FRANKLIN TEMPLETON

Change of Broker-Dealer Form

This form is to be used **ONLY** if you are changing the broker-dealer on an existing Franklin Templeton account.

If completing by hand, please print clearly in CAPITAL LETTERS using blue or black ink.

Broker-dealer contact name (if this form is being submitted by someone other than the listed financial professional)

Daytime phone number ( )

If applicable, provide any Franklin Templeton CASE NUMBER(S) related to your request:

1 ACCOUNT INFORMATION (complete only one type)

I/WE AUTHORIZE THE CHANGE OF BROKER-DEALER ON:

A. ALL accounts registered under the following SSN/TIN, or broker identification number or asset summary number:

SSN/TIN | Broker identification number | Asset summary number

OR

B. ALL accounts identically registered as this account: Fund-account number

OR

C. ONLY the account number(s) listed: Fund-account number(s)

2 BROKER-DEALER INFORMATION

SECURITIES DEALER

New securities broker-dealer name

OAKWOOD CAPITAL SECURITIES, INC

Main office address | City | State | ZIP

600 HIGHWAY 169 SOUTH, STE 1410 | MINNEAPOLIS | MN | 55426

FINANCIAL PROFESSIONAL

First name | M.I. | Last name | Suffix | Telephone number ( )

Email address | Dealer number | Branch number | Representative number

Branch address | City | State | ZIP

IF NAMING MORE THAN ONE FINANCIAL PROFESSIONAL, PROVIDE INFORMATION ON A SEPARATE SHEET.

3 REQUIRED SIGNATURE(S)

FRANKLIN TEMPLETON ACCOUNT OWNER(S) SIGNATURE(S)

Each person authorized to transact business on the account(s) identified in Section 1 must sign this form.

The signature(s) must correspond exactly with the name(s) registered on the account(s).

Printed name

Printed name

Date

Date

X

Franklin Templeton Account Owner Signature

X

Franklin Templeton Account Owner Signature

AUTHORIZED SIGNER OF BROKER-DEALER

If this request is being submitted by an existing broker-dealer to reassign accounts, the FINRA registered principal of the firm for the securities dealer listed in Section 2 must sign this form.

Printed name

Title

Date

X

Authorized signature (Registered Principal for the Securities Dealer)

MAKE A PHOTOCOPY OF THE COMPLETED FORM FOR YOUR RECORDS

EMAIL	FAX	MAIL
• Emails **MUST** include an attachment (PDF preferred) of your request. • Sender's email address **MUST** match the email address on file, or the email **MUST** include a related case number(s) to be accepted. • Digital communication channels are not necessarily secure. If you do choose to send confidential or sensitive information to us via digital communication channels (e.g., email, chat, text messaging, fax), you are accepting the associated risks related to potential lack of security, such as the possibility that your confidential or sensitive information may be intercepted/accessed by a third party and subsequently used or sold. • If you have not been registered on franklintempleton.com for at least 15 calendar days, call (800) 632-2301 to request a case number to reference in your email. **Financial Professionals:** ftrequests@franklintempleton.com **Shareholders:** shrequests@franklintempleton.com	(855) 891-8377	You may use any of the below mailing addresses: **Regular Mail** • Franklin Templeton P.O. Box 33030 St. Petersburg, FL 33733–8030 **Overnight** • Franklin Templeton 100 Fountain Parkway N. St. Petersburg, FL 33716–1205

Questions? Contact your financial professional, visit franklintempleton.com or call us at **(800) 632-2301.**

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