

email address on file.

Investment Advisor Representative (IAR / RIA) Form

Use this form to authorize an Investment Advisor Representative (IAR) to have access to your account and to act on your behalf. DO NOT use this form for 529 accounts.

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

1 ACCOUNT INFORMATION						
ACCOUNT OWNER NAME(S)						
First name		M.I. Last name				Suffix
Street address of residence (no P.O. Box addr	ess)	City		State	ZIP	
Email address ¹		Primary phone n	number	Alternate p	hone number	
		()		()		
First name	ı	M.I. Last name				Suffix
Street address of residence (no P.O. Box addr	ess)	City		State	ZIP	
Primary phone number	Alternate phone	number	ı			
()	()					
FUND-ACCOUNT NUMBERS Provide your fund-account number(s) OR your	asset summary number(s):					
riovide your rand decount number (5) on your	asset summary mamber(s).					
I						
DUPLICATE STATEMENTS	to the Investment Advisor	Pagracantativa (IAP) dos	ignated within this f	form		
	to the Investment Advisor	Representative (IAR) des	ignated within this f	form.		
☐ I authorize duplicate statements to be sent		Representative (IAR) des	ignated within this f	form.		
I authorize duplicate statements to be sent DUALLY REGISTERED INVESTMENT ADVIS	OR REGISTRATION			form.		
I authorize duplicate statements to be sent DUALLY REGISTERED INVESTMENT ADVIS Complete the below fields with the dually recommendation.	OR REGISTRATION		(2) information.		mbar	
I authorize duplicate statements to be sent DUALLY REGISTERED INVESTMENT ADVIS	OR REGISTRATION		(2) information.	form. tive IARD/CRD nu	mber	
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DUALLY REGISTERED INVESTMENT ADVIS Complete the below fields with the dually respective firm name Representative firm name Representative email address Dealer number ² Branch address By signing below, I certify that the investment and U.S. Securities and Exchange Commission or a st; and (iii) assumes all responsibility for, and he	OR REGISTRATION egistered Investment Adv Branch number ² dvisor firm listed in this Sectstate regulatory agency (as a reby indemnifies and holds)	isor Representative (IAR M.I. Last name City tion 2: (i) is an appointed r pplicable); (ii) is providing harmless Franklin Templet	R) information. Representa () Telephone r () Representa	number State I advisor with a curl services to the accident of the accident	ZIP rent Form AD\ ount owner(s) rom any respo	V filed with the listed in Sectonsibility or

2. For dually registered advisors applying an existing Franklin Templeton representative profile to the account.

Complete the below fields with the independent registered	Investment Advisor R	epresentative (IAR) ir	formation.		
Representative firm name					
Representative first name	M.I.	Last name			Suffix
Representative email address			Telephone number		
Address		City		State ZIP	
By signing below, I certify that the advisor listed in this Section regulatory agency (as applicable); (ii) is providing investment hereby indemnifies and holds harmless Franklin Templeton a instruction issued by the Investment Advisor Representative I	advisory services to the	ne account owner(s) list pleton Fund from any	ted in Section 1; and (iii) responsibility or liability fo	assumes all responsibility	for, and
Authorized Signature, Investment Advisor Representative					
4 SIGNATURE(S)					
The Investment Advisor Firm and Investment Advisor Represerspect to the account(s) listed in Section 1, to have access to authorized and directed to follow the instructions of RIA with redemptions for such account(s) and to deduct from such acceptanklin Templeton to further verify that such fees are in fact Fund from any responsibility or any liability for any action take FRANKLIN TEMPLETON ACCOUNT OWNER(S) OR AUTHORIZED STATES	to such account(s), an respect to such account(s) fees RIA repri due and payable. I he en in reliance on an in	d to act on my behalf unt(s), including but n esents to Franklin Tem ereby indemnify and h	with respect to such according the limited to, instructions pleton to be due and payabld harmless Franklin Tem	unt(s). Franklin Templeton to make fund purchases ar able to RIA, without any ob apleton and each Franklin T	is hereby id ligation by
x	Date	x		Date 	
Signature		Signature			
Print Name		Print Name			
IF REQUIRED, PLACE NOTARY STAMP/SEAL HERE		IF REQUIRED, PLACE N	DTARY STAMP/SEAL HERE		
(For use by Notary Public Only)					
On	ame of Notary Public			personally appea	ired
Name(s) of Signer(s)					
who proved to me on the basis of satisfactory evidence to be he/she/they executed the same in his/her/their authorized cabehalf of which the person(s) acted, executed the instrumer	pacity(ies), and that			_	
I certify under PENALTY OF PERJURY under the laws of N	lame of state in which	n Notary is licensed	that the foregoing para	agraph is true and correct.	
WITNESS my hand and official seal. X					
(Signature of Notar	y Public)				

INDEPENDENT REGISTERED INVESTMENT ADVISOR REGISTRATION

This page is left intentionally blank.

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 case number(s) to be accepted. 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/accessed by a third party and subsequently used or sold. If you have not been registered on franklintempleton.com for at least 15 calendar days, call (866) 821-7514 to request a case number 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 33033 St. Petersburg, FL 33733–8033 Overnight Franklin Templeton 100 Fountain Parkway N. St. Petersburg, FL 33716–1205					