



Change of Address & Contact Details Form

1 INVESTOR INFORMATION (Please use black ink and BLOCK CAPITALS, completing all sections marked with an asterisk(*)).

1. Please return your completed form by fax or mail to Franklin Templeton International Services S.à r.l., BP 169, L-2011 Luxembourg.
Tel: +352.46.66.67.212, Fax: +352.46.66.76
2. Please check your personal client reference number and portfolio reference on your contract notes or statements.

☐ Mr ☐ Mrs ☐ Ms

Account Name*

Personal Client Reference Number*

Please provide details below for joint portfolios.

Account Name*

Personal Client Reference Number*

2 CHANGE OF RESIDENTIAL & CORRESPONDENCE ADDRESS

1. A confirmation letter will be sent to both your new and old address. All correspondence will be mailed to the primary Investor's correspondence address.
2. No further investments will be allowed for U.S. persons (refer to prospectus for more details).
3. For three or more address changes please provide details on a separate sheet.
4. If you change your residential or correspondence address to another country, please also provide an updated Tax Residency Self-certification form (attached).

All portfolio(s) associated with the above client reference number(s) will be updated with the new details provided. Please complete this section if you wish to update specific portfolio(s) only.

Portfolio Reference (1)

Portfolio Reference (2)

Portfolio Reference (3)

First Investor

New Residential Address (PO Box address is not permitted)

Effective date of change of address

DD | MM | YYYY

Address

City/Town

Post Code

Country

New Correspondence Address (if different from new residential address)

Address

City/Town

Post Code

Country

Second Investor (Please complete if address is different to the first Investor)

New Residential Address (PO Box address is not permitted)

Effective date of change of address

DD | MM | YYYY

Address

City/Town

Post Code

Country

New Correspondence Address (if different from new residential address)

Address

City/Town

Post Code

Country

For three or more joint portfolio holders please provide details on a separate sheet.

First Investor

3a

Please tick one option

☐ Change ☐ Add

Effective Date of Change of Telephone

DD | MM | YYYY

New Telephone Number (Home)

New Telephone Number (Work)

New Telephone Number (Mobile)

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()

()

New Fax Number

New Email Address

()

Second Investor (Only complete this section if your contact details are different to the first Investor)

3b

Please tick one option

☐ Change ☐ Add

Effective Date of Change of Telephone

DD | MM | YYYY

New Telephone Number (Home)

New Telephone Number (Work)

New Telephone Number (Mobile)

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()

()

New Fax Number

New Email Address

()

All joint Investors must sign.

**1st Investor/Guardian/
Authorised Person**

**2nd Investor/Guardian/
Authorised Person**

**3rd Investor/
Authorised Person**

Financial Adviser's Number
(Optional)

X
Signature/Date

X
Signature/Date

X
Signature/Date

Financial Adviser's Name
(Optional)

Name (in Capitals)

Name (in Capitals)

Name (in Capitals)



**FRANKLIN
TEMPLETON**

Franklin Templeton

Tax Residency Self-certification Form for Individual

Please fill in this form if you are an Individual Shareholder. For joint or multiple Shareholders, use a separate form for each individual person.

Tax Regulations based on the U.S. Foreign Account Tax Compliance Act (FATCA), the OECD Common Reporting Standard (CRS) and other international tax agreements require the Fund to collect and report certain information about the account holder's tax residency. If the account holder, or any applicable beneficiaries, are tax resident in a reportable jurisdiction, then the Fund may be required under the applicable tax regulations to share information about your account to the relevant tax authorities, who may exchange this information on an automatic basis with the tax authorities in the jurisdictions where the account holder or beneficiaries are resident. If you have any questions regarding completion of the form, please contact your tax advisor. All sections must be completed for the form to be valid.

1 INVESTOR DETAILS

Portfolio Reference	Client Reference Number
<input type="text"/>	<input type="text"/>

1A Email Address

Mr ☐ Mrs ☐ Ms ☐

First Name(s)	Last Name(s)
<input type="text"/>	<input type="text"/>
Address	City/Town
<input type="text"/>	<input type="text"/>

1B Postal code Country Nationality

Date of Birth (dd-mm-yyyy) Town/City of Birth Country of Birth

Mailing Address (please only complete if different to the address shown in section 1B)

Address	City/Town
<input type="text"/>	<input type="text"/>

1C Postal code Country

2 TAX RESIDENCY DETAILS

- Please complete the fields below indicating (i) where the account holder is tax resident and (ii) the account holder's tax identification number (TIN) for each country indicated
- If you are a United States citizen or resident, please include the United States (U.S.) along with your U.S. TIN.
- If you are a tax resident in more than three countries, please attach a separate form signed by you.

If a TIN is unavailable, please provide the appropriate reason: A, B or C where indicated below:

Reason A – The country/jurisdiction where the account holder is resident does not issue TINs to its residents

Reason B – The account holder is otherwise unable to obtain a TIN or equivalent number (please explain why you are unable to obtain a TIN below if you have selected this reason)

Reason C – No TIN is required (note: only select this reason if the authorities of the country of tax residence entered below do not require the TIN to be disclosed)

Country of Tax Residence	Taxpayer Identification Number (TIN)	if no TIN available please select reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
<input type="text"/>	<input type="text"/>	

Please explain below why you are unable to obtain a TIN if you selected Reason B above

Country of Tax Residence	Taxpayer Identification Number (TIN)	if no TIN available please select reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
<input type="text"/>	<input type="text"/>	

Please explain below why you are unable to obtain a TIN if you selected Reason B above

Country of Tax Residence	Taxpayer Identification Number (TIN)	if no TIN available please select reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
<input type="text"/>	<input type="text"/>	

Please explain below why you are unable to obtain a TIN if you selected Reason B above

Questions? Please contact your Financial Adviser or local Franklin Templeton office.

1. I understand that the information supplied by me is covered by the full provisions of the terms and conditions governing the Shareholder's relationship with Franklin Templeton setting out how Franklin Templeton may use and share the information supplied by me.
2. I acknowledge and agree that the information contained in this form and information regarding the Account Holder and any Reportable Account(s) may be transmitted to the tax authorities of the country in which this account(s) is/are maintained and exchanged with tax authorities of another country or countries in which the Account Holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information with the country/ies in which this account(s) is/are maintained.
3. I certify that I am the account holder (or am authorised to sign for the account holder) of all the account(s) to which this form relates.
4. **I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.**
5. I undertake to advise Franklin Templeton within 30 days of any change in circumstances which affects the tax residency status of the individual identified in Part 1 of this form or causes the information contained herein to become incorrect, and to provide Franklin Templeton with a suitably updated Self-certification Form and Declaration within 30 days of such change in circumstances.

Investor/Authorised Signature

NAME (in capitals)

Date

Note: If you are not the Shareholder please indicate the capacity in which you are signing the form. If signing under a power of attorney please also attach a certified copy of the power of attorney.

Capacity: _____