED* for each new account owner

BENEFICIARY'S NAME

_____	_____	%
_____	_____	%
_____	_____	%
_____	_____	%

IF MORE THAN FOUR BENEFICIARIES, PROVIDE INFORMATION IN SECTION 2F.

2B TRANSFER TO THE TRANSFER ON DEATH (TOD) BENEFICIARY(IES) DUE TO THE DEATH OF AN ACCOUNT OWNER

- A separate form is required for each beneficiary.
- To determine if the TOD designation on file has predesignated percentages, call us at (866) 821-7519.

Transfer inherited amount to beneficiary

Predesignated percentages
 Without predesignated percentage

NOTE: Each beneficiary must provide consistent instructions below how to divide the shares between the TOD beneficiaries. The request will be processed once we receive instructions from all beneficiaries.

BENEFICIARY'S NAME¹

_____	_____	%
_____	_____	%
_____	_____	%
_____	_____	%

IF MORE THAN FOUR BENEFICIARIES, PROVIDE INFORMATION IN SECTION 2F.

2C ADDING/REMOVING A JOINT OWNER

Transfer to a new registration
 Transfer to a new registration and add/update a TOD Beneficiary: *Transfer on Death Registration Form REQUIRED*

1. If the individual beneficiary's name does not match our records, a copy of the court document that authorizes the name change is required. If the name change is due to marriage, a copy of the document evidencing marriage issued by the appropriate city, county or state governmental body is acceptable. A document evidencing marriage issued by a church or other entity is not acceptable. Alternatively, the individual beneficiary may complete the *Notification of Legal Name Change Form*.

2 INSTRUCTIONS (cont'd.)**2D DIVORCE**

Provide the recipient's name or existing account number(s) and percentage(s) below. Percentages must equal 100%.

NOTE: Each account owner must provide consistent instructions below how to divide the shares. If additional instructions are needed, complete Section 2F.

RECIPIENT'S NAME OR EXISTING ACCOUNT NUMBER

		%
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		%
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IF MORE THAN TWO RECIPIENTS, PROVIDE INFORMATION IN SECTION 2F.

2E LIQUIDATION INSTRUCTIONS

Choose only ONE option below.

OPTION 1

Balance of all accounts

Send to:	Bank account (see Section 6)	Mailing address (see Section 3)	Alternate address (see below)
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OR

OPTION 2**RECIPIENT'S NAME OR EXISTING ACCOUNT NUMBER**

	\$	OR	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	OR	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	OR	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	OR	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Send to:	Bank account (see Section 6)	Mailing address (see Section 3)	Alternate address (see below)
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ALTERNATE MAILING ADDRESS

- A signature guarantee is REQUIRED for a distribution to an alternate mailing address.
- If distributing to multiple alternate payees and/or mailing addresses, complete Section 2F.

Payee Name

Address	City	State	ZIP
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2F ALTERNATE INSTRUCTIONS

Provide alternate instructions in the space provided below. *I (We), the undersigned, hereby request the following:*

IF MORE SPACE IS REQUIRED, PROVIDE ADDITIONAL INSTRUCTIONS ON A SEPARATE SHEET.

Required for each account owner or individual(s) authorized to transact business for the account: Full name, Social Security Number (or ITIN),² date of birth and street address (include any APT., BLDG., STE. number).

- **TOD BENEFICIARY, INDIVIDUAL OWNER, or JOINT ACCOUNT** – complete **Section 3A** below.
- **TRUST, ESTATE, GUARDIANSHIP or CONSERVATORSHIP** – complete **Section 3B** on page 6.

3A INDIVIDUAL OR JOINT ACCOUNT

If more than one owner, "joint tenants with rights of survivorship" is assumed unless otherwise specified.

OWNER

First name	M.I.	Last name	Suffix	SSN/ITIN	Date of birth (mm/dd/yyyy)
Street address of residence (no P.O. Box address)		City	State	ZIP	
Mailing address (if different from street address)		City	State	ZIP	
Email address ³	Primary phone number ()			Alternate phone number ()	

US citizen Resident alien Nonresident alien

If you are a **Nonresident alien**, please indicate your country of citizenship and country of tax residence.

Country of citizenship

Country of tax residence

JOINT OWNER (optional)

First name	M.I.	Last name	Suffix	SSN/ITIN	Date of birth (mm/dd/yyyy)
Street address of residence (if different from above – no P.O. Box address)		City	State	ZIP	
Mailing address (if different from street address)		City	State	ZIP	
Primary phone number ()				Alternate phone number ()	
<input type="checkbox"/> US citizen <input type="checkbox"/> Resident alien <input type="checkbox"/> Nonresident alien					
If you are a Nonresident alien , please indicate your country of citizenship and country of tax residence.	Country of citizenship			Country of tax residence	

(SEE NEXT PAGE FOR TRUST, ESTATE, GUARDIANSHIP OR CONSERVATORSHIP)

2. You must provide your US Taxpayer Identification Number (TIN); a TIN includes the SSN, ITIN, ATIN and EIN. If you have never been issued a US TIN and are not a US citizen, in place of a US TIN please send us a copy of one of the following items: a resident alien ID card, a current passport, a current foreign government-issued ID card, or other document evidencing nationality or residence that bears a photograph. If any document offered by non-US persons is unfamiliar and cannot be authenticated by reasonable means, the account will not be opened. Refer to Section 11A for additional certification requirements applicable to each registered owner.

3. 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 NEW ACCOUNT REGISTRATION (cont'd.)

3B TRUST, ESTATE, GUARDIANSHIP OR CONSERVATORSHIP

- **REQUIRED:** Documents supporting the existence of the trust, estate, guardianship or conservatorship (e.g., a copy of the title, signature and trustee pages of the trust document, letters of conservatorship, letters of guardianship or letters testamentary).
- The account(s) will be reported under the SSN, ITIN or EIN for the trust or estate.
- A trust cannot report under a deceased trustor's SSN.

TRUST ESTATE GUARDIANSHIP CONSERVATORSHIP

Name of Trust and Trust Date OR Estate OR Ward/Conservatee

SSN OR EIN

Ward/Conservatee
Date of birth (mm/dd/yyyy)

Name of Trustee OR Executor OR Guardian/Conservator

First name M.I. Last name

Suffix SSN/ITIN

Date of birth (mm/dd/yyyy)

Street address of entity (no P.O. Box address)

City

State ZIP

Mailing address of entity (if different from street address)

City

State ZIP

Email address⁴

Primary phone number

Alternate phone number

Name of additional Trustee OR Executor OR Guardian/Conservator

First name M.I. Last name

Suffix SSN/ITIN

Date of birth (mm/dd/yyyy)

Street address (if different from above)

City

State ZIP

Primary phone number

Alternate phone number

4 ELECTRONIC DELIVERY (eDELIVERY)

To receive your statements, notifications⁵ 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 3.**

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, notifications⁵ and tax documents to your mailing address.

5 ONLINE AND TELEPHONE PRIVILEGES

You and your financial professional automatically have the convenience of Online and Telephone Exchange and Redemption Privileges unless you check below. If bank information is provided in Section 6, you and your financial professional have the convenience of Online and Telephone Purchases and Redemptions via electronic funds transfer, UNLESS you check below. You cannot opt out of telephone privileges and opt in for online privileges, or vice versa. Review your prospectus for a discussion of these privileges.

- I do **NOT** want Online and Telephone Exchange Privileges.
- I do **NOT** want Online and Telephone Redemption Privileges (if you decline this privilege, the Online and Telephone Purchase Privileges will not be available).
- I do **NOT** want Online and Telephone Purchase Privileges (if you decline this privilege and accept the Online and Telephone Redemption Privileges, redemptions will only be available by check).

4. 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.

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

BANK INFORMATION FOR ELECTRONIC SERVICES

Please establish electronic transfers to or from my bank account. 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.

- 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 11B.

- 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.

Select ONE of the following options:

Use my pre-established bank information currently on the account(s).
 Use my enclosed letter from my bank.
 Use my enclosed preprinted voided check.

Use my enclosed preprinted checking deposit slip.
 Use my enclosed preprinted savings deposit slip.

Bank routing number (9 digits) Bank account number

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AUTOMATIC INVESTMENT PLAN

Complete this section to establish/change an automatic investment plan directly FROM a bank account TO your Franklin Templeton fund account(s).

- These automatic investment plan instructions will replace the current automatic investment plan instructions for any existing account(s) identified below.
- \$25 investment minimum per fund.
- If 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.

Select your automatic investment plan instructions:

Keep the automatic investment plan instructions currently on the account(s).

OR

Specify a different start month, frequency and investment date(s) for only the funds or accounts listed below.

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

Mutual fund companies, such as Franklin Templeton, are required to provide cost basis information to both shareholders and the Internal Revenue Service (IRS) when mutual fund shares are exchanged or redeemed. Please indicate your cost basis method choice below:

8A COST BASIS METHOD (select one)

Average Cost Method (ACM): The calculation of an average cost for all shares in the account. Any shares exchanged or redeemed using ACM will be in First In, First Out (FIFO) order.

Specific Share Identification (SSI): Specific shares are identified to be exchanged or redeemed at the time of the transaction. With SSI, you may also provide standing instructions regarding the order in which shares will be exchanged or redeemed:

Standing Lot Relief Order (select one)

First In, First Out (FIFO) Last In, First Out (LIFO) Highest In, First Out (HIFO) Lowest In, First Out (LOFO)

If you do not select a method by the time of the first exchange or redemption, the transaction will be processed using Franklin Templeton's default method of Average Cost, with FIFO as the lot relief order.

For additional information on cost basis, please visit franklintempleton.com/costbasis. You may want to consult your tax advisor to determine which cost basis method is best for you.

8B DEATH (INHERITANCE)

- You may want to consult your tax advisor to determine which cost basis method is best for you.

- If shares are transferred to a new account, the current cost basis method does **not** automatically carry over from the original account. Please select your cost basis method in Section 8A.
- If shares are transferred to an estate, beneficiary or trust where all grantors are deceased, the basis is generally adjusted to the fair market value price on the decedent's date of death.

- If shares are held in a joint tenant account or grantor trust⁶ account with more than one grantor, the registered owners were spouses, and resided in a non-community property state,⁷ the basis is generally updated to half of the surviving spouse's original basis plus half of the decedent's basis adjusted to the fair market value price on the decedent's date of death.
- If shares are held in a joint tenant account or grantor trust⁶ account with more than one grantor, the registered owners were not spouses, or were spouses that resided in a community property state,⁷ the basis is generally not adjusted unless alternate instructions are provided below.

Complete the fields below if you would like the basis of any shares acquired prior to the decedent's date of death to be adjusted to the fair market value price on the decedent's date of death or an alternate valuation date.

Decedent's First name	M.I.	Last name	Suffix	Date of death (required) (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>				
Alternate valuation date (optional) (mm/dd/yyyy) <input type="text"/>				

For joint account owners or grantor trust⁶ accounts with more than one grantor, indicate your relationship to the decedent: Spouse Non-Spouse

6. A grantor trust is generally created for the benefit of the grantor(s) and is reported under the grantor's Social Security Number (SSN) during the lifetime of the grantor(s).
7. Community Property states include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington and Wisconsin.

All dividends and/or capital gains will be reinvested in additional shares of the same fund unless you provide other instructions below.

- 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.

- 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.
- If you would like to direct payments from one fund-account to multiple accounts, attach separate instructions.

Select your dividend and/or capital gains distribution options:

Keep the dividend and/or capital gains distribution options currently on the account(s).

OR

Check only ONE option for each:

Dividends Reinvest Pay in cash Direct to my Franklin Templeton account number

Capital Gains Reinvest Pay in cash Direct to my Franklin Templeton 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 6 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 option above, we will send the proceeds to you by check, to your mailing address.

10 BROKER-DEALER USE ONLY

IMPORTANT: At the time the new account is established, the broker-dealer of record on the account(s) will be carried over to the new account(s).

If the new account owner(s) wishes to remove or change this broker-dealer, the new account owner(s) must indicate to remove the existing broker-dealer or have their new broker-dealer complete the information below.

I do **NOT** want a broker-dealer on my account.

This request complies with the terms of our selling agreement with Franklin Distributors, LLC ("Distributors") and with the current prospectus(es) for the fund(s) of the existing account(s). We agree to notify Distributors of any purchases of shares which may be eligible for reduced or eliminated charges.

This section must be signed by a FINRA registered principal of the firm for the listed securities dealer.

SECURITIES DEALER

Dealer name

Broker identification number

FINANCIAL PROFESSIONAL

First name, middle initial, last name

Suffix Telephone number

Email address

Dealer number

Branch number

Financial professional number

Branch address

City

State

ZIP

Title

X

Authorized signature (Registered Principal for the Securities Dealer listed above)

11A ACCOUNT OWNER(S) SIGNATURE(S) ONLY

BY SIGNING I CERTIFY AND AGREE THAT:

- The information provided on this form is true, correct and complete. You may verify this information with others, including third-party credit reporting agencies and databases and US and/or foreign government agencies, and if you are unable to verify my information, you are authorized to close my account by redeeming shares at the then applicable net asset value.
- I have full authority and am of legal age (or an emancipated minor) to buy and sell shares.
- The information in this form pertaining to account ownership and account options, as well as the Broker Dealer information, applies to any new fund into which my shares may be exchanged.
- When I call you regarding my shares and account(s) the telephone conversation may be recorded.
- If the account(s) established with this form is/are registered as a trust, any one trustee acting alone has the ability to perform online or telephone transactions.
- 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 6 of this form, I certify that my signature alone is sufficient to authorize debits from the bank account.
- You are authorized to provide any information about my account(s) to my broker-dealer or financial professional, and my broker-dealer or financial professional is authorized to provide any information about my account(s) to you.
- I will review all account statements and written notifications after each transaction affecting my account upon receipt, and will notify you immediately if there is a discrepancy.

- My property may be transferred to the appropriate state if no activity/communication occurs in the account within the time period specified under my state's unclaimed property laws.

I understand that mutual fund shares are not deposits or obligations of, or guaranteed or endorsed by, any bank, and are not federally insured by the Federal Deposit Insurance Corporation, the Federal Reserve Board, or any other agency of the US government, and that an investment in mutual fund shares involves risks, including the possible loss of principal.

For US Citizens and Resident Aliens

I CERTIFY UNDER PENALTIES OF PERJURY THAT:

- The TIN provided in this form is my correct TIN, and
- I am NOT subject to backup withholding because I am exempt from backup withholding, I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding (*cross out this item 2 if you are subject to backup withholding*), and
- I am a US citizen or other US person (including a US resident alien), and
- I am exempt from FATCA reporting.

Note: In general, resident aliens are lawful permanent residents ("green card" holders), or those persons that meet the requirements of the substantial presence test.

The IRS does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Non-US Persons: Please submit IRS Form W-8 with this form to certify your status as a foreign person and claim applicable tax treaty benefits if you are not a US person (e.g., a nonresident alien individual, foreign trust or foreign estate). For joint accounts, a Form W-8 BEN is required for each non-US person. You may obtain Form W-8 BEN on the IRS website at IRS.gov or call Franklin Templeton at (800) 632-2301 [or call collect from outside the US to (414) 341-2196] with any questions.

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

Date

Franklin Templeton Account Owner

**IF REQUIRED, PLACE NOTARY STAMP/SEAL, SIGNATURE GUARANTEE
or MEDALLION GUARANTEE STAMP HERE.**

Date

Franklin Templeton Account Owner

**IF REQUIRED, PLACE NOTARY STAMP/SEAL, SIGNATURE GUARANTEE
or MEDALLION GUARANTEE STAMP HERE**

Date

Franklin Templeton Account Owner

**IF REQUIRED, PLACE NOTARY STAMP/SEAL, SIGNATURE GUARANTEE
or MEDALLION GUARANTEE STAMP HERE**

- If required, have the form notarized by a Notary Public on page 11.
- If required, have each signature separately 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). **A notary public cannot provide a signature guarantee.**
- If more than three signatures are required, include and sign an additional page 10.

11B BANK ACCOUNT OWNER(S) SIGNATURE(S) ONLY.

Account Owner(s) signatures are REQUIRED on page 10.

Any bank account owner who is not an owner of the Franklin Templeton Fund account must sign below.

<input checked="" type="checkbox"/>	Date	<input checked="" type="checkbox"/>	Date
Bank Account Owner Signature		Bank Account Owner Signature	

IF REQUIRED, PLACE NOTARY STAMP/SEAL.

IF REQUIRED, PLACE NOTARY STAMP/SEAL.

(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.
(Signature of Notary Public)

Important Information

Householding of Prospectuses and Fund Reports Notice:

- To help reduce fund expenses, we identify shareholders of a fund who are part of the same family (same last name and share same address) so that the household receives only one copy of these documents. This process is called "householding" and automatically takes effect 60 days after an account is opened.
- You can opt-out of householding at any time by calling Shareholder Services at (800) 632-2301. We will stop householding within 30 days of your opt-out request and begin sending individual copies of these documents to each investor.

Privacy Policy: You may view our policy on our website at franklintempleton.com/help/privacy-policy

Business Continuity Policy: You may view our policy on our website at franklintempleton.com/help/business-continuity

BEFORE YOU SUBMIT...

TO RE-REGISTER OR TRANSFER AN ACCOUNT – 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 3 (if you were provided with one).

SECTION 1

- Current Account Owner's Information

SECTION 2

- Transfer instructions
- Transfer amount and delivery method (if applicable)

SECTION 3

Information for the new Account Owner(s):

- Full first and last name
- Street address (include any APT, BLDG, STE number)
- Social Security number/ITIN
- Date of birth
- Email address

SECTION 4

- eDelivery options

SECTION 6

- Pre-printed voided check, savings deposit slip or letter from your bank on the bank's letterhead

SECTION 7

- Fund name(s)
- Amount, start month, frequency and investment date for each

SECTION 8

- Cost basis method for the account(s)

SECTION 11

- The signature(s) of the Account Owner(s) and date signed in Section 11A
- The signature(s) of the Bank Account Owner(s) and date signed in Section 11B (if applicable)

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
<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 (866) 821-7519 to request a reference ID to include in your email.• Digital communication channels are not necessarily secure. If you do choose to send confidential or sensitive information to us via digital communication channels (e.g., email, chat, text messaging, fax), you are accepting the associated risks related to potential lack of security, such as the possibility that your confidential or sensitive information may be intercepted/accessible by a third party and subsequently used or sold.	(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

Financial Professionals: ftrequests.us.franklintempleton@fisglobal.com

Shareholders: shrequests.us.franklintempleton@fisglobal.com