



IMPORTANT INFORMATION:

- **You or your financial professional can now open certain new accounts online. Visit franklintempleton.com for more details.**
- Use this application to open a Traditional IRA, Roth IRA, Rollover IRA or Roth Conversion IRA with Fiduciary Trust International of the South ("FTIOS") as custodian. To establish systematic distributions, you must also complete the *IRA Distribution Request Form* found on franklintempleton.com.
- **IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT.** To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means for you: When you open an account, 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 opening an account and making your requested investment(s), and if after your account is open we are unable to verify the information you provide, we may close your account.**

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 TYPE OF IRA

- Select one or more IRA types below.
- **If you are opening multiple IRA types, please attach instructions detailing the contribution amount and allocation instructions for each account.**
- If you are opening an inherited beneficiary IRA, please also complete Section 2B in addition to the rest of this application.

| | | | |
|------------------------------------------|----------------------------------------------|------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Traditional IRA | <input type="checkbox"/> Roth IRA | <input type="checkbox"/> Beneficiary Traditional IRA | <input type="checkbox"/> Beneficiary Roth IRA |
| <input type="checkbox"/> Rollover IRA | <input type="checkbox"/> Roth Conversion IRA | <input type="checkbox"/> Beneficiary Rollover IRA | <input type="checkbox"/> Beneficiary Roth Conversion IRA |

2 ACCOUNT OWNER INFORMATION

Required for account owner: Full name, Social Security number (or ITIN),¹ date of birth and street address (include any APT., BLDG., STE. number).

2A FOR ALL ACCOUNTS

| | | | | | |
|---------------------------------------------------|----------------------|----------------------|------------------------|----------------------|----------------------------|
| First name | M.I. | Last name | Suffix | SSN/ITIN | Date of birth (mm/dd/yyyy) |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Street address of residence (no P.O. Box address) | | | City | State | ZIP |
| <input type="text"/> | | | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Mailing address (if different from above) | | | City | State | ZIP |
| <input type="text"/> | | | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Email address ² | Primary phone number | | Alternate phone number | | |
| <input type="text"/> | <input type="text"/> | | <input type="text"/> | | |

☐ 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 |
| <input type="text"/> | <input type="text"/> |

2B FOR BENEFICIARY IRA (INHERITED)

- **Complete this section only if you will transfer or roll over funds in an inherited or beneficiary retirement account from another institution.** If you have inherited a retirement account for which FTIOS is custodian, please complete the *Beneficiary Distribution Request Form* available at franklintempleton.com.
- **In addition to the information below, please provide:**
 1. **Copy of the death certificate.**
 2. **Documentation confirming the beneficiary of the decedent's assets you will transfer or roll over.** Documentation may include a copy of a statement from the current custodian/trustee that names the beneficiary, a copy of the original application or beneficiary designation, or a letter from the current custodian/trustee.

Decedent's name

| | | | | |
|---------------------------------------|----------------------|---------------------------------------------------------------------|----------------------|----------------------|
| First name | M.I. | Last name | Suffix | SSN/ITIN |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Decedent's date of birth (mm/dd/yyyy) | | Relationship to deceased (choose one) | | |
| <input type="text"/> | | <input type="checkbox"/> Spouse <input type="checkbox"/> Non-spouse | | |

1. 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 13 for additional certification requirements applicable to the registered owner.

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.

(continued)

Questions? Contact your financial professional, visit franklintempleton.com or call us at (800) 527-2020.

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This designation will apply to all investments maintained in the IRA custodial account opened with this application. Please provide both a primary and contingent beneficiary designation.

- The total primary and contingent beneficiary allocation should EACH equal 100%.
- If no beneficiary is designated, your beneficiary shall be your spouse or, if you have no surviving spouse, your estate. Contingent beneficiaries will inherit as indicated ONLY IF all primary beneficiaries do not survive you.
- Benefits shall be divided equally among primary beneficiaries (or contingent beneficiaries), unless otherwise specified.
- If you are married and designate someone other than your spouse as your primary beneficiary, 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. *The Custodian is not responsible for determining whether your spouse's consent is necessary.*
- If you name your spouse as a primary or contingent beneficiary and you later divorce, that designation is automatically revoked and invalid upon your death, unless after your divorce you affirmatively elect to name your former spouse as your non-spouse beneficiary.

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

3A DESIGNATE YOUR PRIMARY BENEFICIARY(IES)

Primary Beneficiary(ies) will receive benefits upon your death. If no Primary Beneficiary(ies) survives you, benefits will be distributed to the Contingent Beneficiary(ies) as listed in Section 3B.

| | | | | | |
|-------------------------------------------------------------------|-------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------------|------------|--|
| Name OR Name of Trust (trust date required mm/dd/yyyy) | | | | Percentage | |
| | | | | % | |
| Social Security number | Date of birth (mm/dd/yyyy) | <input type="checkbox"/> Spouse | <input type="checkbox"/> Non-Spouse (Relationship to you) | | |
| <div style="border-bottom: 1px solid black; width: 100px;"></div> | <div style="border-bottom: 1px solid black; width: 100px;"></div> | | <div style="border-bottom: 1px solid black; width: 200px;"></div> | | |
| Street address | City | State | ZIP | | |
| <div style="border-bottom: 1px solid black; width: 200px;"></div> | <div style="border-bottom: 1px solid black; width: 100px;"></div> | <div style="border-bottom: 1px solid black; width: 50px;"></div> | <div style="border-bottom: 1px solid black; width: 100px;"></div> | | |

| | | | | | |
|-------------------------------------------------------------------|-------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------------|------------|--|
| Name OR Name of Trust (trust date required mm/dd/yyyy) | | | | Percentage | |
| | | | | % | |
| Social Security number | Date of birth (mm/dd/yyyy) | <input type="checkbox"/> Spouse | <input type="checkbox"/> Non-Spouse (Relationship to you) | | |
| <div style="border-bottom: 1px solid black; width: 100px;"></div> | <div style="border-bottom: 1px solid black; width: 100px;"></div> | | <div style="border-bottom: 1px solid black; width: 200px;"></div> | | |
| Street address | City | State | ZIP | | |
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| | | | | | |
|-------------------------------------------------------------------|-------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------------|------------|--|
| Name OR Name of Trust (trust date required mm/dd/yyyy) | | | | Percentage | |
| | | | | % | |
| Social Security number | Date of birth (mm/dd/yyyy) | <input type="checkbox"/> Spouse | <input type="checkbox"/> Non-Spouse (Relationship to you) | | |
| <div style="border-bottom: 1px solid black; width: 100px;"></div> | <div style="border-bottom: 1px solid black; width: 100px;"></div> | | <div style="border-bottom: 1px solid black; width: 200px;"></div> | | |
| Street address | City | State | ZIP | | |
| <div style="border-bottom: 1px solid black; width: 200px;"></div> | <div style="border-bottom: 1px solid black; width: 100px;"></div> | <div style="border-bottom: 1px solid black; width: 50px;"></div> | <div style="border-bottom: 1px solid black; width: 100px;"></div> | | |

| | | | | | |
|-------------------------------------------------------------------|-------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------------|------------|--|
| Name OR Name of Trust (trust date required mm/dd/yyyy) | | | | Percentage | |
| | | | | % | |
| Social Security number | Date of birth (mm/dd/yyyy) | <input type="checkbox"/> Spouse | <input type="checkbox"/> Non-Spouse (Relationship to you) | | |
| <div style="border-bottom: 1px solid black; width: 100px;"></div> | <div style="border-bottom: 1px solid black; width: 100px;"></div> | | <div style="border-bottom: 1px solid black; width: 200px;"></div> | | |
| Street address | City | State | ZIP | | |
| <div style="border-bottom: 1px solid black; width: 200px;"></div> | <div style="border-bottom: 1px solid black; width: 100px;"></div> | <div style="border-bottom: 1px solid black; width: 50px;"></div> | <div style="border-bottom: 1px solid black; width: 100px;"></div> | | |

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

3B DESIGNATE YOUR CONTINGENT BENEFICIARY(IES)

Primary Beneficiary(ies) will receive benefits upon your death. If no Primary Beneficiary(ies) survives you, benefits will be distributed to the Contingent Beneficiary(ies) listed below.

| | | | | | |
|-------------------------------------------------------------------|-------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------------|------------|--|
| Name OR Name of Trust (trust date required mm/dd/yyyy) | | | | Percentage | |
| | | | | % | |
| Social Security number | Date of birth (mm/dd/yyyy) | <input type="checkbox"/> Spouse | <input type="checkbox"/> Non-Spouse (Relationship to you) | | |
| <div style="border-bottom: 1px solid black; width: 100px;"></div> | <div style="border-bottom: 1px solid black; width: 100px;"></div> | | <div style="border-bottom: 1px solid black; width: 200px;"></div> | | |
| Street address | City | State | ZIP | | |
| <div style="border-bottom: 1px solid black; width: 200px;"></div> | <div style="border-bottom: 1px solid black; width: 100px;"></div> | <div style="border-bottom: 1px solid black; width: 50px;"></div> | <div style="border-bottom: 1px solid black; width: 100px;"></div> | | |

SEE NEXT PAGE FOR ADDITIONAL BENEFICIARY DESIGNATION FIELDS.

3 **BENEFICIARY DESIGNATION (cont'd.)****3B DESIGNATE YOUR CONTINGENT BENEFICIARY(IES) (cont'd.)**

| | | | | | | |
|---------------------------------------------------------------|-------------------------------------------------------------|---------------------------------|-----------------------------------------------------------|-------|------------|--|
| Name OR Name of Trust (trust date required mm/dd/yyyy) | | | | | Percentage | |
| | | | | | % | |
| Social Security number | Date of birth (mm/dd/yyyy) | <input type="checkbox"/> Spouse | <input type="checkbox"/> 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) | <input type="checkbox"/> Spouse | <input type="checkbox"/> 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) | <input type="checkbox"/> Spouse | <input type="checkbox"/> Non-Spouse (Relationship to you) | | | |
| _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ | _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ | | | | | |
| Street address | | City | | State | ZIP | |
| _____ | | _____ | | _____ | _____ | |

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

4 **ELECTRONIC DELIVERY (eDELIVERY)**

To receive your statements, notifications³ 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 1.**

☐ 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.

5 **BANK INFORMATION FOR ELECTRONIC SERVICES**

Please establish electronic transfers to or from my bank account. Only one bank account can be linked to my fund 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 fund account must sign in Section 13.
- 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 application. Handwritten information on the savings deposit slip or bank letterhead is not acceptable.

Select **ONE** of the following options:

- ☐ 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.
- ☐ Use my enclosed personal investment check. (If more than one investment check is enclosed, please provide the appropriate bank information below).

| | |
|-------------------------------------------------------|---------------------|
| Bank routing number (9 digits) | Bank account number |
| _____ _____ _____ _____ _____ _____ _____ _____ _____ | _____ |

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

6 METHOD OF INVESTMENT

- The total minimum investment amount is \$250 per fund unless the account(s) will be funded by Automatic Investment Plan. Refer to "Buying Shares" in the prospectus for more information.
- You may be eligible for a lower sales charge on purchase of Class A shares, refer to Section 9 for more information.

- You must have a broker-dealer to purchase Class C shares. To designate a broker-dealer, complete Section 12.
- Advisor Class and Class Z shares are available only to certain, eligible investors. Refer to "Qualified Investors" in the prospectus for more information. To purchase Class Z shares, complete Section 10.

Please indicate how your IRA will be funded.

NEW CONTRIBUTION

- ☐ One-time electronic contribution.

Please complete Section 5.

Indicate contribution tax year

- ☐ Automatic Investment Plan

Please complete Sections 5 and 8.

- ☐ Contribution sourced from an existing Franklin Templeton or Legg Mason account

Indicate contribution tax year

Fund-account number

- ☐ Account will be funded by broker-dealer

- ☐ Check is enclosed

Indicate contribution tax year

Please make check(s) payable to "FTIOS."

TRANSFER OR ROLLOVER

- ☐ Check is enclosed OR ☐ Investment pending

FOR PARTICIPANT TRANSFERS AND ROLLOVERS (Complete 1 and 2 below):

- 1. Is the payment directly from the plan trustee/custodian or from your personal bank account?**

- ☐ Directly from the plan trustee/custodian (transfer/direct rollover)
☐ From your bank account (60-day rollover)

- 2. What type of plan is the transfer or rollover coming from?**

Contact the employer-sponsor of the plan or IRA custodian for rollover instructions and complete any forms that may be required.

NOTE: If no check is enclosed, please complete an *IRA Rollover/Transfer Form*.

- ☐ Traditional IRA⁴
☐ Roth IRA⁵ Select box if transfer or rollover is from a Roth IRA
☐ SEP IRA or SIMPLE IRA⁵
☐ 401(k), 403(b), or qualified employer-sponsored plan (direct rollover)^{4,6}

FOR BENEFICIARY/INHERITED ACCOUNTS ONLY:

Contact the employer-sponsor of the plan or IRA custodian for rollover instructions and complete any forms that may be required.

NOTE: If no check is enclosed, please complete an *IRA Rollover/Transfer Form*.

What type of plan is the transfer or rollover coming from?

- ☐ Traditional IRA, Roth IRA, SEP or SIMPLE IRA
☐ 401(k), 403(b), or qualified employer-sponsored plan

7 FUND DESIGNATION

Review our current list of mutual funds by visiting franklintempleton.com and clicking "Investments" and then choosing "Mutual Funds."

- The total dollar amount or percentage must equal 100% of your investment.
- If no fund is provided or we are unable to determine the name of the fund requested, any money received will be invested in the Franklin US Government Money Fund and we will follow up with you for clarification.
- If no share class is provided or the share class is unclear, Class A shares will be purchased.
- If you are opening a Rollover IRA with a distribution from an employer-sponsored retirement plan (as defined in the Fund's prospectus) for which FTIOS was the plan trustee or custodian, your investments will be made into Class A shares without a sales charge.
- If no dollar amount or percentage is provided, your investment will be apportioned equally among the funds indicated below.

Complete the fields below with your fund selection(s):

| FUND NUMBER | FUND NAME (List the full name of the fund) | SHARE CLASS | DOLLAR AMOUNT | OR | PERCENTAGE |
|----------------------|--------------------------------------------|----------------------|---------------------------------|----|-------------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text" value="\$"/> | OR | <input type="text" value=""/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text" value="\$"/> | OR | <input type="text" value=""/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text" value="\$"/> | OR | <input type="text" value=""/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text" value="\$"/> | OR | <input type="text" value=""/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text" value="\$"/> | OR | <input type="text" value=""/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text" value="\$"/> | OR | <input type="text" value=""/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text" value="\$"/> | OR | <input type="text" value=""/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text" value="\$"/> | OR | <input type="text" value=""/> |

IF YOU WOULD LIKE TO INVEST IN ADDITIONAL FUNDS, PROVIDE THE INFORMATION ON A SEPARATE SHEET.

4. If you are opening a Roth IRA, the transfer or rollover must have come from an after-tax account (e.g., a Roth IRA or Roth 401(k)) or, in the case of a "Roth Conversion," from a pre-tax account (e.g., a Traditional IRA, a SEP IRA or a SIMPLE IRA) as a distribution on which you will be taxed.

5. SIMPLE IRAs may be transferred or rolled over to another plan type only after two years from the date of initial participation in the plan. Before two years, you may only transfer to another SIMPLE IRA.

6. Under current law, the account owner is responsible for tracking "after-tax contributions" in a Traditional IRA. Therefore, if any transfer or rollover going to your IRA contains "after-tax contributions," you are strongly urged to maintain proper records until such amounts are completely distributed to you.

8 AUTOMATIC INVESTMENT PLAN

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

- Franklin Templeton may take up to 15 days to establish your automatic investment. \$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 ONE of the following:

☐ Apply to all funds identified in Section 7. \$ _____ per fund. Specify your start month, frequency and investment date below:

START MONTH **FREQUENCY** (select one) **INVESTMENT DATE**

☐ monthly ☐ quarterly ☐ 1st ☐ 10th ☐ 20th

☐ twice a month ☐ annually ☐ 5th ☐ 15th ☐ 25th

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="text"/> | <input type="text"/> | \$ <input type="text"/> | <input type="text"/> | <input type="checkbox"/> monthly <input type="checkbox"/> quarterly <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="text"/> | <input type="text"/> | \$ <input type="text"/> | <input type="text"/> | <input type="checkbox"/> monthly <input type="checkbox"/> quarterly <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="text"/> | <input type="text"/> | \$ <input type="text"/> | <input type="text"/> | <input type="checkbox"/> monthly <input type="checkbox"/> quarterly <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="text"/> | <input type="text"/> | \$ <input type="text"/> | <input type="text"/> | <input type="checkbox"/> monthly <input type="checkbox"/> quarterly <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="text"/> | <input type="text"/> | \$ <input type="text"/> | <input type="text"/> | <input type="checkbox"/> monthly <input type="checkbox"/> quarterly <input type="checkbox"/> 1st <input type="checkbox"/> 10th <input type="checkbox"/> 20th | <input type="checkbox"/> 5th <input type="checkbox"/> 15th <input type="checkbox"/> 25th |

9 SALES CHARGE REDUCTIONS FOR CLASS A SHARES

Franklin Templeton offers two ways for you to combine your current purchase of Class A shares with other existing Franklin Templeton and Legg Mason fund share holdings that might enable you to qualify for a lower sales charge with your current purchase. You can qualify for a lower sales charge when you reach certain "sales charge breakpoints."

CUMULATIVE QUANTITY DISCOUNT FOR CLASS A SHARES (Please provide statement copies for any holdings that are not held directly with Franklin Templeton).

I have reviewed the cumulative quantity discount provision of the Fund's prospectus and understand that I can combine the amount of my current purchase of Class A shares with any existing holdings that the prospectus describes as "cumulative quantity discount eligible shares" to determine if I can qualify for a reduced sales charge breakpoint. I also understand that if there are any existing cumulative quantity discount eligible shares that I want combined with my current purchase, I must identify the account(s) in which they are held below or they will not be considered in determining if my current purchase qualifies for a reduced sales charge breakpoint.

I have reviewed the prospectus and believe that cumulative quantity discount eligible shares are held in the following account(s):

| | |
|------------------------|-------------------------------------|
| Fund-account number(s) | Cumulative value of eligible shares |
| <input type="text"/> | \$ <input type="text"/> |

LETTER OF INTENT FOR CLASS A SHARES

I intend to purchase additional shares issued by one or more Franklin Templeton and Legg Mason funds over a 13-month period following my initial purchase in order to be eligible for a sales charge discount on my purchase of Class A shares. I agree to the terms of the Letter of Intent described in the applicable prospectus(es) and grant Franklin Distributors, LLC a security interest in the shares to be reserved. Although I am not obligated to do so, the aggregate amount of Franklin Templeton and Legg Mason funds' shares I intend to purchase over the 13-month period will be in an aggregate amount at least equal to:

☐ \$25,000⁷ ☐ \$50,000⁷ ☐ \$100,000 ☐ \$250,000 ☐ \$500,000⁷ ☐ \$750,000⁷ ☐ \$1,000,000⁷

Please list the fund-account numbers that should be included in your Letter of Intent.

Fund-account number(s)

7. Not applicable for all funds.

10 ELIGIBILITY FOR CLASS Z SHARES

Franklin Mutual Series fund investors who were shareholders of record on October 31, 1996, and other entities subject to the terms and conditions as set forth in the prospectus are able to establish additional accounts in any Franklin Mutual Series fund. If you hold shares in a Franklin Mutual Series fund through a broker-dealer, servicing agent, employer-sponsored retirement plan, IRA, bank trust department, or registered investment advisor, you must attach an account statement from a broker-dealer, servicing agent, etc., specifically indicating your ownership of those shares as of October 31, 1996. If you hold shares directly with Franklin Templeton, complete the following.

I qualify to purchase Class Z shares because:

- ☐ I am a beneficial owner of the account identified below.
- ☐ An immediate family member residing within the same household is a beneficial owner of the account identified below.
- ☐ I am a custodian, trustee, guardian or conservator listed on the account identified below.

If applicable, provide the account number for Franklin Mutual Series fund holdings that qualify your purchase of Class Z shares.

Fund-account number(s)

11 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 5, you and your financial professional have the convenience of Online and Telephone Purchases and Redemptions via electronic funds transfer, UNLESS you check below. 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 Privilege 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 Privilege, redemptions will only be available by check).

12 BROKER-DEALER USE ONLY

This application for the purchase of shares complies with the terms of our selling agreement with Franklin Distributors, LLC ("Distributors") and with the current prospectus(es) for the fund(s) identified in Section 7. 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.

WIRE ORDERS ONLY:

The attached check for \$ should be applied against wire order control number
dated for shares.

SECURITIES DEALER

Dealer name Broker identification number

FINANCIAL PROFESSIONAL

First name, middle initial, last name Suffix Telephone number
()
Email address Dealer number Branch number Representative number
Branch address City State ZIP
X Title
Authorized signature (Registered Principal for the Securities Dealer listed above)

BY SIGNING BELOW I CERTIFY AND AGREE THAT:

- The information provided on this application 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 unable to verify my information, you are authorized to close my account by redeeming shares at the then applicable net asset value.
- I hereby appoint Fiduciary Trust International of the South "FTIOS" as Custodian of my IRA under the terms of the Traditional IRA Custodial Account Agreement (the "Agreement"). I have received and read the Agreement and the IRA Disclosure Statement.
- I consent to a maintenance fee for the type of IRA custodial account opened by this application. A \$15 maintenance fee will apply to each account type with a balance of less than \$50,000. The maintenance fee is \$10 for accounts with balances of \$50,000 and over. I understand a maintenance fee will be assessed if I request a full distribution of the plan.
- I have received and read the prospectus for each fund identified in Section 7.
- I have full authority and am of legal age (or an emancipated minor) to buy and sell shares.
- The information in this application 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.
- 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.
- If I request transfers to or from my bank account in this application 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 5 of this application, I certify that my signature alone is sufficient to authorize debits from my bank account.

- 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.
- 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 plan and the effect of any such interest on this beneficiary designation.
- If I am married and elect to designate someone other than my spouse as my primary beneficiary, my spouse consents to the beneficiary designation, if my spouse's consent is necessary.
- If I name my spouse as a beneficiary, and I later divorce, that designation is automatically revoked and invalid upon my death, unless after my divorce I affirmatively elect to name my former spouse as my non-spouse beneficiary.
- 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.

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.

FRANKLIN TEMPLETON ACCOUNT OWNER SIGNATURE ONLY

X _____ Date _____
Franklin Templeton Account Owner

BANK ACCOUNT OWNER(S) SIGNATURE(S) ONLY

Any bank account owner who is not an owner of the fund account must sign below.

X _____ Date _____ X _____ Date _____
Bank Account Owner Signature Bank Account Owner Signature

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 OPEN AN ACCOUNT – DID YOU PROVIDE?

- A typed application or application 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).

SECTION 1

- The type(s) of IRA(s) that should be established with this request

SECTION 2

Information for the Account Owner authorized to transact business on the account

- Full first and last name
 - Street address (include any APT, BLDG, STE number)
 - Social Security Number/ITIN
 - Date of Birth
 - Email address
 - Information in Section 2B if opening an inherited beneficiary account
- For inherited beneficiary accounts only, did you include:
- a copy of the death certificate
 - documentation confirming the beneficiary of the decedent's assets you will transfer or roll over

SECTION 3

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

SECTION 4

- eDelivery option

SECTION 5

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

SECTION 6

- Source of funding
- \$250 initial minimum investment or \$25 if establishing an Automatic Investment Plan (in which case Section 8 should be completed)

SECTION 7

- Fund name(s) and share class (if Class C selected, Broker-Dealer in Section 12 is required)
- Dollar amount(s) or percentage(s) equal to 100%

SECTION 8

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

SECTION 13

- The signature of the Account Owner and date signed
- The signature of the bank account owner(s) and date signed (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 (800) 527-2020 to request a Reference ID(s) to include in your email. <p>Financial Professionals: ftrequests.us@franklintempleton.com</p> <p>Shareholders: shrequests.us@franklintempleton.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 |

Not FDIC Insured | No Bank Guarantee | May Lose Value