



DESIGNATION OF BENEFICIARY FORM

Use this form to name Primary and Contingent Beneficiaries for any Fiduciary Trust International of the South ("FTIOS") retirement account. Do not use this form to name beneficiaries for any other account for which FTIOS does not serve as custodian.

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 OWNER INFORMATION

First name _____ M.I. _____ Last name _____ Suffix _____ Social Security number _____

Email address¹ _____ Primary phone number (____) _____ Alternate phone number (____) _____

2 PLAN TYPE

Check here to update the Beneficiary designations FOR ALL RETIREMENT PLAN TYPES registered under your Social Security number.

OR

Specify the plan types for which the Beneficiary designations should be updated below. If no plan type is selected, all applicable plan types will be updated.

Traditional IRA SIMPLE IRA Non-ERISA 403(b) Beneficiary Plan Type(s) (please specify) _____
 Rollover IRA SEP IRA ERISA 403(b)
 Roth IRA SARSEP IRA
 Roth Conversion IRA

3 BENEFICIARY DESIGNATION

- Please provide both a primary and contingent beneficiary designation.** 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. Consequently, the total primary and contingent beneficiary allocation should EACH equal 100%.
- Benefits shall be divided equally among primary beneficiaries (or contingent beneficiaries), unless otherwise specified.
- If changing your Primary or Contingent Beneficiary, you must restate both the Primary and Contingent Beneficiary below.
- This designation supersedes any prior beneficiary designations that you have made.
- ERISA 403(b) Plans:** If you are married and elect to designate a primary beneficiary other than your spouse, your spouse MUST complete the Spousal Consent in Section 5 for your beneficiary designation to be considered valid.
- All plan types (other than ERISA 403(b) plans):** If you are married and designate a primary beneficiary other than your spouse, 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.*
- All IRA Plan Types (Traditional, Roth, SEP, SIMPLE, etc.):** 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) _____ Spouse Non-Spouse (Relationship to you) _____

Street address _____ City _____ State _____ ZIP _____

SEE NEXT PAGE FOR ADDITIONAL PRIMARY BENEFICIARY DESIGNATION FIELDS AND SECTION 3B FOR CONTINGENT DESIGNATION FIELDS

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.

3A DESIGNATE YOUR PRIMARY BENEFICIARY(IES) (cont'd.)

Name OR Name of Trust (trust date **required** mm/dd/yyyy)

_____ | _____ %

Social Security number _____ Date of birth (mm/dd/yyyy) _____ Spouse 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) _____ Spouse 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) _____ Spouse Non-Spouse (Relationship to you) _____

Street address _____ City _____ State _____ ZIP _____

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

TOTAL: 100%

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) _____ Spouse 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) _____ Spouse 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) _____ Spouse 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) _____ Spouse Non-Spouse (Relationship to you) _____

Street address _____ City _____ State _____ ZIP _____

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

TOTAL: 100%

4 ACCOUNT OWNER SIGNATURE AND CERTIFICATION

BY SIGNING BELOW, I CERTIFY AND AGREE THAT:

- I hereby revoke any and all prior designations of beneficiary, and understand that I may revoke or change this beneficiary designation at any time by submitting a new *Designation of Beneficiary Form* to Fiduciary Trust International of the South. This designation shall apply to all of my investment accounts under the type of plan [e.g., Traditional IRA, Rollover IRA, SEP-IRA, SARSEP-IRA, SIMPLE IRA, Roth IRA, Roth Conversion IRA, 403(b), ERISA 403(b)] indicated in Section 2. A Beneficiary Designation shall be valid only if dated and signed by me and filed with the Custodian before my death.
- Unless I indicate otherwise, if any primary or contingent beneficiary dies before me, his or her interest and the interest of his or her heirs shall terminate completely and the percentage share of any remaining beneficiary(ies) shall be increased on a pro rata basis. If no primary beneficiary(ies) survive(s) me, the contingent beneficiary(ies) shall acquire the designated share of my account. If no ascertainable designation is set forth on this form my beneficiary shall be deemed to be my surviving spouse, or if there is no surviving spouse, my estate.
- If my plan is an ERISA 403(b) and I am married and elect to designate a beneficiary other than my spouse, Section 5 of this form must be completed.
- 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 my plan is a Traditional IRA, Rollover IRA, SEP-IRA, SARSEP-IRA, SIMPLE IRA, Roth IRA, Roth Conversion IRA or Non-ERISA 403(b), and I am married and elect to designate a primary beneficiary other than my spouse, my spouse consents to the beneficiary designation, if my spouse's consent is necessary.
- If I name my spouse as a beneficiary on a Traditional IRA, Rollover IRA, SEP-IRA, SARSEP-IRA, SIMPLE IRA, Roth IRA or Roth Conversion IRA, 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.

FRANKLIN TEMPLETON ACCOUNT OWNER SIGNATURE ONLY

The registered owner named in Section 1 must sign this form.

X _____ Date _____
 Signature of Account Owner

5 SPOUSAL CONSENT

REQUIRED FOR ERISA 403(B) PLANS

Please indicate according to your marital status and your Primary Beneficiary designation provided in Section 3A.

- A. Unmarried B. Married, Spouse is the sole Primary Beneficiary C. Married, Spouse is **NOT** the sole Primary Beneficiary

If you indicated C above, your spouse must complete the following:

Spousal Consent:

I certify that I am the spouse of the above-named Participant and that I have read the above Designation of Beneficiary. In the event of the death of my spouse, I consent to the payment of my spouse's interest in the plan to the above-named Beneficiary(ies). I waive any rights I now have, or may later be held to have, in such interest. I realize that my consent applies only to this designation and does not apply to any further designations. I have consulted with legal and/or tax counsel in regard to the effect of this consent.

Printed name of spouse _____ Date _____
 X _____
 Signature of spouse

NOTARY SEAL

X _____ Date _____
 Signature of Notary Public

BEFORE YOU SUBMIT...

TO NAME A BENEFICIARY – DID YOU PROVIDE?

- A typed beneficiary designation form or beneficiary designation 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).

SECTION 1

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

- Full first and last name
- Social Security Number/ITIN
- Email address

SECTION 2

- Plan Type

SECTION 3

Information for the Beneficiary(ies) on the account:

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

SECTION 4

- The signature of the Account Owner and date signed

MAKE A PHOTOCOPY OF THE COMPLETED FORM FOR YOUR RECORDS.

IMPORTANT: If an original 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 and related case number(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 case number to reference in your email. <p>Financial Professionals: ftrequests@franklintempleton.com Shareholders: shrequests@franklintempleton.com</p>	(855) 891-8377	You may use any of the below mailing addresses: Regular Mail <ul style="list-style-type: none">• Franklin Templeton P.O. Box 997153 Sacramento, CA 95899-7153• Franklin Templeton P.O. Box 33033 St. Petersburg, FL 33733-8033 Overnight <ul style="list-style-type: none">• Franklin Templeton 3344 Quality Drive Rancho Cordova, CA 95670-7313• Franklin Templeton 100 Fountain Parkway N. St. Petersburg, FL 33716-1205