

Franklin Templeton and Broker-Dealer Employee Purchase Form

For new accounts: Please return this form with a completed Franklin Templeton application. **For existing accounts:** Please return this form by one of the methods listed on page 2.

FOR BROKER-DEALER EMPLOYEES AND FAMILY MEMBERS

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:

This application for the purchase of shares complies with the terms of our selling agreement with Franklin Distributors, LLC and with the current prospectus(es) for the fund(s) identified in the Section titled "Fund Designation" of a completed Franklin Templeton application. We authorize the named applicant to purchase

shares of the fund(s) distributed by Franklin Distri or immediate family member of such person and c			
Purchases for current employees of broker-dealers into Advisor Class or Class Z Shares, if offered. Ot			ies of their employer), will be made
NOTE: A change in broker-dealer on an account w privileges. It is the responsibility of the new broke	•		ediate termination of those
Securities dealer name			
Broker-dealer employee first name	M.I. Last name	Suffix	Phone number
Applicant first name (if family member of employed	ee) M.I. Last name	Suffix	Phone number
Please list all accounts that are eligible for future	purchases at net asset value		
X			Date
Authorized signature (Registered Principal for the	Securities Dealer) (required)		
Printed name	Title		Phone number
			()
2 FOR FRANKLIN TEMPLETON EMPLOYEES AND	FAMILY MEMBERS ¹		
Purchases for Franklin Templeton current and form made into Advisor Class, Class Z or Class I shares,		-	•
FRANKLIN TEMPLETON OFFICER, TRUSTEE, DIRECT	OR OR EMPLOYEE		
First name	M.I. Last name	Suffix	Phone number or extension ()
Date of hire (mm/dd/yyyy) Department/Board	l name	Relationship of officer/employee	to applicant
Applicant first name (if family member of employed)	ee) M.I. Last name	Suffix	Phone number ()
Franklin Templeton affiliate name (if applicable)			
FRANKLIN TEMPLETON USE ONLY Accepted: Franklin Distributors, LLC			
Principal			Date

1. Immediate family members consist of eligible person's spouse (including the surviving spouse of a deceased board member), parents, grandparents, and children and grandchildren (including step-relationships).

MAKE A PHOTOCOPY OF THE COMPLETED FORM FOR YOUR RECORDS

EMAIL FAX MAIL • Emails MUST include an attachment (PDF preferred) of your request. (855) 891-8377 You may use any of the below mailing addresses: • Sender's email address MUST match the email address on file, or the email Regular Mail MUST include a related case number(s) to be accepted. Franklin Templeton • Digital communication channels are not necessarily secure. If you do choose to P.O. Box 33030 send confidential or sensitive information to us via digital communication channels St. Petersburg, FL 33733-8030 (e.g., email, chat, text messaging, fax), you are accepting the associated risks Overnight related to potential lack of security, such as the possibility that your confidential Franklin Templeton or sensitive information may be intercepted/accessed by a third party and 100 Fountain Parkway N. subsequently used or sold. St. Petersburg, FL 33716-1205 • 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. Financial Professionals: ftrequests.us.franklintempleton@fisglobal.com **Shareholders:** shrequests.us.franklintempleton@fisglobal.com