



**FRANKLIN
TEMPLETON**

Change of Bank Details Form

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

- 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
- 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 BANK DETAILS

- Third party bank details cannot be accepted.
- The IBAN (International Bank Account Number) is required for all payments in Euros.
- Only complete section 2b if more than one set of Bank Details is to be changed.

Please indicate your portfolio reference(s) below to request a change of bank details.

Portfolio Reference (1)

Portfolio Reference (2)

Portfolio Reference (3)

Please tick the option(s) below to which the new bank details apply.

☐ Dividend

☐ Sale

☐ Regular Withdrawal Plan

☐ Regular Savings Plan

Beneficiary details

Beneficiary Bank/Bank Name*

Bank Account Number*

Bank Account Name*

IBAN Number

Bank Address

S.W.I.F.T [USD, EUR only]

Sort Code [GBP only]

Currency*

2a

Please indicate your portfolio reference(s) below to request a change of bank details.

Portfolio Reference (1)

Portfolio Reference (2)

Portfolio Reference (3)

Please tick the option(s) below to which the new bank details apply.

☐ Dividend

☐ Sale

☐ Regular Withdrawal Plan

☐ Regular Savings Plan

Beneficiary details

Beneficiary Bank/Bank Name*

Bank Account Number*

Bank Account Name*

IBAN Number

Bank Address

S.W.I.F.T [USD, EUR only]

Sort Code [GBP only]

Currency*

2b

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)

Questions? Please call your financial adviser or your local Franklin Templeton office

www.franklintempleton.lu

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