



**FRANKLIN  
TEMPLETON**

# Trusted Contact Person Form

## IMPORTANT INFORMATION:

- Do **NOT** use this form if a broker dealer/financial professional is listed on the account.
- **Naming a Trusted Contact Person is optional.**
- Franklin Distributors, LLC ("FD, LLC") is providing this form to enable each account owner to designate a Trusted Contact Person for accounts with FD, LLC. Only an account that lists FD, LLC is eligible to designate a Trusted Contact Person.
- The trusted contact person is intended to be a resource for FD, LLC in administering your account, protecting assets, and responding to possible financial exploitation. FD, LLC and/or Franklin Templeton Investor Services, LLC ("FTIS"), transfer agent for the Franklin Templeton mutual funds, could contact your Trusted Contact Person and disclose information about your account(s) as described in the signature section below.
- This designation will apply to all your accounts with FD, LLC.
- You must sign and date this form for your designation to be accepted.

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

If applicable, provide any Franklin Templeton CASE NUMBER(S) related to your request: \_\_\_\_\_

## 1 ACCOUNT INFORMATION

Fund-account number(s)

_____	_____
_____	_____

### Account Owner

First name	M.I.	Last name	Suffix
_____	_____	_____	_____
Email address <sup>1</sup>	Primary phone number	Alternate phone number	
_____	( )	( )	

## 2 TRUSTED CONTACT PERSON

- A registered owner of the account(s) **cannot** be designated as a Trusted Contact Person.
- The Trusted Contact Person must be at least age 18.
- Only one Trusted Contact Person may be listed per form.
- To designate multiple Trusted Contact Persons, use additional forms.

☐ Check this box if this *Trusted Contact Person Form* is being submitted to replace a prior designation you have made.

First name	M.I.	Last name	Suffix
_____	_____	_____	_____
Mailing address	City	State	ZIP
_____	_____	_____	_____
Email address	Primary phone number	Alternate phone number	
_____	( )	( )	

Relationship to Account Owner (e.g., daughter, spouse, father, etc.): \_\_\_\_\_

## 3 ACCOUNT OWNER SIGNATURE

### BY SIGNING I CERTIFY AND AGREE THAT:

- I designate the above individual as a Trusted Contact Person on my FD, LLC account(s).
- I confirm the Trusted Contact Person is at least age 18.
- I understand FD, LLC and/or FTIS are not required to contact the Trusted Contact Person(s).
- I understand the completion of this form is optional and I may withdraw it at any time by notifying FTIS in writing.
- I authorize FD, LLC and/or FTIS to contact the Trusted Contact Person and disclose information about my account(s) to address possible financial exploitation, to confirm the specifics of my current contact information, health status, or the identity of any legal guardian, executor, trustee, or holder of a power of attorney, or as otherwise permitted by Financial Industry Regulatory Authority Rule 2165 (Financial Exploitation of Specified Adults).

### FRANKLIN TEMPLETON ACCOUNT OWNER SIGNATURE ONLY

X \_\_\_\_\_ Date \_\_\_\_\_

Franklin Templeton Account Owner

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.

BEFORE YOU SUBMIT...

DID YOU PROVIDE?

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

<b>SECTION 1</b> <input type="checkbox"/> Account number(s)  Information for the Account Owner: <input type="checkbox"/> Full first and last name <input type="checkbox"/> Email address <input type="checkbox"/> Phone number	<b>SECTION 2</b> Information for the Trusted Contact Person: <input type="checkbox"/> Full first and last name <input type="checkbox"/> Mailing address <input type="checkbox"/> Email address <input type="checkbox"/> Phone number <input type="checkbox"/> Relationship to the Account Owner
	<b>SECTION 3</b> <input type="checkbox"/> The signature of the Account Owner and date signed

MAKE A PHOTOCOPY OF THE COMPLETED FORM FOR YOUR RECORDS

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