



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. Your personal client reference number and portfolio reference can be found 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 DEALER

Note that we may request additional documents from you.

2a

All portfolio(s) associated with the above Client Reference Number(s) will be updated with the new details provided. Please complete this section (2a) if you wish to update specific portfolio(s) only

Portfolio Reference (1)

Portfolio Reference (2)

Portfolio Reference (3)

Current dealer details

Name of Current Registered Dealer*

Current Dealer Number (if known)

New dealer details

Name of New Registered Dealer*

New Dealer Number (if known)

Dealer Address

City/Town

Post Code

Country

3 SIGNATURES AND DECLARATIONS

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)