

**LEGG MASON FUNDS**

Coverdell ESA Withdrawal Authorization Form

Use this form to request a distribution from your Legg Mason Funds Coverdell Education Savings Account. For assistance in completing this form, please call Shareholder Services at 1-800-625-4554 Monday through Friday, 8:00 am - 5:30 pm ET.

An annual, per account Custodian fee will be deducted from your distribution for each account that is fully liquidated. The fee is charged whether the funds are distributed to you or transferred to a successor custodian or trustee. This fee is not prorated for periods of less than one full year.

1**ACCOUNT INFORMATION**

- ☐ Please check here if the address provided is your new address of record
(A Medallion Signature Guarantee is required in Section 6)

Designated Beneficiary (first) _____ (middle initial) _____ (last) _____

Account Number _____ Date of Birth _____ Daytime Phone _____

Street Address _____

City, State & Zip Code _____ Cell Phone _____

2**DISTRIBUTION REASON (CHECK ONE)****Distributions Used for Qualified Education Expenses:**

- ☐ Distributions from this account are being used for qualified education expenses of the Designated Beneficiary.

Distributions Not Used for Education Expenses:

- ☐ Distribution is not being used for qualified education expenses and none of the other reasons below apply.
- ☐ Permanent Disability of the Designated Beneficiary (within the meaning of section 72(m)(7) of the Internal Revenue Code).
- ☐ Death. Designated Beneficiary is deceased. Please attach a certified copy of death certificate and a Coverdell ESA Application. If rolling over to a Coverdell ESA for the Designated Death Beneficiary, complete either the transfer or rollover option below.

Designated Death Beneficiary or Estate Name _____ Social Security or Tax ID _____

Date of Birth _____ Relationship to deceased _____

- ☐ Removal of Excess Contribution plus earnings before deadline. Tax year in which the contribution was made: _____

Is the contribution plus earnings being removed in the same year? ☐ Yes ☐ No _____

- ☐ Transfer, including transfer due to Divorce or Legal Separation. Payable to: _____

Medallion Signature Guarantee required.
Please complete Section 6

- ☐ Rollover or transfer to another Coverdell ESA for the following family member: _____

Medallion Signature Guarantee required.
Please complete Section 6

- ☐ Beneficiary/Student has attained age 30.

3 DISTRIBUTION INSTRUCTIONS

Indicate the amount and payment method for the requested distribution.

A. Distribution Amount

- ☐ One-time partial withdrawal. ☐ Total Liquidation.

Fund Name and Share Class/NASDAQ Symbol (if available)	Dollar Amount or Number of Shares
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B. Payment Instructions

Unless indicated otherwise below, the distribution requested on this form will be paid by check, and made payable to the responsible individual for the benefit of the designated beneficiary and sent to the address of record, unless the designated beneficiary has become the responsible individual and has submitted the appropriate paperwork.

- ☐ Distribute by check made payable to the alternate payee indicated below and/or send to the alternate address detailed below. **A Medallion Signature Guarantee in Section 6 is required if this option is selected.**

Alternate Payee (if applicable)	Social Security Number or Tax Identification Number
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Alternate Street Address (if applicable)

City, State & Zip Code

Account Number (if available)	Account Registration [Account Owner's Name(s)]
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Fund Name and Share Class	Amount
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Fund Name and Share Class	Amount
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- ☐ Trustee to Trustee transfer to another Coverdell Education Savings Account. Must attach Letter of Acceptance from succeeding custodian or trustee.
- ☐ Wire transfer to my bank account. Must complete Section 4 and attach a voided, imprinted check with full address if banking instructions have not been previously established on the account. **A Medallion Signature Guarantee is required to establish banking instructions.**
- ☐ ACH to my bank account. If banking instructions have not been previously established on the account, complete Sections 4 and 6 and attach a voided, imprinted check with full address. **A Medallion Signature Guarantee is required to establish banking instructions.**
- ☐ Please add banking instructions in Section 4 to my account(s) for future distributions.

4 BANKING INSTRUCTIONS (IF APPLICABLE)

This section must be completed if the distribution will be electronically sent to your bank account. A voided, imprinted check with full address or a letter on bank letterhead from the receiving bank detailing bank account information must be attached if instructions are not already on file. Note, ACH instructions and wire instructions are not necessarily the same, and may differ from the routing number on your check. Please verify instructions with your bank. **If the bank account receiving your distribution is currently not on file for this account, a Medallion Signature Guarantee is required in Section 6.**

Account Type: ☐ Checking ☐ Savings

Tape your voided, imprinted check with full address here.

(Do not staple.)

5 SIGNATURE AND CONFIRMATION

I certify that I am authorized to make these elections and that all information provided is true and accurate. I further certify that the Custodian, the Legg Mason Funds, or any agent of either of them has given no tax or legal advice to me, and that all decisions regarding the elections made on this form are my own. The Custodian is hereby authorized and directed to distribute funds from the account in the manner requested. The Custodian may conclusively rely on this certification and authorization without further investigation or inquiry. I expressly assume responsibility for any adverse consequences which may arise from the election(s) and agree that the Custodian, Legg Mason Funds, and their agents shall in no way be responsible, and shall be indemnified and held harmless, for any tax, legal or other consequences of the election(s) made on this form.

Signature of Responsible or Designated Beneficiary (if of legal age)

Print Name

Date

6 MEDALLION SIGNATURE GUARANTEE (IF REQUIRED)

Medallion Signature Guarantee Stamp and Signature:

An eligible guarantor is a domestic bank or trust company, securities broker/dealer, clearing agency or savings association that participates in a medallion program recognized by the Securities Transfer Agents Association. The three recognized medallion programs are the Securities Transfer Agents Medallion Program (known as STAMP), Stock Exchanges Medallion Program (SEMP), and the Medallion Signature Program (MSP).

A Medallion Signature Guarantee is required if the distribution is to be:

- Made payable to someone other than the requested owner
- Mailed to an address other than the current address on file
- The distribution is going to a bank not currently on file
- Mailed to an address that has been changed within 30 days

You can obtain a signature guarantee from most banks, savings institutions, broker/dealers or financial institutions.

Medallion Signature Guarantees must be original and mailed to the address indicated on this form. Faxes will not be accepted.

Medallion Signature Guarantee Stamp HERE

CONTACT INFORMATION (INCLUDING CUSTOMER COMPLAINTS)

Mail:	<i>Postal address</i> Franklin Templeton P.O. Box 534447 Pittsburgh, PA 15253-4447	<i>Overnight carrier address</i> Franklin Templeton Attention: 534447 500 Ross Street, 154-0520 Pittsburgh, PA 15262
Phone:	To speak with an investment professional regarding any of our funds, please call toll-free: 1-800-625-4554, Monday through Friday, 8:00 am – 5:30 pm (ET)	
Fax:	1-833-751-5146	
TeleFund:	To access our telephone account management service, please call toll-free: 1-877-6LMFUNDS (1-877-656-3863)	
Internet:	www.franklintempleton.com	

An investor should consider a Fund's investment objectives, risks, charges and expenses carefully before investing. For a free prospectus, which contains this and other information on any Legg Mason Fund, visit www.franklintempleton.com. An investor should read the prospectus carefully before investing.